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# REPORT TO THE CONGRESS

Savings Through Increased  
Screening Of Registrants  
With Medical Conditions  
At Local Draft Boards B-162111

Selective Service System

BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES

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NOV 9, 1970



COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON D C 20548

B-162111

To the President of the Senate and the  
Speaker of the House of Representatives

This is our report on savings through increased  
screening of registrants with medical conditions at local  
draft boards of the Selective Service System.

Our review was made pursuant to the Budget and  
Accounting Act, 1921 (31 U.S.C. 53), and the Accounting  
and Auditing Act of 1950 (31 U.S.C. 67).

Copies of this report are being sent to the Director,  
Office of Management and Budget; the Secretary of Defense,  
the Secretary of the Army, and the Director of Selective  
Service

A handwritten signature in cursive script that reads "James B. Stacks".

Comptroller General  
of the United States

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ABBREVIATIONS

GAO General Accounting Office

SSS Selective Service System

D I G E S T

WHY THE REVIEW WAS MADE

The Selective Service System sent 1.2 million registrants to Armed Forces Examining and Entrance Stations for preinduction examinations during calendar year 1968. Of these, 505,000 (43 percent) did not meet the minimum Armed Forces entrance requirements. Most of the 505,000 were rejected because of medical conditions disclosed at the examining stations. (See p. 8.)

The General Accounting Office (GAO) wanted to find out if local boards were screening registrants for whom they had evidence of disqualifying medical conditions to determine those who could be rejected for military service without sending them to examining stations for preinduction examinations.

FINDINGS AND CONCLUSIONS

GAO made its review at 30 selected local boards. Of the registrants rejected because of medical conditions, 37 percent had either (1) submitted to their local boards doctors' statements which indicated that they had the medical conditions for which they were later disqualified or (2) been examined previously and rejected (sometimes more than once) for the same reason. (See p. 11.)

Selective Service regulations provide that local boards send such registrants to the boards' medical advisors to determine if they should be rejected without a preinduction examination (Medical advisors are unpaid doctors who serve local boards for the purpose of screening and disqualifying registrants who have disqualifying medical conditions.) The local boards had not fully complied with this regulation. (See p. 14.)

The majority of the medical advisors GAO interviewed said that they were not being used fully and that they were willing to review additional cases (See p. 17.)

~~Other~~ Additional registrants (or their case files) could have been sent to medical advisors for screening and, if warranted, rejected for military service without being sent for preinduction examinations. Evidence was available to the boards that these registrants had the disqualifying medical conditions for which they were later rejected at the examining

stations. The boards, however, were often unable to determine if a registrant's indicated medical condition was listed in the Army Medical Regulations as a disqualifying condition. The registrants were therefore sent for preinduction examinations rather than being sent to the medical advisors for screening. (See p. 14 )

There was also a need for a Selective Service procedure which would permit the local boards to send registrant files to the examining stations to see if preinduction examinations were needed. (See p 19 )

If conditions at the local boards visited were typical of the conditions nationwide, GAO estimates that, during 1968, about 126,000 registrants who were rejected at the examining stations might have been screened and rejected by the local boards instead. Savings of \$1 million in transportation and examination costs might have been realized. (See p 20.)

GAO's estimate of savings is not intended to be a precise statistical projection but rather an indication of what might have been achieved in 1968

By screening registrants at the local boards, the time spent by registrants traveling to and from examining stations for their preinduction examinations could be avoided. This travel sometimes takes more than 1 day (See p 9 )

#### RECOMMENDATIONS OR SUGGESTIONS

The Director of Selective Service should have

--additional instructions issued to local boards emphasizing the need for screening registrants whose files contain evidence that they have disqualifying medical conditions,

+ --a simplified, alphabetical, summary listing of disqualifying medical conditions developed for use by the local boards in determining if registrants should be referred to local boards' medical advisors,

--an agreement with the local boards' medical advisors regarding the number of registrants that may be sent to them for screening, and

--an arrangement with the examining stations for screening registrants' files when local boards do not have enough medical advisors (See p 31.)

#### AGENCY ACTIONS AND UNRESOLVED ISSUES

The Director said the Selective Service is willing to have local boards send cases to medical advisors if

--the registrants were examined previously at the examining stations and the stations requested them to return and

--the registrants have physical defects that the medical advisors can determine without laboratory tests and X-rays. (See p 24 )

The Director did not say if additional instructions would be issued to local boards and medical advisors or if he was willing to have local boards send registrants who had submitted doctors' statements as evidence of disqualifying medical conditions to medical advisors. He did say, however, that medical advisors have been used extensively to screen registrants with obvious disqualifying medical problems. Selective Service's detailed comments and GAO's evaluation are discussed on pages 24 through 29.

For use as aids to the local boards in determining a registrant's acceptability for military service, the Director of Selective Service on August 10, 1970, provided the local boards with

--a list of obvious physical defects as established by the Department of the Army and

--a list of examples of other conditions which would not be obvious but which could be evaluated upon the receipt of valid documentary evidence. (See p. 28.)

Although this action is a step in the right direction, GAO believes that the Director should develop a simplified, alphabetical, summary listing of all disqualifying medical conditions for use by the local boards in determining whether registrants should be referred to local boards' medical advisors. (See p. 28.)

The Army agreed with GAO that an arrangement should be made for the local boards to send files of potentially disqualified registrants to examining stations for screening when medical advisors are not available (See p 29 )

MATTERS FOR CONSIDERATION BY THE CONGRESS

GAO is reporting its findings to inform the Congress of an area where the Selective Service System can improve its procedures and save money.

## CHAPTER 1

### INTRODUCTION

The General Accounting Office has made a review of the Selective Service System's (SSS) procedures and practices for screening registrants before sending them to Armed Forces Examining and Entrance Stations for preinduction examinations. We wanted to find out whether local draft boards were screening registrants for whom they had evidence of disqualifying medical conditions to determine those that could be rejected for military service without sending them to examining stations for preinduction examinations. We did not make an overall evaluation of SSS classification and induction procedures. The scope of our review is described in Chapter 4 of this report.

The principal officials of the SSS, the Department of Defense, and the Department of the Army responsible for the administration of the activities discussed in this report are listed in appendix V.

The SSS, an independent agency in the executive branch of the Government, was established by the Universal Military Training and Service Act<sup>1</sup> (62 Stat. 604, 50 U.S.C. app. 451). Its primary function is to provide for the registration, classification, selection, and presentation for induction into the Armed Forces of the men necessary to maintain these forces at a strength determined by the Department of Defense.

The functions of the SSS are carried out by about 4,100 local draft boards under the direction of 56 State Headquarters for Selective Service--one in each of the 50 States, the District of Columbia, New York City, the Canal Zone, Puerto Rico, the Virgin Islands, and Guam--and a National Headquarters office in Washington, D.C. Each State headquarters is headed by a State director of Selective Service

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<sup>1</sup>Public Law 90-40, approved June 30, 1967, amended this act and changed its name to "Military Selective Service Act of 1967."



who is responsible for carrying out the SSS functions within his area of jurisdiction.

The local boards are composed of local citizens who are responsible for determining who is available to serve in the Armed Forces and who is to be deferred from such service. In calendar year 1968 there were about 18,200 local board members. Local board members serve without compensation. Each local board is assisted in the performance of its duties by one or more paid executive secretaries who are employees of the SSS.

The Universal Military Training and Service Act requires male citizens of the United States and all other male persons admitted for permanent residence in the United States who are between the ages of 18 and 26 to register with the SSS. Each registrant, who is not otherwise deferrable, is sent to an examining station for a preinduction examination to determine his acceptability for military service. If the registrant is found acceptable for military service, he may later be sent to an examining station for induction.

The examining stations are operated by the Department of the Army under the direction of the United States Army Recruiting Command. The recruiting district commanders and the State directors of Selective Service are responsible for maintaining liaison to ensure an orderly flow of registrants to the examining stations. According to Recruiting Command records, the Department of the Army's cost of providing examinations at examining stations totaled about \$42.4 million in calendar year 1968 exclusive of the cost of certain items not paid for by examining stations.

The SSS is generally responsible for providing transportation, meals, and lodging for registrants sent to the examining stations. SSS records showed that the cost of transportation, meals, and lodging for registrants was about \$5.7 million during calendar year 1968.

SSS procedures for processing registrants into the Armed Forces state that a registrant may be found to be disqualified for military training and service (1) at a local draft board, (2) at an examining station upon preinduction

examination, and (3) at an Armed Forces Induction Station at the time of final physical inspection or induction examination.

SSS Regulation 1628.4 authorizes local boards to disqualify registrants for military service who have medical conditions or physical defects that are enumerated as disqualifying conditions by the Surgeon General, Department of the Army, in Chapter 2 of Army Regulation 40-501, entitled "Medical Fitness Standards for Appointment, Enlistment, and Induction."

SSS Regulation 1628.1 authorizes a medical interview of certain registrants by the medical advisor to the local board for the purpose of screening and disqualifying at the local board those registrants who have medical conditions or physical defects that are enumerated as disqualifying conditions by the Surgeon General, Department of the Army. SSS medical advisors are uncompensated physicians who are recommended for appointment by the Governor of each State and appointed by the President. As of May 31, 1970, about 7,080 medical advisors were serving about 4,100 local boards.

