



Testimony

Before the Subcommittee on Oversight of Government Management, the Federal Workforce and the District of Columbia, Committee on Homeland Security and Governmental Affairs, U.S. Senate

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HUMAN CAPITAL

Status of Actions Needed to Improve the Timely and Accurate Delivery of Compensation and Medical Benefits to Deployed Civilians

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GAO

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Highlights of [GAO-10-615T](#), a testimony before the Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia, Committee on Homeland Security and Governmental Affairs, United States Senate

Why GAO Did This Study

The Department of Defense (DOD) and other executive agencies increasingly deploy civilians in support of contingency operations in Iraq and Afghanistan. Prior GAO reports show that the use of deployed civilians has raised questions about the potential for differences in policies on compensation and medical benefits. When these civilians are deployed and serve side by side, differences in compensation or medical benefits may become more apparent and could adversely impact morale.

This statement is based on GAO's 2009 congressionally requested report, which compared agency policies and identified any issues in policy or implementation regarding (1) compensation, (2) medical benefits, and (3) identification and tracking of deployed civilians. GAO reviewed laws, policies, and guidance; interviewed responsible officials at the Office of Personnel Management (OPM); and conducted a survey of civilians deployed from the six agencies between January 1, 2006 and April 30, 2008. GAO made ten recommendations for agencies to take actions such as reviewing compensation laws and policies, establishing medical screening requirements, and creating mechanisms to assist and track deployed civilians. Seven of the agencies—including DOD—generally agreed with these recommendations; U.S. Agency for International Development did not. This testimony also updates the actions the agencies have taken to address GAO's recommendations.

View [GAO-10-615T](#) or [key components](#). For more information, contact Janet A. St. Laurent at (202) 512-4300 or stlaurentj@gao.gov.

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What GAO Found

While policies concerning compensation for deployed civilians are generally comparable, GAO found some issues that can lead to differences in the amount of compensation and the accuracy, timeliness, and completeness of this compensation. For example, two comparable supervisors who deploy under different pay systems may receive different rates of overtime pay because this rate is set by the employee's pay system and grade/band. While a congressional subcommittee asked OPM to develop a benefits package for civilians deployed to war zones and recommend enabling legislation, at the time of GAO's 2009 review, OPM had not yet done so. Also, implementation of some policies may not always be accurate or timely. For example, GAO estimates that about 40 percent of the deployed civilians in its survey reported experiencing problems with compensation, including danger pay. In June 2009, GAO recommended, among other things, that OPM oversee an executive agency working group on compensation to address differences and, if necessary, make legislative recommendations. OPM generally concurred with this recommendation and recently informed GAO that an interagency group is in the process of developing proposals for needed legislation.

Although agency policies on medical benefits are similar, GAO found some issues with medical care following deployment and post deployment medical screenings. Specifically, while DOD allows its treatment facilities to care for non-DOD civilians after deployment in some cases, the circumstances are not clearly defined and some agencies were unaware of DOD's policy. Further, while DOD requires medical screening of civilians before and following deployment, State requires screenings only before deployment. Prior GAO work found that documenting the medical condition of deployed personnel before and following deployment was critical to identifying conditions that may have resulted from deployment. GAO recommended, among other things, that State establish post-deployment screening requirements and that DOD establish procedures to ensure its post-deployment screening requirements are completed. While DOD and State agreed, DOD has developed guidance establishing procedures for post-deployment screenings; but, as of April 2010, State had not provided documentation that it established such requirements.

Each agency provided GAO with a list of deployed civilians, but none had fully implemented policies to identify and track these civilians. DOD had procedures to identify and track civilians but concluded that its guidance was not consistently implemented. Some agencies had to manually search their systems. Thus, agencies may lack critical information on the location and movement of personnel, which may hamper their ability to intervene promptly to address emerging health issues. GAO recommended that DOD enforce its tracking requirements and the other five agencies establish tracking procedures. While DOD and four agencies concurred with the recommendations and are now in various stages of implementation, U.S. Agency for International Development disagreed stating that its current system is adequate. GAO continues to disagree with this agency's position.

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to discuss our 2009 report on the actions needed to better track and provide timely and accurate compensation and medical benefits to deployed federal civilians.¹ As the Department of Defense (DOD) has expanded its involvement in overseas military operations, it has grown increasingly reliant on its federal civilian workforce to provide support. The civilian workforce performs, among other things, combat support functions that traditionally have been performed by the uniformed military, such as logistics support and maintenance. DOD acknowledged its growing reliance on civilian personnel in its 2006 Quadrennial Defense Review, and since fiscal year 2004, the department has converted thousands of military positions to civilian positions and is planning to convert more. In addition, in April 2009, the Secretary of Defense announced plans to convert 33,600 contract positions to federal civilian positions. The Department of State (State) and other federal agencies also play an important role in the stabilization and reconstruction of at-risk countries and regions, consistent with a collaborative, “whole of government”² approach.

