OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

SEP 7 2011

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is submitted in response to section 1073b(a) and (b) of title 10, U.S.C., which requires an annual report to the Committees on Armed Services of the Senate and House of Representatives on the Force Health Protection Quality Assurance Program of the Department of Defense. This report addresses specific quality assurance activities during Calendar Year 2010, including the review of more than 400 deployment medical records of Service members, information maintained in the central Department of Defense database, the Military Services' Force Health Protection measures, and information on compliance in recording deployment health assessment data in military personnel records.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

7

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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cc:
The Honorable Susan Davis
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

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The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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cc:
The Honorable Thad Cochran
Vice Chairman

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable Lindsey O. Graham
Ranking Member

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Adam Smith
Ranking Member

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Daniel K. Inouye
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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Vice Chairman

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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As stated

cc:
The Honorable John McCain
Ranking Member

REPORT TO CONGRESS
ON
THE 2010 ACTIVITIES OF
THE FORCE HEALTH PROTECTION
QUALITY ASSURANCE PROGRAM OF
THE DEPARTMENT OF DEFENSE

Pursuant to section 739 of Public Law 108-375
Ronald W. Reagan National Defense
Authorization Act for Fiscal Year 2005

2011

Preparation of this report/study cost the
Department of Defense a total of approximately
$13,441 in Fiscal Years 2010 - 2011.

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THE 2010 ACTIVITIES OF THE FORCE HEALTH PROTECTION QUALITY ASSURANCE PROGRAM OF THE DEPARTMENT OF DEFENSE

Statutory Authority

The Department of Defense (DoD) reports annually to Congress on the Force Health Protection (FHP) Quality Assurance (QA) Program pursuant to section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005, Public Law 108-375 (Reference (a)). Topics include the maintenance of deployment health assessment (DHA) data by the Armed Forces Health Surveillance Center (AFHSC), immunization data, health assessment data in deployment military medical records, recommendations provided in response to QA findings during visits to military installations, and deployment-related exposures to occupational and environmental hazards. This is DoD's 2011 report to the Armed Services Committees of the Senate and the House of Representatives. It covers the FHP QA activities during calendar year (CY) 2010.

The Deployment Health Quality Assurance Program

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) released Policy 04-001, "Policy for DoD Deployment Health Quality Assurance Program," in January 2004 (Reference (b)). It established policy and provided program guidance for the DoD Deployment Health QA Program and supported the FHP requirements associated with ongoing deployments which the Government Accountability Office (GAO) identified during reviews.

Reference (b) required that the Deployment Health QA program be developed under the direction of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)) in conjunction with the military Departments' medical offices, and the Joint Staff Health Service Support division. Reference (b) further required that the DASD(FHP&R) present major findings and recommendations to the Force Health Protection Council, now called the Force Health Protection Integration Council (FHPIC).

The Under Secretary of Defense for Personnel and Readiness signed DoD Instruction (DoDI) 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," (Reference (c)) in 2007 as an enhancement to Reference (b). This issuance broadened comprehensive military health surveillance by applying QA principals of review and oversight to component health, deployment, readiness, and occupational and environmental health (OEH) surveillance within Health Affairs activities. The objective is to identify high risk, problem-prone, or high volume health issues faced by deployed individuals.

As specified in DoD Directive (DoDD) 6490.02E, "Comprehensive Health Surveillance," and DoDI 6490.03, "Deployment Health," (References (d) and (e), respectively), the ASD(HA) has both the authority and the responsibility for all aspects of comprehensive military health

surveillance and documentation related to FHP and surveillance implementation. These include longitudinal health monitoring, epidemic and outbreak prevention, and detection and response activities, as well as deployment health surveillance monitoring of environmental and occupational health hazards, assessment of disease and injury prevention and control, and health care system evaluation and planning.

Reference (c) provides guidance focused on those important activities under the three pillars of DoD's FHP, namely: (1) promoting and sustaining a healthy and fit force; (2) preventing illness and injury; and (3) providing medical and rehabilitative care to the sick and injured.

The DASD(FHP&R), in conjunction with the FHPIC, oversees the FHP QA program, and approves the selection of key elements for monitoring and reporting. This effort demonstrates the commitment to FHP among the Services. The CY 2010 FHP performance measures were:

- Conduct Occupational and Environmental Health (OEH) Site Assessments;
- Track individual medical readiness;
- Monitor overall force readiness status;
- Confirm the accuracy of Defense Manpower Data Center (DMDC) and Service deployment roster accounting systems;
- Monitor the completion of the Pre-Deployment Health Assessment (Pre-DHA), the Post-Deployment Health Assessment (PDHA), and the Post-Deployment Health Reassessment (PDHRA) and the availability of these assessments in DoD centralized systems;
- Track the rates of baseline neurocognitive assessments [1] completed before departure;
- Monitor theater mental health encounter trends; and
- Observe theater mental health evacuation rates.

In CY 2010, the FHP QA program performed the following:
(1) Visited DoD installations to assess compliance with FHP policies and procedures;
(2) Reviewed quarterly reports provided by the military Services regarding their specific FHP QA programs and initiatives;
(3) Reported deployment health assessment documentation trends; and
(4) Electronically analyzed and compared data from the AFHSC and the military Services.

[1] The Automated Neuropsychological Assessment Metrics (ANAM) was selected by DoD as the specific type of Neurocognitive Functional Assessment Tool (NCAT) to test and record a Service member's cognitive performance prior to deployment.