SSS Local Board Memorandum 78, which implements SSS Regulation 1628.1, states that medical advisors will determine whether registrants' medical conditions or physical defects appear in the list of medically disqualifying conditions enumerated in Chapter 2 of Army Regulation 40-501.

SSS Regulation 1628.2 states that medical interviews by the local boards' medical advisors will be given registrants under the following conditions:

- "(a) Whenever the local board is of the opinion that a registrant \*\*\* has one or more of the disqualifying medical conditions or physical defects which appear in the list described in section 1628.1 [Army Regulation 40-501], it shall order the registrant to present himself for medical interview \*\*\*.
  
- (b) Whenever a registrant \*\*\* claims that he has one or more of the disqualifying medical

conditions or physical defects \*\*\* the local board shall order him to present himself for interview with the medical advisor \*\*\*."

SSS Regulation 1628.3 provides that the medical advisor shall give each registrant who is referred to him such examination, without laboratory or X-ray tests, as he deems necessary or shall review such evidence as the registrant presents, and from such examination or review shall determine whether the registrant has one or more of the disqualifying medical conditions or physical defects as listed in Chapter 2 of Army Regulation 40-501.

SSS Regulation 1628.4 provides that, when no medical advisor to the local board is available, the local board, to the extent that it is capable of doing so, shall determine whether the registrant has a disqualifying medical condition or physical defect. This regulation further states that, after completion of the medical interview, the local board shall determine, after considering the findings and recommendations of the medical advisor to the local board, whether or not to order the registrant to report to an examining station for an armed forces physical examination.

SSS records showed that, during calendar year 1968, local boards rejected 126,755 registrants for military service because of disqualifying medical and mental conditions or because of administrative reasons without sending them to the examining stations for examination. Of these registrants the local boards' medical advisors recommended rejection of 47,905, or 87.7 percent of the 54,618 registrants who had been referred to them by the local boards.

SSS records did not show the reasons why the 54,618 registrants were referred to medical advisors. Our review at 30 selected local boards showed, however, that registrants were generally referred to medical advisors for screening when they had either (1) submitted doctors' statements to their local boards which indicated that they had a disqualifying medical condition or (2) previously been examined and rejected at an examining station because of a disqualifying medical condition.

The records showed also that during calendar year 1968 the local boards transported 1,163,577 registrants<sup>1</sup> to the examining stations for preinduction examinations. Of these registrants, 505,313, or 43.4 percent, failed to meet the minimum Armed Forces entrance requirements. Of the 505,313 registrants, 388,585, or 76.9 percent, were rejected for military service because of disqualifying medical conditions disclosed at the examining stations.

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<sup>1</sup>Selective Service statistics do not represent the number of individual registrants who were transported to the examining stations or rejected by the examining stations, because some registrants received two or more preinduction examinations during calendar year 1968. In this report, however, we refer to the individual registrants who could have been screened by local boards.

## CHAPTER 2

### SAVINGS AVAILABLE THROUGH INCREASED

#### SCREENING OF REGISTRANTS AT LOCAL BOARDS

We examined at 30 selected local boards the files for 3,063 registrants who were rejected for military service during calendar year 1968 because of disqualifying medical conditions disclosed at examining stations preinduction examinations. Our examination showed that 1,145, or about 37 percent, could have been screened at the local boards under existing SSS procedures, because evidence was available to the boards that the registrants had the disqualifying medical conditions for which they were later rejected at examining stations. (See app. IV.)

On the basis of the percentage of all registrants who were rejected by the local boards as a result of screening by medical advisors during calendar year 1968, we estimated that, if the 1,145 registrants or their case files had been screened by the local boards' medical advisors, about 1,004 would have been rejected by the boards without sending them to the examining stations.

If the conditions at the 30 local boards were typical of those at other local boards, we estimate that, nationwide, the Government might have achieved savings of about \$1 million in transportation and examination costs during calendar year 1968 had the local boards' medical advisors screened all registrants whose files contained evidence indicating that they had disqualifying medical conditions. Also, by screening the registrants at the local boards, the time spent by them in traveling to and from the examining stations for their preinduction examinations, which in some cases involved more than 1 day, would have been avoided

We believe that additional registrants or their case files could have been sent to medical advisors for screening and, if warranted, rejected for military service before being sent to examining stations for preinduction examinations. The boards' executive secretaries informed us that they were often unable to determine whether a registrant's

indicated medical condition or physical defect was listed in the Army Medical Regulations as a disqualifying medical condition and, therefore, they did not know which registrants should be sent to the medical advisors for screening.

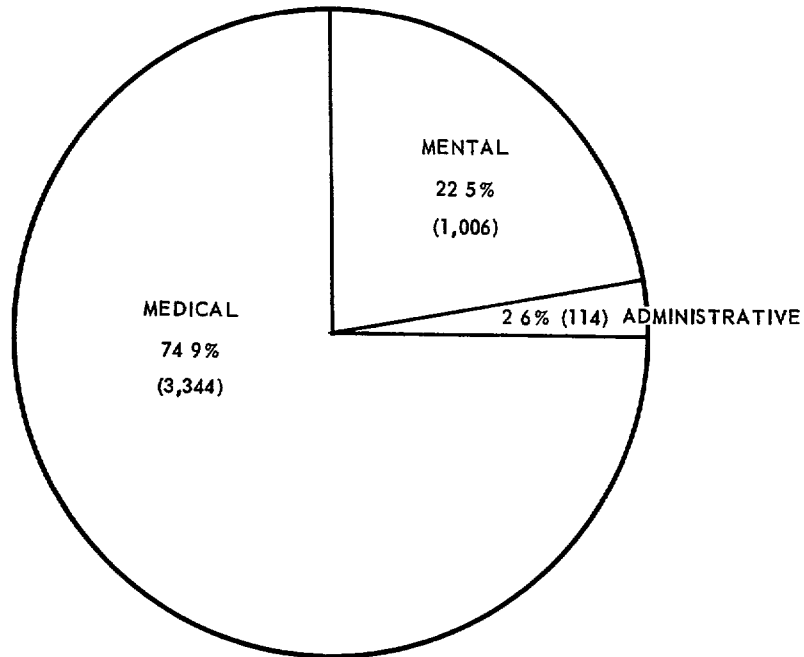
We also believe that local boards could have sent properly documented registrant files to examining stations for review as a means of determining whether the registrants had disqualifying medical conditions or physical defects without the need for a preinduction examination. We found that there was no SSS procedure which would permit the local boards to do so.

To obtain a cross-section of the registrant population for our review, we randomly selected a total of 30 local boards located in the urban, suburban, and rural areas of Boston, Massachusetts; Kansas City, Missouri; New Orleans, Louisiana; San Francisco, California; and Washington, D.C. The criteria used in making our selection and the locations of the local boards selected for review are presented in Chapter 4 of this report.

#### EXAMINING STATIONS EXAMINATIONS COULD HAVE BEEN AVOIDED

During calendar year 1968 the 30 selected local boards sent 8,995 registrants to examining stations for preinduction examinations. On the basis of these examinations, the examining stations rejected 4,464 registrants, or 49.6 percent of the registrants examined. Appendix III shows the results of the examining stations' preinduction examinations of the registrants of each of the 30 local boards.

The chart below shows the number and percent of the 4,464 registrants who were rejected by the examining stations for military service because of medical and mental conditions or of administrative reasons.



As shown in the above chart, of the rejected registrants, 3,344, or 74.9 percent, were disqualified for medical reasons.

We examined the files of 3,063 of the 3,344 registrants who were rejected by the examining stations for medical reasons during calendar year 1968. The files for the remaining 281 registrants were not available for our review at the selected local boards because the files were either transferred to other local boards or were being reviewed by SSS State headquarters, by SSS appeal boards, or by examining stations.

Our examination of the 3,063 registrant files revealed that 1,145 registrants could have been screened and rejected for military service by the local boards under existing SSS procedures because they either had (1) submitted doctors' statements at least 1 month before their preinduction examinations, which indicated that they had the medical conditions for which they were later rejected at the examining stations or (2) previously been examined and rejected one or more times at an examining station for the same medical condition. We considered 1 month to be sufficient time to allow the local boards to notify the registrants of their

forthcoming preinduction examination and to schedule their transportation to examining stations.

The following table shows for each group of local boards (urban, suburban, and rural), the form of evidence available to the local boards that the 1,145 registrants had disqualifying medical conditions. Similar information for the individual local boards is presented in appendix IV.

Local boards by area	Number of rejected registrants' files examined	Registrants who could have been screened by the local boards based on available evidence			Total	Per- cent
		Doctors' statements only	Previous examining stations only	Doctors' state-ments and previous examinations		
Urban	1,067	155	139	110	404	38
Suburban	1,175	174	184	86	444	38
Rural	821	116	123	58	297	36
Total	<u>3,063</u>	<u>445</u>	<u>446</u>	<u>254</u>	<u>1,145</u>	37

The files for the remaining 1,918 registrants (3,063 less 1,145) showed that (1) 1,360 registrants had neither submitted doctors' statements nor had been previously examined at an examining station, (2) 542 registrants took doctors' statements with them to the examining station or had submitted the doctors' statements to the local boards less than 1 month before their preinduction examinations, and (3) 16 registrants had been previously referred to local board medical advisors for screening. For these latter 16 cases, the medical advisors determined that the registrants should be examined by the examining stations.