According to a recent DOD report, the federal government has deployed over 44,000³ civilians since 2001 in support of contingency operations around the world, including the stabilization and reconstruction efforts in Iraq and Afghanistan. These deployed civilians work in close proximity to one another and represent a cross section of employees from a number of different agencies. While in theater, deployed civilians—regardless of which executive agency employs them—fall under the purview of either DOD or State, but remain subject to the administrative processes of

¹ GAO, *Human Capital: Actions Needed to Better Track and Provide Timely and Accurate Compensation and Medical Benefits to Federal Civilians*, [GAO-09-562](#) (Washington D.C.: June 26, 2009).

² According to the Project on National Security Reform, Case Studies Volume I, (Washington, D.C.: Sep. 2008), “whole of government” refers to an approach that fosters governmentwide collaboration on purpose, actions, and results in coherent combined application of available resources to achieve the desired objective or end state. This approach addresses the military and civilian coordination discussed in National Security Presidential Directive/NSPD-44, *Management of Interagency Efforts Concerning Reconstruction and Stabilization* (Dec. 7, 2005).

³ Department of Defense, *Report to Congress: Medical Care for Department of Defense and Non-Department of Defense Federal Civilians Injured or Wounded in Support of Contingency Operations*.

their employing agencies for compensation.⁴ This civilian workforce consists of employees who are compensated under several different pay systems in use at the time of our review, including the General Schedule (GS), Foreign Service (FS), and National Security Personnel System (NSPS).⁵ Each of these pay systems is governed by unique authorizing statutes, most of which existed prior to the current operations in Iraq and Afghanistan. The statutes, as implemented in accordance with Office of Personnel Management (OPM)⁶ and agency regulations and policies, outline the monetary and nonmonetary compensation to which employees under each system are entitled, certain elements of which are set without regard to the location in which they are working. Monetary compensation includes payments such as salary and danger pay and nonmonetary compensation includes benefits such as leave and retirement contributions.⁷ In addition, these deployed civilians are entitled to certain medical benefits.

As we previously reported, DOD's use of civilian personnel to support military operations has long raised questions about its policies on compensation and medical benefits for such civilians.⁸ For example, in 2006, DOD did not have quality assurance procedures in place to ensure that deployed civilians completed (1) pre-deployment health assessments

⁴ Under 22 U.S.C. § 3927, the Chief of Mission "shall have full responsibility for the direction, coordination, and supervision of all Government executive branch employees in that country (except for Voice of America correspondents on official assignment and employees under the command of a United States area military commander)".

⁵ Section 1101 of the National Defense Authorization Act for Fiscal Year 2004, Pub. L. No. 108-136 (2003), authorized DOD, working jointly with OPM, to create the National Security Personnel System. As of February 2009, over 205,000 DOD civilians had been converted into NSPS. However, section 1113 of the National Defense Authorization Act for Fiscal Year 2010, Pub. L. No. 111-84 (2009), requires the Secretary of Defense to take actions necessary to terminate the National Security Personnel System no later than January 1, 2012.

⁶ Specifically, OPM issues regulations and provides policy guidance to executive branch agencies on matters involving personnel management.

⁷ In this report, we use the term "monetary compensation" to refer to payments made to the employee for work performed such as salary, danger pay, post hardship differential, and overtime. Nonmonetary compensation refers to benefits such as leave, retirement contributions, and insurance premiums paid on behalf of the employee.

⁸ GAO, *DOD Civilian Personnel: Medical Policies for Deployed DOD Federal Civilians and Associated Compensation for Those Deployed*, [GAO-07-1235T](#) (Washington, D.C.: Sept. 18, 2007); and *DOD Civilian Personnel: Greater Oversight and Quality Assurance Needed to Ensure Force Health Protection and Surveillance for Those Deployed*, [GAO-06-1085](#) (Washington, D.C.: Sept. 29, 2006).

