



Highlights of [GAO-04-158T](#), testimony before the Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Following the 1990-91 Persian Gulf War, many servicemembers experienced health problems that they attributed to their military service in the Persian Gulf. However, a lack of servicemember health and deployment data hampered subsequent investigations into the nature and causes of these illnesses. Public Law 105-85, enacted in November 1997, required the Department of Defense (DOD) to establish a system to assess the medical condition of service members before and after deployments. GAO reported on (1) the Army's and Air Force's compliance with DOD's force health protection and surveillance requirements for servicemembers deploying in support of Operation Enduring Freedom (OEF) in Central Asia and Operation Joint Guardian (OJG) in Kosovo and (2) the status of DOD efforts to correct problems related to the accuracy and completeness of databases reflecting which servicemembers were deployed to certain locations. (*Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance* [[GAO-03-1041](#), Sept. 19, 2003])

GAO was asked to testify on its findings regarding the Army's and Air Force's compliance with DOD's force health protection and surveillance policies. For its report, GAO reviewed records for statistical samples of active duty servicemembers at four military installations.

www.gao.gov/cgi-bin/getrpt?GAO-04-158T.

To view the full testimony, click on the link above. For more information, contact Neal Curtin at (757) 552-8100.

DEFENSE HEALTH CARE

DOD Needs to Improve Force Health Protection and Surveillance Processes

What GAO Found

The Army and Air Force—the focus of GAO's review—did not comply with DOD's force health protection and surveillance policies for many active duty servicemembers, including the policies that they be assessed before and after deploying overseas, that they receive certain immunizations, and that health-related documentation be maintained in a centralized location. GAO's review of 1,071 servicemembers' medical records from a universe of 8,742 at selected Army and Air Force installations participating in overseas operations disclosed that 38 to 98 percent of servicemembers were missing one or both of their health assessments and as many as 36 percent were missing two or more of the required immunizations.

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

GAO's report recommended that DOD establish an effective quality assurance program that will ensure that the military services comply with the force health protection and surveillance policies for all servicemembers. DOD agreed with the recommendation and outlined a number of actions the military services are already taking to implement their quality assurance programs. While we view these actions as responsive to our recommendation, the effectiveness of these actions to ensure compliance will depend on follow-through by DOD and the services.