Registrants examined and previously rejected one or more times by the examining stations

Our review showed that of the 1,145 registrants rejected by the examining stations for military service because of disqualifying medical conditions, 700, or about 61 percent, had been examined and previously rejected one or more times by the examining stations. The following table shows the number of times these registrants were examined.



Local boards by area	Number of registrants rejected	Previously rejected 1 or more times		Number of prior examinations			
		Number	Percent	1	2	3	4-7
Urban	404	249	62	181	44	15	9
Suburban	444	270	61	183	58	19	10
Rural	<u>297</u>	<u>181</u>	61	<u>121</u>	<u>38</u>	<u>12</u>	<u>10</u>
Total	<u>1,145</u>	<u>700</u>	61	<u>485</u>	<u>140</u>	<u>46</u>	<u>29</u>
Percent		100		69	20	7	4

SSS Local Board Memorandum 78 provides that, whenever an examining station suggests that a registrant should be returned for reevaluation after a specified time, the registrant should be interviewed by the local board medical advisor to determine whether it would be appropriate to return the registrant to the examining station for reevaluation of his disqualifying condition.

The local boards' files for the 700 registrants indicated that neither the registrants, nor their doctors' statements, had been sent to the local boards' medical advisors. We believe that if the registrants and/or their doctors' statements had been sent to the medical advisors, the medical advisors would not have considered it appropriate to send many of the registrants back to the examining stations for reevaluation. The following two cases are examples of the medical conditions for which registrants were repeatedly examined and disqualified at the examining stations.

- Case 1: May 26, 1965--Registrant indicated to local board on SSS Form 100, Classification Questionnaire, that he had a hernia.  
July 13, 1965--Registrant rejected at examining station because he had a hernia.  
Dec. 6, 1965--Registrant indicated to local board on SSS Form 127, Current Information Questionnaire, that he had a hernia.  
Dec. 20, 1966)  
Sept. 11, 1967)--Registrant rejected at examining  
June 6, 1968) station because he had a hernia.  
Oct. 2, 1968)

Case 2 Sept. 15, 1965)  
June 6, 1968)--Registrant rejected at examining  
Nov. 5, 1968) station because he was overweight.  
Dec. 4, 1968)

Local boards did not fully  
comply with SSS regulations

Local board's executive secretaries are compensated civilian employees who perform clerical functions of the boards relating to the registration, classification, appeal, examination, and induction of registrants. The executive secretaries are responsible for determining which registrants will be sent to medical advisors. SSS Regulation 1628.2 requires that, before registrants are sent to medical advisors for screening, the secretaries must be of the opinion that the registrants' indicated medical conditions or physical defects are listed as disqualifying medical conditions in Chapter 2 of Army Medical Regulation 40-501.

Because the local boards had not fully complied with SSS regulations which provided for medical interviews of registrants by the local boards' medical advisors, we interviewed the executive secretaries of the 30 local boards included in our review to ascertain the basis on which they were determining which registrants would be sent to the medical advisors.

The executive secretaries stated a number of reasons for not sending more registrants to the medical advisors. The reason cited most often was that they had difficulty in relating the registrants' indicated medical conditions to the medical terminology used in Army Medical Regulation 40-501.

Army Medical Regulation 40-501 is a technical manual which is designed to provide medical fitness standards in sufficient detail to ensure uniformity in the medical evaluation of candidates for military service. The manual lists disqualifying medical conditions and physical defects under 21 sections relating to regions of the human body, body system, and diseases. The disqualifying medical conditions are not listed in alphabetical order.

Other reasons cited for not making greater use of the medical advisors were varied. For example, one executive secretary informed us that she had been in the habit of sending registrants to the examining station, and that she had never thought it was important to send registrants to the medical advisor. Other executive secretaries informed us that they were not sure which registrants should be sent to the medical advisors.

GREATER USE COULD BE MADE  
OF MEDICAL ADVISORS

Medical advisors are uncompensated physicians who serve local boards for the purpose of screening registrants who have the medical conditions or physical defects which are listed by the Surgeon General, Department of the Army, in the Army Medical Regulations. SSS Regulation 1628.3, pertaining to the duties of medical advisors, states that:

"\*\*\* the medical advisor shall make only such examination as he deems is necessary to determine whether the registrant has one or more of the disqualifying medical conditions or physical defects \*\*\*. No laboratory or X-ray work shall be authorized but reports of laboratory or X-ray work performed previously and presented by the registrant may be given consideration by the medical advisor. \*\*\*

"The medical advisor to the local board shall (1) give each registrant who presents himself for medical interview such examination as he deems necessary or (2) review each affidavit of a reputable physician or official statement of a representative of a Federal or State agency referred to him by the local board. From such examination or review, the medical advisor to the local board shall determine whether the registrant has one or more of the disqualifying medical conditions or physical defects \*\*\*."

SSS records showed that a total of 64 medical advisors were assigned to the 30 local boards included in our review. We found, however, that 13 of the local boards had not used 20 of their assigned medical advisors during calendar year 1968. Of the 64 medical advisors assigned to the 30 local boards, we interviewed 48, including nine who had not screened any registrants during 1968, to determine whether each local board's medical advisors would be willing to screen additional registrants. On the basis of the responses obtained from the medical advisors, it appears to us that an increased number of registrants who had submitted


evidence of their disqualifying medical conditions to their local boards, could have been screened at most local boards by their medical advisors.

Of the 48 medical advisors interviewed, about 75 percent informed us that they had no idea, when they accepted their appointment as medical advisors, of the number of registrant cases they were expected to screen each month. About 70 percent of the medical advisors reported that they primarily review only the registrants' files, rely on other doctors' statements as evidencing the registrants' medical conditions, and spend about 5 to 15 minutes in determining whether a registrant's medical condition disqualifies him for induction into the Armed Forces. About 30 percent of the medical advisors informed us, however, that they make a personal examination of a registrant to determine whether he is medically unqualified for military service and that they spend about 20 to 30 minutes in making this determination.

According to information furnished to us by the 48 medical advisors, they had been screening an average of about two registrant cases a month. The majority of the medical advisors stated that they were not being fully utilized by the local boards and that they were willing to screen additional registrants. However, the nine medical advisors we interviewed in the San Francisco area urban and suburban local boards informed us that they were screening an average of about six registrant cases a month and that they were generally being fully utilized. The two medical advisors to the San Francisco area rural local boards, on the other hand, stated that they were screening an average of about two registrant cases a month, and that they were willing to screen additional registrants.

Some of the comments obtained during our interviews with the medical advisors follow.

Doctor A--SSS medical advisor in the Washington, D.C. area. Doctor A said that ~~he is retired and~~ has time to help the SSS, but is rarely called upon to do anything.



②  
Doctor B--SSS medical advisor in the Washington, D.C. area. Doctor B said that his service to SSS could never be burdensome to him. He said he feels it is his duty, and that it gives him great satisfaction to serve the country by being a medical advisor.

Doctor C--SSS medical advisor in the Boston, Massachusetts area. Doctor C said that he had not had a case reported to him in the last 6 months and that he did not feel that he was being fully utilized. He estimated that he could review up to 20 cases per month.

Doctor D--SSS medical advisor in the Kansas City, Missouri area. Doctor D said that he reviews about 3 to 4 cases per month. He said that he would be willing to double his present workload.

Doctor E--SSS medical advisor in the New Orleans, Louisiana area. Doctor E said that the SSS has not asked him to review any cases in the last few years. He said that he would be willing to review about 22 cases per month.

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Doctor F--SSS medical advisor in the San Francisco, California area. Doctor F said that he reviews about 4 to 6 cases per month and that this is all that he wishes to review. He said that he examines registrants' case history files and occasionally calls a registrant's doctor to obtain more data and/or to verify the registrant's medical condition.

FEASIBILITY OF EXAMINING STATIONS REJECTING  
REGISTRANTS BASED ON A REVIEW  
OF THEIR MEDICAL RECORDS

Medical personnel at the United States Army Recruiting Command and at the five examining stations we visited informed us that it would be feasible for the examining stations to review registrants' medical records, where

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documented by reputable physicians, as a means of determining whether registrants should be disqualified for military service without examining station physical examinations. There were no SSS procedures which would permit local boards to send registrants' medical records to examining stations.

The Surgeon, Recruiting Command, who is responsible for the supervision of the medical sections of the examining stations, informed us that in his opinion local board medical advisors could be used to a greater extent in screening registrants with obvious medical conditions and determining whether they should be rejected for military service. He also said that the examining stations could review registrants' medical records to determine which registrants should be given physical examinations.

In general, examining station officials informed us that they were willing to review registrants' medical records, and expressed the belief that the staff time required to make such reviews would be less than the time devoted to giving physical examinations to registrants. For example, the Oakland, California, examining station Commander stated that he believed a review of a registrant's medical record would be the most economical means of determining whether a registrant has a disqualifying medical condition. He said that because of the savings in staff time, he would rather review 20 registrants' medical records than physically examine 10 registrants.