to make certain they were medically fit to deploy and (2) post-deployment health assessments to document their health status following deployment, environmental exposures, and health concerns related to their work while deployed. Consequently, DOD had no assurance that civilians were medically fit to deploy and could not identify any follow-up medical treatment these civilians required following deployment. In addition, we reported that procedures were not in place during the Gulf War to provide for overtime or danger pay that deployed civilians were entitled to receive.⁹ Now that other executive agencies in addition to DOD and State are deploying civilians to Iraq and Afghanistan,¹⁰ Congress has noted that although these civilians are working under similar conditions and being exposed to the same risks, they may be receiving different levels of compensation and medical benefits. The unique working conditions employees may encounter in Iraq and Afghanistan can create an environment that increases the visibility of issues associated with pay systems and compensation that employees working under normal circumstances would not encounter. When these civilians are deployed and serve side by side, the differences in pay systems may become more apparent and may adversely impact morale. As a result, Congress has enacted a number of laws aimed at leveling compensation for deployed civilians across agencies and pay systems. For example, beginning in 2006, Congress granted agency heads the discretion to provide their deployed civilians certain compensation and benefits comparable to those of the Foreign Service, such as death gratuities and leave benefits. Congress has also enacted laws that allow agency heads to waive premium pay caps for deployed civilians.¹¹

In addition, in April 2008, the Subcommittee on Oversight and Investigations, House Armed Services Committee, issued a report on incentives, benefits, and medical care for deployed civilians.¹² In this

⁹ GAO-07-1235T; GAO-06-1085.

¹⁰ In addition to DOD, State, and the other agencies involved in this review, we have identified several other executive agencies that have deployed civilians to Iraq or Afghanistan. These include the Departments of Commerce, Health and Human Services, Treasury, Transportation, and Energy.

¹¹ The premium pay cap places a ceiling on the amount of basic pay (salary plus locality pay) plus premium pay (overtime pay, Sunday pay, holiday pay, and night differential) that an employee can earn during a calendar year.

¹² U.S. House of Representatives, Committee on Armed Services, Subcommittee on Oversight and Investigations, *Deploying Federal Civilians to the Battlefield: Incentives, Benefits, and Medical Care* (April 2008).

report, the Subcommittee recommended, among other things, that OPM develop an incentive and benefits package that would apply to all federal civilians deployed to a war zone and submit legislative recommendations, if necessary, to Congress. In June 2008, OPM issued a memorandum urging the executive agencies that deploy civilians to make every effort to eliminate any disparities or inconsistencies in these deployed civilians' compensation by applying any available and appropriate compensation authorities.¹³

My statement today focuses on our 2009 review¹⁴ of executive agencies' policies and practices regarding the compensation and medical benefits they provide to civilian employees who deploy to Iraq or Afghanistan.¹⁵ Specifically, we examined the extent to which the six agencies¹⁶ we reviewed have (1) comparable policies concerning compensation and any issues that may affect the compensation to which deployed civilians are entitled (2) comparable policies and practices concerning medical benefits for deployed civilians and any issues that may affect the medical benefits to which deployed civilians are entitled and (3) policies and procedures to identify and track deployed civilians to address any future medical issues that may emerge as a result of their deployment.

To determine whether the six selected executive branch agencies have comparable policies on compensation and medical benefits for their deployed civilians, we reviewed applicable federal statutes, guidance, memoranda, and other policy documents, and we conducted a

¹³ Memorandum from Linda M. Springer, Director, OPM, to Chief Human Capital Officers, *Consistent Compensation for Federal Civilians in Combat Zones* (June 10, 2008). This memorandum listed various legal authorities, such as § 1603 of Public Law No. 109-234 (granting federal agencies discretion to apply certain Foreign Service benefits to their employees), § 1101 of Public Law No. 110-181 (raising annual maximum limitations on premium pay), and § 1105 of Public Law No. 110-181 (authorizing payment of up to \$100,000 as a "death gratuity" in certain instances).

¹⁴ [GAO-09-562](#).

¹⁵ We use the term "medical benefits" to refer to any medical or dental treatment associated with travel to Iraq or Afghanistan, including medical screenings before and after deployment, as well as any benefits received under the Federal Employees' Compensation Act, 5 U.S.C. §§ 8101-8193.

¹⁶ We selected the Department of Defense because it deploys the greatest number of civilians to Iraq and Afghanistan. We also included the Departments of State, Homeland Security, Agriculture, and Justice, and the U.S. Agency for International Development because these agencies deployed most of the civilians assigned to the embassies and provincial reconstruction teams in Iraq and Afghanistan.

