



Highlights of [GAO-05-632](#), a report to the Chairman, Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform, House of Representatives

Why GAO Did This Study

Following the 1991 Persian Gulf War, research and investigations into the causes of servicemembers' unexplained illnesses were hampered by inadequate occupational and environmental exposure data. In 1997, the Department of Defense (DOD) developed a militarywide health surveillance framework that includes occupational and environmental health surveillance (OEHS)—the regular collection and reporting of occupational and environmental health hazard data by the military services. GAO is reporting on (1) how the deployed military services have implemented DOD's policies for collecting and reporting OEHS data for Operation Iraqi Freedom (OIF) and (2) the efforts under way to use OEHS reports to address both immediate and long-term health issues of servicemembers deployed in support of OIF.

What GAO Recommends

GAO recommends that the Secretary of Defense improve deployment OEHS data collection and reporting and evaluate OEHS risk management activities. GAO also recommends that the Secretaries of Defense and Veterans Affairs (VA) jointly develop a federal research plan to address long-term health effects of OIF deployment. DOD plans to take steps to meet the intent of our first recommendation and partially concurred with the other recommendations. VA concurred with our recommendation for a joint federal research plan.

www.gao.gov/cgi-bin/getrpt?GAO-05-632.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Marcia Crosse at (202) 512-7119.

DEFENSE HEALTH CARE

Improvements Needed in Occupational and Environmental Health Surveillance during Deployments to Address Immediate and Long-term Health Issues

What GAO Found

Although OEHS data generally have been collected and reported for OIF, as required by DOD policy, the deployed military services have used different data collection methods and have not submitted all of the OEHS reports that have been completed. Data collection methods for air and soil surveillance have varied across the services, for example, although they have been using the same monitoring standard for water surveillance. Variations in data collection have been compounded by different levels of training and expertise among service personnel responsible for OEHS. For some OEHS activities, a cross-service working group has been developing standards and practices to increase uniformity of data collection among the services. In addition, while the deployed military services have been conducting OEHS activities, they have not submitted all of the OEHS reports that have been completed during OIF, which DOD officials attribute to various obstacles, such as limited access to communication equipment to transmit reports for archiving. Moreover, DOD officials did not have the required consolidated lists of all OEHS reports completed during each quarter in OIF and therefore could not identify the reports they had not received to determine the extent of noncompliance. To improve OEHS reporting compliance, DOD officials said they were revising an existing policy to add additional and more specific OEHS requirements.

DOD has made progress in using OEHS reports to address immediate health risks during OIF, but limitations remain in employing these reports to address both immediate and long-term health issues. OIF was the first major deployment in which OEHS reports have been used consistently as part of operational risk management activities intended to identify and address immediate health risks and to make servicemembers aware of the health risks of potential exposures. While these efforts may help reduce health risks, DOD has no systematic efforts to evaluate their implementation in OIF. In addition, DOD's centralized archive of OEHS reports for OIF has several limitations for addressing potential long-term health effects related to occupational and environmental exposures. First, access to the centralized archive has been limited due to the security classification of most OEHS reports. Second, it will be difficult to link most OEHS reports to individual servicemembers' records because not all data on servicemembers' deployment locations have been submitted to DOD's centralized tracking database. For example, none of the military services submitted location data for the first several months of OIF. To address problems with linking OEHS reports to individual servicemembers, the deployed military services have made efforts to include OEHS monitoring summaries in the medical records of some servicemembers for either specific incidents of potential exposure or for specific locations within OIF. Third, according to DOD and VA officials, no federal research plan has been developed to evaluate the long-term health of servicemembers deployed in support of OIF, including the effects of potential exposures to occupational or environmental hazards.