SAVINGS AVAILABLE BY LOCAL BOARDS  
SCREENING REGISTRANTS WITH MEDICAL CONDITIONS

If the conditions at the 30 local boards included in our review were typical of those at all local boards, we estimate that nationwide the Government might have achieved savings of about \$1 million during calendar year 1968 if the local boards had referred all registrants who had submitted evidence indicating that they had disqualifying medical conditions, or who had previously been rejected by an examining station, to medical advisors for determination as to whether they should be rejected for military service.

SSS records showed that, during calendar year 1968, the examining stations rejected 388,586 registrants for military service because of disqualifying medical conditions disclosed at examining station preinduction examinations. On the basis of our findings at 30 local boards that, of the 3,063 registrants rejected for military service at the preinduction examinations, about 37 percent could have been screened by the medical advisors, we estimated that, nationwide, about 144,000 registrants might have been screened by local boards' medical advisors.

SSS records showed that of all registrants referred to local boards' medical advisors for screening, 87.7 percent were rejected for military service by the local boards without an examining station preinduction examination. On this basis, we estimated that, of the 144,000 registrants who might have been screened by the local boards' medical advisors, about 126,000 might have been rejected for military service without an examining station preinduction examination.

Cost of sending registrants to examining stations

The SSS generally provides registrants who are sent to examining stations for preinduction examinations with round-trip transportation, meals, and lodging. The cost of this travel is directly affected by the number of registrants examined each year to assure an adequate manpower supply for the Armed Forces. SSS records showed that the total cost of registrant travel for calendar year 1968 was \$5.7 million. While the SSS records did not show the travel cost



applicable to the 1,163,577 registrants who were sent to examining stations for preinduction examinations, SSS officials computed, on the basis of a Department of the Army study, a cost rate of \$4.98 per registrant for transportation, meals, and lodging.

On the basis of the SSS records and work-measurement studies conducted at local boards with the assistance of the Bureau of the Budget (now Office of Management and Budget), we estimated that, during calendar year 1968, it cost an average of \$2.66 to process a registrant's records for a preinduction examination and an average of \$2.37 to process a registrant's record for screening by a local board medical advisor. The work-measurement studies showed that fewer procedural steps are required to process a registrant's record for screening by a medical advisor than for sending a registrant to the examining stations for a preinduction examination.

Cost of examining registrants  
at examining stations

The cost to the Department of the Army of providing about 2.2 million examinations at examining stations during calendar year 1968 was about \$42.4 million or an average of about \$19.27 per examination exclusive of the cost of certain items not paid for by examining stations, such as: (1) rental facilities paid for by General Services Administration; (2) administrative support, disbursing functions, repair, maintenance, and utilities provided by the Department of the Army; and (3) communications provided by the Department of Defense's Automatic Voice Network system.

Officials of the Recruiting Command Headquarters informed us that a large portion of the total cost of providing examinations at the examining stations was fixed, and would not be substantially reduced by a reduction in the number of registrants examined. They stated that, of the average cost of \$19.27 per examination, the largest single fixed cost was military and civilian medical and administrative personnel costs which averaged about \$13.30 per examination, and that other fixed costs, such as examining station consultant physicians, rent and utilities, vehicles, administrative travel, communication, equipment, and supplies, totaled about \$2.72 per examination.

The Recruiting Command officials stated that the above fixed costs might be considered to vary with the total number of registrants examined, but that they could not determine how much the costs would vary with a given reduction in work.

We estimated, and Recruiting Command officials agreed, that of the average cost of \$19.27 per examination, costs totaling \$3.25 would vary with the number of registrants examined at examining stations as shown below.

Variable costs per  
examining station examination

Registrant travel	\$ .11 <sup>a</sup>
Lodging and subsistence	1.41 <sup>a</sup>
Fee basis physicians	1.42
Medical supplies	<u>.31</u>
 Total variable cost	 <u>\$3.25</u>

<sup>a</sup>Cost incurred after registrants arrive at the examining stations.

Computation of estimated savings

Our computation of the savings that might have been achieved by the Government during calendar year 1968 is shown below.

Savings to Selective Service System:

Costs incurred by sending registrants to examining stations:

Estimated number of registrants who might have been rejected by local boards 126,000

Cost to send each registrant to examining stations (travel \$4.98, processing \$2.66) \$7.64

Total costs \$ 962,640

Less costs that would have been incurred by sending registrants to medical advisors for screening:

Estimated number of registrants who might have been screened by medical advisors 144,000

Cost to process a registrant's records for screening by medical advisors \$2.37

Total costs 341,280

Savings by medical advisors screening of registrants 621,360

Savings to Department of the Army:

Number of registrants who could have been disqualified by local boards 126,000

Variable cost per examining station examination \$3.25

Net savings to Department of the Army 409,500

Estimated Savings to the Government \$1,030,860

### CHAPTER 3

#### AGENCY COMMENTS, OUR EVALUATION,

#### CONCLUSIONS, AND RECOMMENDATIONS

##### AGENCY COMMENTS AND OUR EVALUATION

To achieve savings in registrant transportation and examination costs and to avoid the time spent by registrants traveling unnecessarily to and from examining stations, we proposed that the Director, SSS, (1) issue additional instructions to local boards emphasizing the need for appropriately screening those registrants whose files contain evidence indicating that they have disqualifying medical conditions, (2) issue guidelines for use by local boards and medical advisors in screening registrants whose files contain evidence indicating that they have disqualifying medical conditions, and (3) arrange with the examining stations for the screening of registrants' files when local boards do not have sufficient medical advisors and establish procedures for sending such files to the examining stations.

The Director, SSS, in commenting on a draft of this report by letter dated February 13, 1970 (see app. I), advised us that SSS was willing to have the local boards' medical advisors screen those registrants who had been previously examined at examining stations and who had been requested to return to examining stations, provided the registrants have physical defects that the medical advisors can determine without performing laboratory tests and X-rays.

Inasmuch as our review at the 30 local boards showed that, of the additional registrants who could have been screened at the local boards during calendar year 1968, about 61 percent had previously been examined one or more times by examining stations, we believe that the adoption of the SSS proposed procedure would result in substantial

savings in transportation and examination costs, and would also avoid the time spent by these registrants traveling unnecessarily to and from the examining stations.

The Director did not state whether additional instructions or guidelines would be issued to local boards and medical advisors to implement our proposals, nor did he state whether he was willing to have the local boards send to medical advisors those registrants who had submitted doctor's statements as evidence of disqualifying medical conditions.

Most of the Director's comments pertained to the use of medical advisors in those cases where registrants' medical conditions were only potentially disqualifying. The Director apparently interpreted the term "potentially disqualifying," which had been used in our draft report, as applying to registrants whose medical conditions could not be determined to be disqualifying, without laboratory tests or X-rays, by the medical advisors.

In our draft report, however, we used the term "potentially disqualifying" in referring to registrants' medical conditions which were only potentially disqualifying until a medical determination had been made that the medical conditions were in fact disqualifying. We expressed the belief that the local boards' executive secretaries should have referred registrants whose files contained evidence indicating that they had potentially disqualifying medical conditions to the medical advisors for screening.

The Director pointed out certain legal considerations regarding the screening of additional registrants at the local boards prior to sending registrants to the examining stations for their preinduction examinations and concluded that:

"We believe that the Congress intended that the local boards, assisted by the professional advice of the local board medical advisors, should make a finding of physical disqualification for service, and so classify, only in cases where the defect or defects, either physical or mental,

are obviously present and obviously disqualifying. We believe that Congress intended that all other cases including those which involve a claimed defect, or defects, which are only potentially disqualifying should be referred for a regular, armed forces physical examination and that the finding as to acceptability in such cases should be the responsibility of the armed forces physical examiners. We believe that the present operation essentially conforms to the Congressional intent and that no change in operation is indicated."

Regarding the Director's comment with respect to local boards rejecting only those registrants with physical defects that are obviously present and obviously disqualifying, we noted that SSS regulations do not define what is an obviously disqualifying medical condition. In this regard, the SSS regulations require that local boards determine whether registrants' indicated physical defects are listed as disqualifying medical conditions in the Army Medical Regulations, before sending the registrants to medical advisors for screening. During our interviews with the executive secretaries, the reason they cited most often for not sending a greater number of registrants to medical advisors for screening was the difficulty in determining whether the registrants indicated physical defects were cited in the Army Medical Regulations as disqualifying conditions.

We agree that, if, on the basis of a personal examination of a registrant or evidence available in the registrant's file, a medical advisor has doubt as to whether the registrant has a disqualifying medical condition, the medical advisor should recommend that the registrant be sent to the examining station for examination. We believe, however, that SSS local boards should make every reasonable effort to screen, with the advice of their medical advisors, those registrants whose files contain evidence indicating that they have disqualifying medical conditions.

The Director further stated that local board medical advisors have been used quite extensively in cases where registrants possess obvious disqualifying defects. We found, as stated previously, that an additional 1,145

registrants could have been screened by the medical advisors to the 30 local boards included in our review. Also, the majority of medical advisors we interviewed informed us that they were not being fully utilized, and that they were willing to review additional registrant cases (see p. 17). Further, the Surgeon, Recruiting Command, informed us that in his opinion, local board medical advisors could be used to a greater extent in screening registrants with obvious medical conditions and determining whether they should be rejected for military service.