comparative analysis of these documents. We also interviewed agency officials, including officials at OPM, to identify their perspectives on the compensation and medical benefits to which their civilians are entitled both during and following their deployments. To determine the extent to which these agencies have any implementation issues that may affect the compensation and medical benefits to which deployed civilians are entitled, we reviewed pre-deployment information and instructional documents pertaining to the compensation and medical benefits to which deployed civilians are entitled, as well as agency practices for medically screening civilians both before and following their deployments. We also conducted a Web survey of a probability sample of civilians from lists we obtained from our selected agencies who were deployed to Iraq or Afghanistan between January 1, 2006, and April 30, 2008, to gather information on their experiences.¹⁷ Specifically, this survey gathered, among other things, information from deployed civilians about instructional documents received, medical screening, and receipt of compensation and medical care during and following their deployments. To further explore issues that were identified by survey respondents, we conducted small group discussions with deployed DOD and State civilians serving in Iraq at the time of our review. We also conducted interviews with DOD and State officials, including medical personnel, reviewed the universe of workers' compensation claims filed with the Department of Labor¹⁸ between January 1, 2006, and April 30, 2008, by civilians deployed to Iraq and Afghanistan, and we interviewed Labor officials concerning the workers' compensation claims process. To determine the extent to which agencies identify and track deployed civilians for medical purposes, we reviewed applicable agency guidance and interviewed knowledgeable agency officials. To assess the reliability of the data in these lists and workers' compensation claims, we (1) reviewed existing information about the systems that generated these lists and claims information and (2) interviewed agency officials knowledgeable about the systems and

¹⁷ We selected a sample of 297 from an initial population of 2,493 civilians whom the six executive agencies in our review identified as having been deployed during the period from January 1, 2006, to April 30, 2008. Some observations in the sample were deemed to be beyond the scope of our review, in part because the employee did not deploy to Iraq or Afghanistan during the prescribed timeframe; consequently, we are 95 percent confident that the actual population size is between 1,930 and 2,254. The results of the survey can be projected to the population from which the survey sample was selected.

¹⁸ These claims are filed under the Federal Employees' Compensation Act, 5 U.S.C. §§ 8101-8193.

information. We determined that the information was sufficiently reliable for the purposes of our review.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

While Policies on Compensation Are Generally Comparable, Some Policy and Implementation Issues Affect the Amount, Accuracy, and Completeness of Compensation

Although policies concerning compensation for deployed civilians are generally comparable across agencies, we found some issues that affect the amount of compensation these civilians receive—depending on such things as the agency’s pay system or the civilian’s grade/band level—and the accuracy, timeliness, and completeness of this compensation. Specifically, the six agencies included in our 2009 review provided similar types of deployment-related compensation to civilians deployed to Iraq or Afghanistan. Agency policies regarding compensation for federal employees—including deployed civilians—are subject to regulations and guidance issued by either OPM or other executive agencies, in accordance with underlying statutory personnel authorities. In some cases, the statutes and implementing regulations provide agency heads with flexibility in how they administer their compensation policies. For example, agency heads are currently authorized by statute to provide their civilians deployed to combat zones with certain benefits—such as death gratuities and leave benefits—comparable to those provided the Foreign Service, regardless of the underlying pay system of the employee’s agency.

However, some variations in compensation available to deployed civilians result directly from the employing agency’s pay system and the employee’s pay grade/band level. For example, deployed civilians, who are often subject to extended work hours, may expect to work 10-hour days, 5 days a week, resulting in 20 hours of overtime per pay period. A nonsupervisory GS-12 step 1 employee receives a different amount of compensation for overtime hours than a nonsupervisory employee who earns an equivalent salary under NSPS.¹⁹ Specifically, the NSPS nonsupervisory employee is

¹⁹ Section 1113 of the National Defense Authorization Act for Fiscal Year 2010, Pub. L. No. 111-84 (2009), requires the Secretary of Defense to take actions necessary to terminate the National Security Personnel System no later than January 1, 2012.

compensated for overtime at a rate equivalent to 1.5 times the normal hourly rate while the GS nonsupervisory employee is compensated for overtime at a rate equivalent to 1.14 times the normal hourly rate. Further, we noted that a GS-12 step 1 employee receives a different rate of compensation for overtime hours than a GS-12 step 6 employee. Specifically, the GS-12 step 1 employee is compensated for overtime at a rate equivalent to 1.14 times the normal hourly rate, while the GS-12 step 6 employee is compensated for overtime at the normal hourly rate.²⁰

Additionally, deployed civilians may receive different compensation based on their deployment status. Agencies have some discretion to determine the travel status of their deployed civilians based on a variety of factors—DOD, for example, looks at factors including length of deployment, employee and agency preference, and cost. Generally though, deployments scheduled for 180 days or less are classified as “temporary duty” assignments, whereas deployments lasting more than a year generally result in an official “change of station” assignment. Nonetheless, when civilians are to be deployed long term, agencies have some discretion to place them in either temporary duty or change of station status, subject to certain criteria.²¹ The status under which civilians deploy affects the type and amount of compensation they receive. For example, approximately 73 percent of the civilians who were deployed between January 1, 2006, and April 30, 2008, by the six agencies we reviewed were deployed in