The Director commented that broadening the use of medical advisors to include the screening of registrants with potentially disqualifying medical conditions would necessitate laboratory tests and X-rays. In this regard he stated that "\*\*\* it would be improper and unfair to overload advisors with cases on which they could not make a sound decision without such tests and X-rays."

Our proposal would not require that medical advisors make determinations regarding registrants' physical defects in all cases, nor would it require that medical advisors make laboratory tests and X-rays. We recognize that there may be cases where, without further testing, some doubt would exist regarding registrants' physical defects. In such cases, we believe that the local boards should send the registrants to the examining stations for examination. Furthermore, it appears to us that medical advisors would not perform additional tests and X-rays to determine whether registrants should be disqualified because SSS is not authorized under the SSS regulations (see p. 16) to reimburse them for such tests.

The Director concluded that a destructive effect on SSS would result from implementation of our proposals. In this regard, he stated that SSS had been the recipient of public criticism for its lack of uniformity in classification and that to extend substantially SSS's obligation so as to involve it in elaborate examinations by medical advisors would be to invite additional public outcry against the SSS.

It appears to us that under existing procedures the SSS's 4,100 local boards are working under differing criteria because the local boards' executive secretaries have different opinions regarding which registrants should be referred to medical advisors for screening. (See p. 14.) In our opinion, establishing more definitive procedures and guidelines for use by local boards in screening registrants whose files contain evidence indicating that they have disqualifying medical conditions would result in a greater degree of uniformity in SSS operations and would, perhaps, result in less public criticism, particularly since the time spent by some registrants traveling unnecessarily to and from examining stations would be avoided.

For use as aids to the local boards in determining a registrant's acceptability for military service, the Director of Selective Service on August 10, 1970, provided the local boards with a list of obvious physical defects as established by the Department of the Army and a list of examples of other conditions which would not be obvious but which could be evaluated upon the receipt of valid documentary evidence.

Although this action is a step in the right direction, we believe that the Director should develop a simplified, alphabetical, summary listing of all disqualifying medical conditions for use by the local boards in determining whether registrants should be referred to local boards' medical advisors.

The Director, SSS, in commenting on our proposal relating to the sending of registrants' medical information to the examining stations for screening in cases where sufficient medical advisors are not available, stated that:

"The policy of forwarding such medical information and physicians' statements to the AFEES [examining stations] for review as a means of disqualifying registrants without the need for a preinduction examination is a prerogative of the AFEES [examining stations], not the Selective Service System."



We agree that it is the prerogative of the examining stations to disqualify registrants on the basis of medical information in the registrants' files. Therefore, to obtain the views of the Department of Defense on our proposal to send registrants' medical information to the examining stations for screening, we sent drafts of this report to the Secretary of Defense and to the Secretary of the Army for comment.

By letter dated March 4, 1970 (see app. II), the Acting Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs), advised us that the Department of the Army concurs with our proposal that in cases where sufficient SSS medical advisors are not available, the SSS should arrange to send the files of potentially disqualified registrants to examining stations for screening to determine whether the registrants should be sent to examining stations for preinduction examinations. He stated that

"In order to avoid undue burdens on the AFEES [examining stations], the local draft boards should continue to solicit volunteers to fill their Medical Advisor vacancies. Should this recommendation be adopted, the United States Army Recruiting Command will be directed to monitor its implementation to preclude the transferring of SSS workloads from the uncompensated physicians working for local draft boards to salaried physicians assigned to the AFEES [examining stations]."

The Acting Deputy Assistant Secretary advised us also that the estimated savings should be reexamined. He stated that:

"The 87% disqualification rate occurred for the registrants who were actually screened by Medical Advisors in 1968. However, this screening was primarily accomplished for registrants who were obviously disqualified. It is highly probable that a lower disqualification rate would [be] obtain [ed] among the "potentially disqualified" group that the local draft boards

did not send to the Medical Advisors for screening."

We recognize that there is a possibility that the 87.7 percent disqualification rate, the percentage of registrants who were disqualified as a result of screening by the medical advisors during calendar year 1968, might have been lower had more registrants been sent to the medical advisors for screening. Our estimate of savings was not intended to be a precise statistical projection but rather an indication of what might have been achieved in 1968.

The savings that could be achieved in future years by appropriately screening registrants at local boards would be dependent upon the number of registrants required to be examined each year in order to meet the armed services manpower requirements and the number of such registrants that are rejected as a result of increased screening by the local boards.

## CONCLUSIONS

We believe that SSS should make every reasonable effort to reduce the number of examining station examinations of registrants by the screening of registrants at the local boards to achieve savings in transportation and examination costs. We believe further that this objective could be accomplished by emphasizing to local board personnel the need for screening those registrants whose files contain evidence indicating that they have disqualifying medical conditions as listed in the Army Medical Regulations and by establishing more definitive guidelines for screening such registrants at the local boards.

On the basis of our interviews with 48 local board medical advisors, we concluded that most medical advisors would have been willing to screen additional registrants during calendar year 1968. We believe, therefore, that there is a need for SSS to reach agreements with its medical advisors regarding the number of registrants that may be sent to them for screening.

In screening registrants at the local boards, we believe that, if a medical advisor has any doubt as to whether a registrant has a disqualifying medical condition, the registrant should be sent to the examining station for a preinduction examination.

## RECOMMENDATIONS TO THE DIRECTOR OF SELECTIVE SERVICE

To achieve savings in registrant transportation and examination costs and to avoid the time spent by registrants unnecessarily traveling to and from the examining stations, we recommend that the Director, SSS have

- additional instructions issued to local boards emphasizing the need for appropriately screening those registrants whose files contain evidence indicating that they have disqualifying medical conditions,
- a simplified, alphabetical, summary listing of disqualifying medical conditions developed for use by the local boards' executive secretaries in

determining whether registrants should be referred to local boards' medical advisors,

--an agreement with the local boards' medical advisors regarding the number of registrants that may be sent to them for screening, and

--an arrangement with the examining stations for the screening of registrants' files when local boards do not have sufficient medical advisors.

## CHAPTER 4

### SCOPE OF REVIEW

We reviewed SSS policies, procedures, and criteria for the processing of registrants through local boards for examining station preinduction examinations. We obtained information from the SSS National Headquarters, Washington, D.C.; the Recruiting Command Headquarters, Hampton, Virginia; 30 local boards; and five examining stations.

At the local draft boards selected for our review, we reviewed the files of 3,063 registrants who were found medically disqualified at the examining stations during calendar year 1968. We also interviewed 48 of the 64 medical advisors assigned to the 30 selected local boards.

The 30 local draft boards we selected for review were chosen from the urban, suburban, and rural areas of Boston, Massachusetts; Kansas City, Missouri, New Orleans, Louisiana; San Francisco, California; and Washington, D.C. We classified urban boards as those located within the city limits, suburban boards as those located in counties surrounding the city, and rural boards as those located outside a reasonable commuting distance from the city. At each location selected for our review, we chose at random two local boards from each of the urban, suburban, and rural areas.

The following is a list of the 30 selected local draft boards, and the five examining stations where work was performed.

#### LOCAL DRAFT BOARDS:

Boston, Massachusetts, area:

Urban areas:

Boston, Mass., Local Board #30

Boston, Mass., Local Board #151

Suburban areas:

Braintree, Mass., Local Board #124

Norwood, Mass., Local Board #120

Rural areas:

Gardner, Mass., Local Board #159

Hyannis, Mass., Local Board #1

LOCAL DRAFT BOARDS (continued):

Kansas City, Missouri, area:

Urban areas:

Kansas City, Mo., Local Board #49

Kansas City, Mo., Local Board #52

Suburban areas:

Independence, Mo., Local Board #160

Platte City, Mo., Local Board #87

Rural areas:

Harrisonville, Mo., Local Board #19

Lexington, Mo., Local Board #58

New Orleans, Louisiana, area:

Urban areas:

New Orleans, La., Local Board #39

New Orleans, La., Local Board #44

Suburban areas:

Covington, La., Local Board #63

Gretna, La., Local Board #28

Rural areas:

Lafayette, La., Local Board #31

Opelousas, La., Local Board #60

San Francisco, California, area:

Urban areas:

San Francisco, Calif., Local Board #39

San Francisco, Calif., Local Board #42

Suburban areas:

Berkeley, Calif., Local Board #46

Oakland, Calif., Local Board #49

Rural areas:

Red Bluff, Calif., Local Board #7

Willows, Calif., Local Board #10

Washington, D.C., area:

Urban areas:

Washington, D.C., Local Board #2

Washington, D.C., Local Board #3

Suburban areas:

Alexandria, Va., Local Board #10

Upper Marlboro, Md., Local Board #56

Rural areas:

Leonardtown, Md., Local Board #59

Winchester, Va., Local Board #44

**ARMED FORCES EXAMINING AND ENTRANCE STATIONS:**

Baltimore, Maryland  
Boston, Massachusetts  
Kansas City, Missouri  
New Orleans, Louisiana  
Oakland, California

**APPENDIXES**





OFFICE OF THE DIRECTOR

NATIONAL HEADQUARTERS  
**SELECTIVE SERVICE SYSTEM**  
1724 F STREET NW  
WASHINGTON, D C 20435

ADDRESS REPLY TO  
THE DIRECTOR OF SELECTIVE SERVICE

FEB 13 1970

Honorable Elmer B. Staats  
The Comptroller General  
of the United States  
Washington, D. C. 20548

Dear Mr. Staats

Mr. Hirschorn of your office has forwarded copies of a draft of a report covering your official position regarding the savings available through revising procedures for screening registrants with potentially disqualifying medical conditions. I appreciate the opportunity to comment.

LEGAL CONSIDERATIONS

I. The Law

1. The Military Selective Service Act of 1967, Section 4(a) provides as follows.

"No person shall be inducted in the Armed Forces for training and service or shall be inducted for training in the National Security Training Corps under this title until his acceptability in all respects, including his physical and mental fitness, has been satisfactorily determined under standards prescribed by the Secretary of Defense."

2. Section 10(b)(3) provides in part as follows

"Such local boards, or separate panels thereof each consisting of three or more members, shall, under rules and regulations prescribed by the President, have the power within the respective jurisdictions of such local boards to hear and determine subject to the right of appeal to the appeal boards herein authorized, all questions or claims with respect to inclusion for, or exemption or deferment from, training and service under this title, of all individuals within the jurisdiction of such local boards."

II. Court Decisions

1. In the case of Doty v. United States, 8 Cir., 218 F.2d 93, the Court of Appeals held *inter alia* that whether the defendants' conviction and service of terms of imprisonment for violation of the Universal Military Training and Service Act entitle them thereafter to IV-F classification as undesirables was a question within discretionary

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Honorable Elmer B. Staats  
The Comptroller General  
of the United States

judgment of the draft board in the first instance and later of military authority and where there was no appeal from the draft board's I-A classification, the defendants were precluded from raising the question of the propriety of draft board's action. At page 96 of the opinion, the Court held as follows:

"Persons convicted of an offense which may be punishable by death or by imprisonment for a term exceeding one year are not made ineligible for service under the Act. They may be rejected by the draft board or by the military authorities at the time they report for induction. But their acceptance or rejection rests in the discretion of the draft board or the military authorities."

2. The case of Kaline v. United States, 9 Cir., 235 F.2d 54 (1956) presented a fact situation in which a local board had a registration card on which the registrant stated that he had been rejected from the Armed Forces in 1945 and also had a form from Selective Service which confirmed rejection because of vascular heart disease. The Court held that this was a sufficient basis in fact to support a IV-F classification and such classification did not illegally extend the liability for service. In that case the defendant had not objected to his IV-F classification but had remained in that classification for some three years. Under these facts the Court held as follows.

"It is settled that a registrant is not entitled to a judicial review of any classification from which he did not appeal." See also Williams v. United States, 9 Cir., 203 F.2d 85 (1953), Rowland v. United States, 9 Cir., 207 F.2d 621 (1953). The Court further noted that "at the trial, appellant (defendant) argued that a IV-F classification is unappealable. The regulations do not support this position. The regulations provide that a registrant can appeal any classification except that he cannot appeal from the determination of the registrant's physical or mental condition. We take this to mean only that a registrant cannot appeal from a finding as to his physical or mental condition."

#### III. Regulations

1. The matter of the Medical Interview by the Local Board is dealt with in Part 1628 of the regulations. Section 1628.4(e) provides as follows

(e) If the local board determines that the registrant does not have a disqualifying medical condition or physical defect which appears in the list described in section 1628.1, or if the local board has any doubt concerning the existence of any such condition or defect, the local board shall order the registrant

Honorable Elmer B. Staats  
The Comptroller General  
of the United States

to report for armed forces physical examination as provided in section 1628.11.

2. Section 1628.3 specifies the duties of the medical advisor to the local board. That section provides that no laboratory or X-ray work shall be authorized but also provides that reports of laboratory or X-ray work performed previously and presented by the registrant may be given consideration by the medical advisor. Section 1628.3(b) provides that the medical advisor shall give each registrant who presents himself for medical interview such examination as he deems necessary or review the affidavit of a reputable physician or official statement of a representative of a Federal or State agency referred to him by the local board and from such examination or review the medical advisor shall determine whether the registrant has one or more of the disqualifying medical conditions or physical defects which appear in the list of The Surgeon General of the Department of the Army.

3. While the regulations pertaining to the medical interview provide that a finding may be made by the medical advisor or by the local board, in our opinion the contexts of these provisions of the regulations indicate that such findings should only be made when the medical advisor or the local board is virtually certain that the disqualifying defect does exist. Where any doubt exists as to registrant's physical acceptability the case should be referred to the Armed Forces physical examiners.

4. In addition to the law, regulations and cases above set forth, we also note the historically significant development of the present law.

Section 5(e) of the Selective Training and Service Act of 1940 provided, relevant to physical examination, as follows:

"The President is also authorized, under such rules and regulations as he may prescribe to provide for the deferment from training and service under this Act in the land and naval forces of the United States (1) .... (2) of those men found to be physically, mentally or morally deficient or defective."

As above noted, in the enactment of the present statute the Congress made the important and significant change in the language of the pertinent section to provide that the inductee's acceptability must be determined to be satisfactory under standards prescribed by the Secretary of Defense. Emphasis Supplied. The obvious conclusion is that the Congress intended that the Secretary of Defense alone was to have the authority

and responsibility to determine the registrant's physical and mental fitness for service.

#### IV. Conclusion

We believe that the Congress intended that the local boards, assisted by the professional advice of the local board medical advisors, should make a finding of physical disqualification for service, and so classify, only in cases where the defect or defects, either physical or mental, are obviously present and obviously disqualifying. We believe that Congress intended that all other cases including those which involve a claimed defect, or defects, which are only potentially disqualifying should be referred for a regular, armed forces physical examination and that the finding as to acceptability in such cases should be the responsibility of the armed forces physical examiners. We believe that the present operation essentially conforms to the Congressional intent and that no change in operation is indicated.

#### OPERATIONAL CONSIDERATIONS

I. GAO Recommendation - Issue instructions to local boards emphasizing that each local board appropriately screen those registrants whose files contain evidence indicating that they have potentially disqualifying medical conditions.

Comments - Local Board Medical Advisors have been utilized quite extensively where registrants possess obvious disqualifying defects. To broaden the use of medical advisors to include the screening of such registrants with "potentially" disqualifying medical conditions would necessitate laboratory tests and X-rays. Selective Service is not authorized to obligate funds for this purpose and the medical advisor cannot be expected to perform what frequently must be elaborate and expensive tests and X-rays without compensation. To attempt to require local board executive secretaries to undertake this additional workload when they are already donating work beyond their compensable time would be unfair and unfeasible. Therefore additional personnel would have to be employed for the local boards to undertake this additional workload. The extra administrative costs to process all cases to the medical advisors could exceed the costs of examinations at AFES.

The great majority of local boards are utilizing medical advisors on such cases where they feel a medical determination can be made without laboratory tests and X-rays and it would be improper and unfair to overload advisors with cases on which they could not make a sound decision without such tests and X-rays. To do so would almost certainly result in wholesale resignations of medical advisors. With the occurrence of such developments, I would have to recommend that medical advisors no longer be authorized for local boards.

Honorable Elmer B. Staats  
The Comptroller General  
of the United States

II. GAO Recommendation - Establish procedures and guidelines for use by local boards and medical advisors in screening registrants whose files contain evidence indicating that they have potentially disqualifying medical conditions.

Comments - Selective Service Regulations and Local Board Memorandum No. 78 provide for the review of a registrant's file where he has furnished information concerning his physical (medical) condition. It further provides therein that the registrant be ordered to report for a medical interview to the medical advisor to the local board. The regulations state (1628.1)--"A medical review of certain registrants by the medical advisor to the local board shall be accomplished for the purpose of screening and disqualifying at the local board, those registrants who have conditions or defects enumerated in the list (A.R. 40-501 - Chapter II)." It appears that the words "certain registrants" and "shall" are permissive, not mandatory.

BEST DOCUMENT AVAILABLE

[See GAO note below.]

GAO note: Comments pertaining to draft report material not contained in final report have been omitted.

Honorable Elmer B. Staats  
The Comptroller General  
of the United States

BEST DOCUMENT AVAILABLE

I would be willing for the local boards to forward those registrants to the medical advisor who have been examined at AFEES and whose future return to AFEES has been requested provided they have physical defects that the medical advisor can determine without performing laboratory tests and X-rays.

With an increasing number of "resistance" physicians and psychiatrists furnishing questionable medical statements to local boards, I am opposed to having medical advisors involved with other than obviously disqualifying defects. Disqualifying registrants at the local board level who claim potential disqualifying medical conditions would bring severe criticism on the local board since the general public and the neighbors of the registrant cannot understand why he is not qualified the same as their sons and friends since he shows no outward appearance of not being physically able to serve in the military. This burden should be placed not upon the local board but upon the Department of Defense to whom Congress has given this responsibility.

IV. GAO Recommendation - Cases where potentially disqualifying medical conditions exist but sufficient medical advisors are not available, arrange with AFEES, and establish procedures for use by local boards, for sending registrants' files to AFEES for screening before sending the registrants to AFEES for preinduction examinations.