²⁰ Under both examples, these employees are exempt from the Fair Labor Standards Act. Overtime rates are authorized by law for GS employees by 5 U.S.C. section 5542 and for NSPS employees by NSPS regulations at 5 CFR section 9901.362. The NSPS overtime factor is based on DOD’s Civilian Personnel Manual, DOD 1400.25-M, subchapter 1930. Overtime rates are authorized by law for GS employees by 5 U.S.C. section 5542. The overtime factor for GS-12 step 1 is calculated by dividing the overtime hourly rate by the hourly rate found in OPM’s hourly rate table for GS salary. Within the GS system, the overtime hourly rate for employees paid at a rate greater than the rate for GS-10 step 1, but less than the rate for GS-12 step 6, is equal to the hourly rate of basic pay for GS-10 step 1 multiplied by 1.5. The overtime hourly rate for employees paid at a rate equivalent to the GS-10 step 1 level or lower is 1.5 times their hourly rate, and for employees paid at the GS-12 step 6 level or higher, the overtime hourly rate is 1.0.

²¹ GAO has stated that “Whether an assignment to a particular station is temporary or permanent is a question of fact to be determined from the orders under which the assignment is made, the character of the assignment, its duration, and the nature of the duties.” In DOD’s Civilian Personnel Joint Travel Regulations Vol. II, DOD states that the following criteria must be met for an assignment to be temporary duty (68 Comp. Gen. 465 (1989)): “(a) The duties to be performed are temporary in nature, (b) the assignment is for a reasonable time duration, and (c) temporary duty costs are lower than round-trip temporary change of station or permanent change of station expenses.” Joint Travel Regulations, vol. 2, ch. 4, para. C4430 (current as of Dec. 1, 2009).

temporary duty status²² and retained their base salaries, including the locality pay associated with their home duty stations. Civilians deployed to Iraq or Afghanistan as a change of station do not receive locality pay, but they do receive base salary and may be eligible for a separate maintenance allowance, which varies in amount based on the number of dependents the civilian has. The civilian's base salary also impacts the computation of certain deployment-related pays, such as danger pay and post hardship differential, as well as the computation of premium pay such as overtime. Consequently, whether a civilian's base salary includes locality pay or not can significantly affect the total compensation to which that civilian is entitled—resulting in differences of several thousand dollars.

As a result of these variations, deployed civilians at equivalent pay grades who work under the same conditions and face the same risks may receive different compensation. As mentioned previously, the Subcommittee on Oversight and Investigations, House Armed Services Committee, recommended in April 2008 that OPM develop a benefits package for all federal civilians deployed to war zones, to ensure that they receive equitable benefits. But at the time of our 2009 review, OPM had not developed such a package or provided legislative recommendations. In September 2009, OPM officials stated that DOD had initiated an interagency working group to discuss compensation issues and that this group had developed some proposals for legislative changes. However, they noted, at that time, that these proposals had not yet been submitted to Congress, and they did not, according to DOD officials, represent a comprehensive package for all civilians deployed to war zones, as recommended by the Subcommittee.

Furthermore, compensation policies were not always implemented accurately or in a timely manner. For example, based on our survey results, we project that approximately 40 percent of the estimated 2,100 civilians deployed from January 1, 2006, to April 30, 2008, experienced problems with compensation—including not receiving danger pay or receiving it late, for instance—in part because they were unaware of their eligibility or did not know where to go for assistance to start and stop these deployment-related pays. In fact, officials at four agencies acknowledged that they have experienced difficulties in effectively

²² The approximately 73 percent includes both DOD civilians deployed for 180 days or less as well as employees deployed for more than 180 days. For civilians deployed more than 180 days, about 42 percent were deployed in temporary duty status and retained locality pay.

administering deployment-related pays, in part because there is no single source of guidance delineating the various pays associated with deployment of civilians. As we previously reported concerning their military counterparts,²³ unless deployed personnel are adequately supported in this area, they may not be receiving all of the compensation to which they are entitled.

Additionally, in January 2008, Congress authorized an expanded death gratuity—under the Federal Employees’ Compensation Act (FECA)—of up to \$100,000 to be paid to the survivor of a deployed civilian whose death resulted from injuries incurred in connection with service with an armed force in support of a contingency operation.²⁴ Congress also gave agency heads discretion to apply this death gratuity provision retroactively for any such deaths occurring on or after October 7, 2001, as a result of injuries incurred in connection with the civilian’s service with an armed force in Iraq or Afghanistan.²⁵ At the time of our 2009 review, Labor—the agency responsible for the implementing regulations under FECA—had not yet issued its formal policy on administering this provision. Labor officials told us in May 2009 that, because of the recent change in administration, they could not provide us with an anticipated issue date for the final policy. Officials from the six agencies included in our review stated at that time that they were delaying the development of policies and procedures to implement the death gratuity until after Labor issued its policy. As a result, some of these agencies had not moved forward on these provisions when we issued our report.

We therefore recommended that (1) OPM oversee an executive agency working group on compensation for deployed civilians to address any

²³ GAO, *Military Pay: Army Reserve Soldiers Mobilized to Active Duty Experienced Significant Pay Problems*, [GAO-04-911](#) (Washington, D.C.: Aug. 20, 2004); *Military Pay: Army National Guard Personnel Mobilized to Active Duty Experienced Significant Pay Problems*, [GAO-04-413T](#) (Washington, D.C.: Jan. 28, 2004); and *Military Pay: Army National Guard Personnel Mobilized to Active Duty Experienced Significant Pay Problems*, [GAO-04-89](#) (Washington, D.C.: Nov. 13, 2003).

²⁴ National Defense Authorization Act for Fiscal Year 2008, Pub. L. No. 110-181, § 1105 (2008).

²⁵ Under 5 U.S.C. § 8102(a), the head of an agency may retroactively apply this provision in the case of an employee who died on or after October 7, 2001, and before January 28, 2008, as a result of injuries incurred in connection with the employee’s service with an armed force in the theater of operations of Operation Enduring Freedom or Operation Iraqi Freedom.

differences and if necessary make legislative recommendations; (2) the agencies included in our review establish ombudsman programs or, for agencies deploying small numbers of civilians, focal points to help ensure that deployed civilians receive the compensation to which they are entitled; and (3) Labor set a time frame for issuing implementing guidance for the death gratuity. We provided a copy of the draft report to the agencies in our review. With the exception of USAID, which stated that it already had an ombudsman to assist its civilians, all of the agencies generally concurred with these recommendations. USAID officials, however, at the time of our testimony, had not provided any documentation to support the existence of the ombudsman position. In the absence of such documentation, we continue to believe our recommendation has merit. In comments on our final report, OPM officials stated that an interagency group was in the process of developing proposals for needed legislation. However, at the time of this testimony, these officials stated that no formal legislative proposals have been submitted. In addition, some of the agencies have taken action to create ombudsman programs. Specifically, DOD and USDA officials stated that their ombudsman programs have been implemented. Additionally, Justice and State officials stated that they would take action such as developing policy and procedures for their ombudsman programs; however, at the time of this testimony, USDA, Justice, and State had not provided documentation to support their statements. Finally, the Department of Labor published an interim final rule implementing the \$100,000 death gratuity under FECA in August 2009, and finalized the rule in February 2010.²⁶

²⁶ Interim Final Rule: Claims for Compensation; Death Gratuity Under the Federal Employees' Compensation Act, 74 Fed. Reg. 41617 (Aug. 18, 2009). Final Rule: Claims for Compensation; Death Gratuity Under the Federal Employees' Compensation Act, 75 Fed. Reg. 5499 (Feb. 3, 2010).

While Policies on Medical Benefits Are Generally Comparable, Some Issues Exist in Both Policies and Implementation

Although agency policies on medical benefits are similar, our 2009 review found some issues with policies related to medical treatment following deployment and with the implementation of workers' compensation and post-deployment medical screening that affect the medical benefits of these civilians. DOD and State guidance provides for medical care of all civilians during their deployments—regardless of the employing agency. For example, DOD policies entitle all deployed civilians to the same level of medical treatment while they are in theater as military personnel. State policies entitle civilians serving under the authority of the Chief of Mission to treatment for routine medical needs at State facilities while they are in theater.

While DOD guidance provides for care at military treatment facilities for all DOD civilians—under workers' compensation—following their deployments, we reported that the guidance does not clearly define the “compelling circumstances” under which non-DOD civilians would be eligible for such care. Because DOD's policy was unclear, we found that confusion existed within DOD and other agencies regarding civilians' eligibility for care at military treatment facilities following deployment. Furthermore, officials at several agencies were unaware that civilians from their agencies were potentially eligible for care at DOD facilities following deployment, in part because these agencies had not received the guidance from DOD about this eligibility. Because some agencies were not aware of their civilians' eligibility for care at military treatment facilities following deployment, these civilians could not benefit from the efforts DOD has undertaken in areas such as post traumatic stress disorder.