Comments - The policy of forwarding such medical information and physicians' statements to the AFEES for review as a means of disqualifying registrants without the need for a preinduction examination is a prerogative of the AFEES, not the Selective Service System. It is not the policy of Selective Service to have registrants routinely screened at the local board. This type of screening, or examination, was used early in World War II and abandoned for several reasons in favor of placing the responsibility of acceptance or rejection upon the AFEES, except in a small number of selected cases. This philosophy has continued in Selective Service to date and continues to be the philosophy and operational system of the Selective Service System.

#### IN CONCLUSION

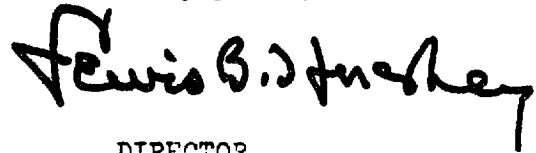
A destructive effect on the Selective Service System would result from implementation of the GAO proposals.

It should be pointed out that the Selective Service System has been the recipient of public criticism from public figures and sections of the press for its "lack of uniformity" in classification. While I feel that such criticism is largely unjustified, the statement has been repeatedly

Honorable Elmer B. Staats  
The Comptroller General  
of the United States

rade that the System has 4,000 local boards and therefore 4,000 differing criteria, and I must suggest that such a pejorative view of the System is accepted uncritically by a substantial number of Americans whose sources of information are limited and whose attitude toward compulsory military service is indifferent, if not hostile. To extend substantially the System's obligations so as to involve it in elaborate examinations conducted by 4,000 medical advisors would be to invite additional public outcry against the Selective Service System. Against such complaints I believe the System would be far less defensible than in matters of classification for the reasons I have set out hereinabove.

Sincerely yours,

A handwritten signature in black ink that reads "Lewis B. Duesbery". The signature is written in a cursive style with a large, prominent initial "L".

DIRECTOR

BEST DOCUMENT AVAILABLE



DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
WASHINGTON D C 20310

MAR 4 1970

Mr. C. M. Bailey  
Director, Defense Division  
U S. General Accounting Office

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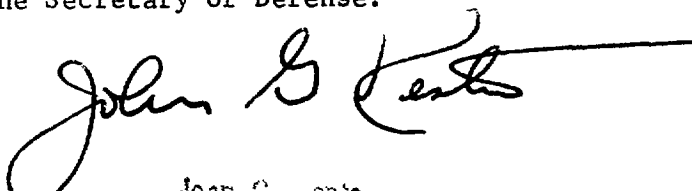
Dear Mr. Bailey

This is in response to your letter of December 18, 1969 to the Secretary of Defense requesting comments on your report titled "Savings Available Through Revising Procedures for Screening Registrants With Potentially Disqualifying Medical Conditions," (OSD Case #3058).

The inclosed statement provides the Department of the Army comments.

This reply is made on behalf of the Secretary of Defense.

1 Incl  
DA Comments

  
John G. Lenth  
Acting Deputy Assistant Secretary of the Army  
(for Policy and Reserve Affairs)



DEPARTMENT OF THE ARMY POSITION  
ON  
GAO DRAFT REPORT, DATED 18 DECEMBER 1969  
SAVINGS AVAILABLE THROUGH REVISING PROCEDURES  
FOR SCREENING REGISTRANTS WITH POTENTIAL DISQUALIFYING  
MEDICAL CONDITIONS - SELECTIVE SERVICE SYSTEM  
(OSD Case #3058)

I. Summary of GAO Position

A. Findings. That the Selective Service System (SSS) medical screening procedures at the local draft board level are ineffective and costly and should be revised. The SSS is currently sending registrants to Armed Forces Examining and Entrance Stations (AFEES) to be examined who have previously submitted records to SSS documenting medical disqualifications. With proper medical screening by the SSS, the government would have achieved an estimated savings of approximately 1.2 million dollars in Calendar Year 1968 in examining and transportation costs.

B. Conclusions. That, if the SSS recruited, instructed, and fully utilized their voluntary medical advisors, annual savings in the amount of approximately 1.2 million dollars could be achieved by the government.

C. Recommendations. That the Director of Selective Service

1. Issue additional instructions to local boards emphasizing that each local board appropriately screen those registrants whose files contain evidence indicating that they have potentially disqualifying medical conditions.

2. Establish procedures and guidelines for use by local boards and medical advisors in screening registrants whose files contain evidence indicating that they have potentially disqualifying medical conditions

[See GAO note below.]

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4. In those cases where potentially disqualifying medical conditions exist but sufficient medical advisors are not available, arrange with AFEES, and establish procedures for use by local boards, for sending registrants' files to AFEES for screening before sending the registrants to AFEES for preinduction examinations.

GAO note: Comments pertaining to draft report material not contained in final report have been omitted.

## II. Army Position on GAO Report

A The findings, conclusions and recommendations of the GAO report pertain primarily to internal operations of the SSS. We do not have sufficient knowledge of the medical examination capability of the local draft boards and their Medical Advisors to evaluate the feasibility of shifting the estimated 202,842 examinations from AFEES to the Medical Advisors. While we support procedural changes which will reduce the examination load at AFEES, we believe it is important to maintain the quality and consistency of medical examinations which are used as a basis for determining eligibility for military service. In proposing procedural changes in the examination process, we should keep in mind the critical necessity of protecting public confidence in the Selective Service operation.

B The GAO estimate of \$1.2 million savings should be re-examined. The estimate was based on the assumption that the Medical Advisors would have disqualified 87% of 202,842 registrants who GAO believes should have been screened at the local draft board level. Based on this 87% factor, GAO calculates that the AFEES would have performed 177,892 fewer examinations in 1968. The 87% disqualification rate occurred for the registrants who were actually screened by Medical Advisors in 1968. However, this screening was primarily accomplished for registrants who were obviously disqualified. It is highly probable that a lower disqualification rate would obtain among the "potentially disqualified" group that the local draft boards did not send to the Medical Advisors for screening.

C We concur in Recommendation No. 4, which states that in cases where sufficient SSS Medical Advisors are not available, the SSS should arrange to send files of potentially disqualified registrants to AFEES for screening prior to sending the registrants to AFEES for preinduction examination. In the absence of local Selective Service Medical Advisors, and when AFEES workloads permit, the AFEES are now performing screening services at the request of the SSS. In order to avoid undue burdens on the AFEES, the local draft boards should continue to solicit volunteers to fill their Medical Advisor vacancies. Should this recommendation be adopted, the United States Army Recruiting Command will be directed to monitor its implementation to preclude the transferring of SSS workloads from the uncompensated physicians working for local draft boards to salaried physicians assigned to the AFEES.

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EXAMINING STATIONS DETERMINATION OF  
REGISTRANT ACCEPTABILITY  
FOR 30 SELECTED LOCAL BOARDS  
CALENDAR YEAR 1968

Local boards by area	Total number examined at examining stations	Number qualified	Number re- jected for medical reasons	Number re- jected for mental reasons	Number re- jected for administra- tive reasons
BOSTON					
Urban	394	145	199	50	0
Suburban	680	354	296	29	1
Rural	<u>550</u>	<u>286</u>	<u>240</u>	<u>24</u>	<u>0</u>
Total	<u>1,624</u>	<u>785</u>	<u>735</u>	<u>103</u>	<u>1</u>
KANSAS CITY:					
Urban	674	357	248	60	9
Suburban	360	227	127	5	1
Rural	<u>282</u>	<u>178</u>	<u>94</u>	<u>9</u>	<u>1</u>
Total	<u>1,316</u>	<u>762</u>	<u>469</u>	<u>74</u>	<u>11</u>
NEW ORLEANS.					
Urban	814	375	249	178	12
Suburban	1,243	577	476	175	15
Rural	<u>1,094</u>	<u>469</u>	<u>406</u>	<u>214</u>	<u>5</u>
Total	<u>3,151</u>	<u>1,421</u>	<u>1,131</u>	<u>567</u>	<u>32</u>
SAN FRANCISCO.					
Urban	722	377	262	65	18
Suburban	372	186	143	22	21
Rural	<u>218</u>	<u>139</u>	<u>70</u>	<u>7</u>	<u>2</u>
Total	<u>1,312</u>	<u>702</u>	<u>475</u>	<u>94</u>	<u>41</u>
WASHINGTON					
Urban	406	194	177	29	6
Suburban	835	439	283	102	11
Rural	<u>351</u>	<u>228</u>	<u>74</u>	<u>37</u>	<u>12</u>
Total	<u>1,592</u>	<u>861</u>	<u>534</u>	<u>168</u>	<u>29</u>
TOTAL URBAN	<u>3,010</u>	<u>1,448</u>	<u>1,135</u>	<u>382</u>	<u>45</u>
Percent		48.10	37 71	12 69	1 50
TOTAL SUBURBAN	<u>3,490</u>	<u>1,783</u>	<u>1,325</u>	<u>333</u>	<u>49</u>
Percent		51.09	37 97	9.54	1 40
TOTAL RURAL	<u>2,495</u>	<u>1,300</u>	<u>884</u>	<u>291</u>	<u>20</u>
Percent		52.10	35 43	11 66	.81
Grand total	<u>8,995</u>	<u>4,531</u>	<u>3,344</u>	<u>1,006</u>	<u>114</u>
Percent	100	50.37	37 18	11.18	1 27