Moreover, civilians who deploy may also be eligible for medical benefits through workers' compensation if Labor determines that their medical condition resulted from personal injury sustained in the performance of duty during deployment.²⁷ Our review of all 188 workers' compensation claims²⁸ related to deployments to Iraq or Afghanistan that were filed with the Labor Department between January 1, 2006, and April 30, 2008, found that Labor requested additional information in support of these claims in

²⁷ Under FECA, any disability resulting from a war-risk hazard is generally deemed to have resulted from personal injury sustained while in the performance of duty. 5 U.S.C. § 8102(b).

²⁸ FECA claims by agency: DOD – 116; State – 32; Justice – 19; DHS – 5; USDA – 2; USAID – 1; other agencies not included in this review and claims where the agency is not identified – 13.

125 cases, resulting in increased processing times that in some instances exceeded the department's standard goals for processing claims.²⁹ Twenty-two percent of the respondents to our survey who had filed workers' compensation claims stated that their agencies provided them with little or no support in completing the paperwork for their claims. Labor officials stated that applicants failed to provide adequate documentation, in part because they were unaware of the type of information they needed to provide. Furthermore, our review of Labor's claims process indicated that Labor's form for a traumatic injury did not specify what supporting documents applicants had to submit to substantiate a claim.³⁰ Specifically, while this form states that the claimant must "provide medical evidence in support of disability," the type of evidence required is not specifically identified. Without clear information on what documentation to submit in support of their claims, applicants may continue to experience delays in the process.

Additionally, DOD requires deploying civilians to be medically screened both before and following their deployments. However, we found that post-deployment screenings are not always conducted, because DOD lacks standardized procedures for processing returning civilians. Approximately 21 percent of DOD civilians who responded to our survey stated that they did not complete a post-deployment health assessment. In contrast, we determined that State generally requires a medical clearance as a precondition to deployment but has no formal requirement for post-deployment screenings of civilians who deploy under its purview. Our prior work has found that documenting the medical condition of deployed civilians both before and following deployment is critical to identifying conditions that may have resulted from deployment, such as traumatic brain injury.³¹

To address these matters, we recommended that (1) DOD clarify its guidance concerning the circumstances under which civilians are entitled to treatment at military treatment facilities following deployment and formally advise other agencies that deploy civilians of its policy governing

²⁹ Of these 125 cases, 74 were approved, 42 were denied, and 9 cases were still being processed at the time of our review.

³⁰ Labor defines "traumatic injury" as any wound or other condition of the body caused by external force, including stress or strain, caused by a specific event or incident within a single workday or shift.

³¹ [GAO-06-1085](#).

treatment at these facilities; (2) Labor revise the application materials for workers' compensation claims to make clear what documentation applicants must submit with their claims; (3) the agencies included in our review establish ombudsman programs or, for agencies deploying small numbers of civilians, focal points to help ensure that deployed civilians get timely responses to their applications and receive the medical benefits to which they are entitled; (4) DOD establish standard procedures to ensure that returning civilians complete required post-deployment medical screenings; and (5) State develop post-deployment medical screening requirements for civilians deployed under its purview. The agencies generally concurred with these recommendations, with the exception of USAID, which stated that it already had an ombudsman to assist its civilians. USAID officials, however, at the time of this testimony had not provided any documentation to support the existence of the ombudsman position. In the absence of such documentation, we continue to believe our recommendation has merit. To clarify DOD's guidance concerning the availability of medical care at military treatment facilities following deployment for non-DOD civilians and to formally advise other agencies that deploy civilians of the circumstances under which care will be provided, DOD notified these agencies about its policies in an April 1, 2010 letter. Specifically, the letter identified information the department posted on its Civilian Expeditionary Workforce Web site. This information included (1) a training aid explaining the procedures for requesting access to a military treatment facility following deployment, (2) a standard form to request approval to receive treatment at a military treatment facility following deployment, and (3) frequently asked questions that DOD states provides further clarity on its policies.³² In addition, DOD has taken some steps to standardize procedures for ensuring civilians returning from deployment complete required post-deployment medical screenings. For example, guidance on DOD's Civilian Expeditionary Workforce Web site states that deployment out-processing will include completion of the post-deployment health assessment.³³ On the other hand, State officials noted

³² Among other things, the guidance on this website provides some additional clarity regarding the "compelling circumstances" that may allow a non-DOD civilian to be approved for post-deployment medical care, including instances where the military MTF is distinguished and has experience in treating the injury, disease, or illness, or the military MTF is the only, closest, or most convenient treatment facility to the employee's home, place of employment, care giver's home, or critical personal support system. See http://www.cpms.osd.mil/expeditionary//cew_medical_care.aspx

³³ The document on the DOD webpage is titled "Entitlements and Benefits for Temporary Duty Service." See link on http://www.cpms.osd.mil/expeditionary//cew_benefits.aspx

that they would implement post-deployment screenings in 2010; however, as of April 2010, State had not provided documentation supporting that it established such requirements. Finally, officials from some of the agencies told us that they have taken action to create ombudsman programs. Specifically, officials from DOD and USDA said that their programs have been implemented. In addition, officials from Justice and State stated that they would take action such as developing policy and procedures for their ombudsman programs; however, at the time of this testimony, USDA, Justice, and State had not provided documentation to support their statements.

Executive Agencies' Ability to Track Deployed Civilians Is Limited

While each of the agencies we reviewed was able to provide a list of deployed civilians, none of these agencies had fully implemented policies and procedures to identify and track its civilians who have deployed to Iraq and Afghanistan. DOD, for example, issued guidance and established procedures for identifying and tracking deployed civilians in 2006 but concluded in 2008 that its guidance and associated procedures were not being consistently implemented across the agency. In 2008 and 2009, DOD reiterated its policy requirements and again called for DOD components to comply.³⁴ The other agencies we reviewed had some ability to identify deployed civilians, but they did not have any specific mechanisms designed to identify or track location-specific information on these civilians. As we have previously reported, the ability of agencies to report location-specific information on employees is necessary to enable them to identify potential exposures or other incidents related to deployment.³⁵ Lack of such information may hamper these agencies' ability to intervene quickly to address any future health issues that may result from deployments in support of contingency operations. We therefore recommended that (1) DOD establish mechanisms to ensure that its policies to identify and track deployed civilians are implemented and

³⁴ Memorandum from Patricia Bradshaw, Deputy Under Secretary for Civilian Personnel Policy, *Documentation of Department of Defense Civilian Employees Officially Assigned to Military Contingency Operations Overseas*, (Jun. 6, 2006); Memorandum from Brad Bunn, Director, Department of Defense Civilian Personnel Management Service, *Documentation of Department of Defense Civilian Employees Officially Assigned to Military Contingency Operations Overseas*, (Feb. 8, 2008); and DOD Directive 1404.10, *DoD Civilian Expeditionary Workforce* (Jan. 23, 2009).

³⁵ GAO, *Defense Health Care: Improvements Needed in Occupational and Environmental Health Surveillance during Deployments to Address Immediate and Long-term Health Issues*, [GAO-05-632](#) (Washington D.C.: Jul. 14, 2005).

(2) the five other executive agencies included in our review develop policies and procedures to accurately identify and track standardized information on deployed civilians. The agencies generally concurred with these recommendations, with the exception of USAID, which stated that it already had an appropriate mechanism to track its civilians who had deployed but was consolidating its currently available documentation. We continue to disagree with USAID's position since it does not have an agencywide system for tracking civilians and believe that our recommendation is appropriate. Additionally, the other agencies are now in various stages of implementation. For example, DOD officials stated, at the time of this testimony, that they were in the process of developing a new DOD instruction that would include procedures for the department's components to track its civilians. Justice officials stated that they will establish policies and procedures while USDA officials said they would rely on State Department led offices in Iraq and Afghanistan, along with internal measures such as spreadsheets and travel authorizations, for tracking of its personnel. State Department officials noted, after talking with executive agencies including DOD, they planned to establish their own tracking mechanisms.

Concluding Observations

Deployed civilians are a crucial resource for success in the ongoing military, stabilization, and reconstruction operations in Iraq and Afghanistan. Most of the civilians—68 percent of those in our review—who deploy to these assignments volunteered to do so, are motivated by a strong sense of patriotism, and are often exposed to the same risks as military personnel. Because these civilians are deployed from a number of executive agencies and work under a variety of pay systems, any inconsistencies in the benefits and compensation they receive could affect that volunteerism. Moreover, DOD's and State's continued efforts to develop cadres of deployable civilians demonstrates that these agencies recognize the critical role that federal civilians play in supporting ongoing and future contingency operations and stabilization and reconstruction efforts throughout the world. Given the importance of the missions these civilians support and the potential dangers in the environments in which they work, agencies should make every reasonable effort to ensure that the compensation and benefits packages associated with such service overseas are appropriate and comparable for civilians who take on these assignments. It is equally important that federal executive agencies that deploy civilians make every reasonable effort to ensure that these civilians receive all of the medical benefits and compensation to which they are entitled. These efforts include maintaining sufficient data to enable

agencies to inform deployed civilians about any emerging health issues that might affect them.

Mr. Chairman, this concludes my prepared statement. I would be happy to respond to any questions that you or Members of the Subcommittee may have at this time.

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