REGISTRANTS WHO COULD HAVE BEEN SCREENED  
BY THE 30 SELECTED LOCAL BOARDS  
CALENDAR YEAR 1968

Urban local boards	Registrants who could have been screened by the local boards based on available evidence					Total	Percent
	Number of re- jected regis- trants files examined	Doctors' state- ments only	Previous examining station examina- tion only	Doctors' state- ments and previous examining station examina- tion			
<b>BOSTON AREA:</b>							
No. 30	111	5	23	10	38	34.2	
No. 151	<u>88</u>	<u>7</u>	<u>22</u>	<u>5</u>	<u>34</u>	38.6	
Total	<u>199</u>	<u>12</u>	<u>45</u>	<u>15</u>	<u>72</u>	36.2	
<b>KANSAS CITY AREA:</b>							
No. 52	198	55	2	8	65	32.8	
No. 49	<u>45</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>3</u>	6.7	
Total	<u>243</u>	<u>56</u>	<u>4</u>	<u>8</u>	<u>68</u>	28.0	
<b>NEW ORLEANS AREA.</b>							
No. 39	88	5	17	8	30	34.1	
No. 44	<u>105</u>	<u>17</u>	<u>10</u>	<u>3</u>	<u>30</u>	28.6	
Total	<u>193</u>	<u>22</u>	<u>27</u>	<u>11</u>	<u>60</u>	31.1	
<b>SAN FRANCISCO AREA</b>							
No. 39	125	11	22	14	47	37.6	
No. 42	<u>137</u>	<u>20</u>	<u>21</u>	<u>18</u>	<u>59</u>	43.1	
Total	<u>262</u>	<u>31</u>	<u>43</u>	<u>32</u>	<u>106</u>	40.5	
<b>WASHINGTON AREA:</b>							
No. 2	154	33	17	40	90	58.4	
No. 3	<u>16</u>	<u>1</u>	<u>3</u>	<u>4</u>	<u>8</u>	50.0	
Total	<u>170</u>	<u>34</u>	<u>20</u>	<u>44</u>	<u>98</u>	57.7	
Total--urban local boards	<u>1,067</u>	<u>155</u>	<u>139</u>	<u>110</u>	<u>404</u>	37.9	

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REGISTRANTS WHO COULD HAVE BEEN SCREENED  
BY THE 30 SELECTED LOCAL BOARDS  
CALENDAR YEAR 1968 (continued)

		Registrants who could have been screened by the local boards based on available evidence						
Suburban local boards	Number of re- jected regis- trants files examined	Doctors' state- ments only	Previous examining station examina- tion only	Doctors' state- ments and previous examining station examina- tion	Total	Percent		
<b>BOSTON AREA</b>								
No 120	107	12	22	8	42	39.3		
No 124	<u>189</u>	<u>21</u>	<u>46</u>	<u>13</u>	<u>80</u>	42.3		
Total	<u>296</u>	<u>33</u>	<u>68</u>	<u>21</u>	<u>122</u>	41.2		
<b>KANSAS CITY AREA:</b>								
No 160	82	20	3	2	25	30.5		
No 87	<u>45</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>4</u>	8.9		
Total	<u>127</u>	<u>24</u>	<u>3</u>	<u>2</u>	<u>29</u>	22.8		
<b>NEW ORLEANS AREA:</b>								
No 28	262	40	24	9	73	27.9		
No 63	<u>122</u>	<u>17</u>	<u>26</u>	<u>14</u>	<u>57</u>	46.7		
Total	<u>384</u>	<u>57</u>	<u>50</u>	<u>23</u>	<u>130</u>	33.9		
<b>SAN FRANCISCO AREA</b>								
No 46	106	15	38	16	69	65.1		
No 49	<u>37</u>	<u>1</u>	<u>9</u>	<u>4</u>	<u>14</u>	37.8		
Total	<u>143</u>	<u>16</u>	<u>47</u>	<u>20</u>	<u>83</u>	58.4		
<b>WASHINGTON AREA</b>								
No 10	124	29	15	15	59	47.6		
No 56	<u>101</u>	<u>15</u>	<u>1</u>	<u>5</u>	<u>21</u>	20.8		
Total	<u>225</u>	<u>44</u>	<u>16</u>	<u>20</u>	<u>80</u>	35.6		
Total--suburban local boards	<u>1,175</u>	<u>174</u>	<u>184</u>	<u>86</u>	<u>444</u>	37.8		

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REGISTRANTS WHO COULD HAVE BEEN SCREENED  
BY THE 30 SELECTED LOCAL BOARDS  
CALENDAR YEAR 1968 (continued)

Rural local boards	Number of re- jected regis- trants files <u>examined</u>	Registrants who could have been screened by <u>the local boards based on available evidence</u>			<u>Total</u>	<u>Percent</u>
		Doctors' state- ments <u>only</u>	Previous examining station examina- tion <u>only</u>	Doctors' state- ments and previous examining station examina- tion <u>tion</u>		
<b>BOSTON AREA:</b>						
No. 159	81	5	19	8	32	39.5
No 1	<u>159</u>	<u>16</u>	<u>18</u>	<u>12</u>	<u>46</u>	28.9
Total	<u>240</u>	<u>21</u>	<u>37</u>	<u>20</u>	<u>78</u>	32.5
<b>KANSAS CITY AREA:</b>						
No. 19	45	3	1	0	4	8.9
No. 58	<u>46</u>	<u>12</u>	<u>2</u>	<u>1</u>	<u>15</u>	32.6
Total	<u>91</u>	<u>15</u>	<u>3</u>	<u>1</u>	<u>19</u>	20.9
<b>NEW ORLEANS AREA:</b>						
No. 31	222	41	37	20	98	44.1
No 60	<u>124</u>	<u>6</u>	<u>15</u>	<u>6</u>	<u>27</u>	21.8
Total	<u>346</u>	<u>47</u>	<u>52</u>	<u>26</u>	<u>125</u>	36.1
<b>SAN FRANCISCO AREA:</b>						
No. 7	54	13	18	2	33	61.1
No 10	<u>16</u>	<u>3</u>	<u>6</u>	<u>2</u>	<u>11</u>	68.8
Total	<u>70</u>	<u>16</u>	<u>24</u>	<u>4</u>	<u>44</u>	62.9
<b>WASHINGTON AREA:</b>						
No. 44	46	12	4	1	17	37.0
No 59	<u>28</u>	<u>5</u>	<u>3</u>	<u>6</u>	<u>14</u>	50.0
Total	<u>74</u>	<u>17</u>	<u>7</u>	<u>7</u>	<u>31</u>	41.9
Total--rural local boards	<u>821</u>	<u>116</u>	<u>123</u>	<u>58</u>	<u>297</u>	36.2
Grand total	<u>3,063</u>	<u>445</u>	<u>446</u>	<u>254</u>	<u>1,145</u>	37.4

PRINCIPAL OFFICIALS OF THE  
SELECTIVE SERVICE SYSTEM,  
THE DEPARTMENT OF DEFENSE, AND  
THE DEPARTMENT OF THE ARMY  
RESPONSIBLE FOR ADMINISTRATION OF THE  
ACTIVITIES DISCUSSED IN THIS REPORT

SELECTIVE SERVICE SYSTEM

		<u>Tenure of office</u>	
		<u>From</u>	<u>To</u>
DIRECTOR OF SELECTIVE SERVICE:			
	Curtis W. Tarr	Apr. 1970	Present
	Col. Dee Ingold (acting)	Feb. 1970	Apr. 1970
	Lt. General Lewis B. Hershey	July 1941	Feb. 1970
STATE DIRECTORS OF SELECTIVE SERVICE:			
<u>State</u>	<u>State Director</u>		
California	Carlos C. Ogden	Dec. 1967	Present
District of Columbia	Col. John T. Martin	June 1966	Present
Louisiana	David Wade	Mar. 1970	Present
	Lt. Col. Leo W. Davis (acting)	Apr. 1969	Mar. 1970
	Maj. Gen. Erbon Wise	May 1964	Mar. 1969
Maryland	Col. James L. Hays, III	Dec. 1966	Present
Massachusetts	John C. Carr, Jr.	Mar. 1964	Present
Missouri	Lt. Col. Ralph E. McCain (acting)	Aug. 1969	Present
	Col. Laurence B. Adams	Feb. 1965	July 1969
Virginia	Capt. Charles L. Kessler, USNR	Dec. 1960	Present

PRINCIPAL OFFICIALS OF THE  
SELECTIVE SERVICE SYSTEM,  
THE DEPARTMENT OF DEFENSE, AND  
THE DEPARTMENT OF THE ARMY  
RESPONSIBLE FOR ADMINISTRATION OF THE  
ACTIVITIES DISCUSSED IN THIS REPORT (continued)

Tenure of office  
From                      To

DEPARTMENT OF DEFENSE

SECRETARY OF DEFENSE:

Melvin R. Laird	Jan. 1969	Present
Clark M. Clifford	Mar. 1968	Jan. 1969
Robert S. McNamara	Jan. 1961	Feb. 1968

DEPARTMENT OF THE ARMY

SECRETARY OF THE ARMY:

Stanley R. Resor	July 1965	Present
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