Visits to Military Installations

Reference (c) directs that DoD conduct periodic on-site visits to monitor the implementation of DoD policy concerning joint FHP issues specified in Reference (b), Sections 1074f and 1092a of Title 10, United States Code (Reference (g)), Section 734 of Reference (a), and DoDD 1010.10 (Reference (h). In CY 2010, staff from the Office of the DASD(FHP&R) and the Services' medical departments jointly planned, coordinated, and conducted the FHP QA visits to the military Services/components based at the military installations listed in Figure 1.

The purpose of the visits was to assess deployment health policy compliance and effectiveness as directed by Reference (c). These visits generally included briefings with commanders and health care providers, discussions of deployment health processing activities and issues, and reviews of individual medical records for documentation of deployment-health-related information (including required pre- and post-deployment health-related information (e.g., required Pre-DHA and PDHAs).

In preparation for each visit, the FHP QA program lead collaborated with each Service and with AFHSC to collect deployment-related data. FHP QA personnel reviewed available enterprise-wide documentation of Pre-DHAs, PDHAs, and serum specimens, and then pre-populated QA worksheets with data from the Defense Medical Surveillance Systems (DMSS). This review facilitated the identification of individuals who had recently deployed and returned from deployment, and who had completed the required post-deployment assessment forms.

In 2008, GAO published the report, "Defense Health Care: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates Is Limited," (Reference (f)). GAO recommended that AFHSC, in its monthly reports, provide sufficient data so that the FHP QA program could accurately assess and report compliance with policy. The required data must include the total number of Service members returned from deployment who should have completed the PDHRA.

During the installations visits, the FHP QA program teams: (1) verified the accuracy of the data provided by the AFHSC; (2) examined for data transfer inconsistencies; and (3) discussed deployment data processing practices. The FHP QA program personnel reported data transfer inconsistencies to the AFHSC for further investigation.

The visitation teams: (1) reviewed statistical findings; (2) addressed compliance issues; (3) recorded excellent practices; and (4) identified needed improvements as appropriate. The FHP QA team conducting the onsite visits based all findings in the performance metrics tables on data observed electronically prior to the visit and data reviewed onsite from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Figure 1: Visits to Military Installations, January 2010-December 2010

Date(s)	Service	Component	Installation
4/16/2010	USA	Active Duty	• Schofield Barracks, Hawaii • Records reviewed at Tripler Army Medical Center
4/14-15/2010	USA	Reserves	• 100th Battalion, 442nd Infantry • Shafter Flats, Hawaii
9/23-24/2010	USA	National Guard	• 1st Battalion, 185th Armor Regiment, 40th Infantry Division (Mechanized) • Headquarters, Sacramento, California (location of medical records for the 185th)
9/15-16/2010	USN	Active Duty	• Explosive Ordnance Disposal Expeditionary Support Unit One • Naval Amphibious Base Coronado, CA
9/17-18/2010	USN	Reserves	• Navy Operational Support Center • North Island, San Diego, California
4/19-22/2010	USAF	Active Duty	• 15th Medical Group, Hickam Air Force Base • Honolulu, Hawaii
4/19-22/2010	USAF	Reserves	• 624th Aeromedical Staging Squadron • Hickam Air Force Base, Honolulu, Hawaii
9/11-12/2010	USAF	Air National Guard	• 129th Rescue Wing • Moffet Federal Air Field, Sunnyvale, California
9/13-14/2010	USMC	Active Duty	• Marine Corps Air Ground Combat Center • Twentynine Palms, California
9/20-21/2010	USMC	Reserves	• Golf Company, 2nd Battalion • 23rd Marine Regiment, 4th Marine Division • Joint Forces Training Base • Los Alamitos, California

United States Army Active Duty

- Schofield Barracks, Hawaii (the visitation team reviewed the records for this installation at Tripler Army Medical Center).

Observations:

Collective Review Report		On-site
Number of records reviewed	200	157
Evidence of current anthrax, influenza, and smallpox vaccinations in record (%)	85%	71%
Periodic Health Assessment (PHA) in record (%)	Not available	20%
Record contains all Deployment Health assessments (DD 2766, 2795, 2796, and 2900) (%)	60%	25%
DD Form 2795 in record (%)	78%	48%
DD Form 2796 in record (%)	99%	68%
DD Form 2900 in record (%)	78%	43%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	50%	Not available
Pre-deployment Sera in DMSS (%)	96%	Not available
Post-deployment Sera in DMSS (%)	93%	Not available

Issues:

- The team observed a very large discrepancy between deployment health forms found in the centralized electronic data base and hard-copy outpatient medical records;
- Outpatient medical records were disorganized missing documentation of current PHA in the medical record at the time of deployment;
- There were missing Pre-DHA and PDHAs in records (both electronic and hard-copy); and
- There was a lack of provider input on deployment health forms in cases where soldiers expressed health concerns.

Process Improvement:
There was evidence of electronic data transfer improvement from a previous Army visit. Evidence of the electronic data validation project Army had implemented earlier in the year.

Needed Improvements:

- Provide Command support and interest during FHP QA visits by being available for feedback;
- Command to ensure compliance with medical records management policy;
- Command to encourage provider input on post-deployment health forms (DD Form 2796 and DD 2900) to ensure soldiers are receiving appropriate care after deployment; and

- Command to provide updated FHP post-deployment health assessment implementation guidance to providers.

United States Army Reserves

- 100th Battalion, 442nd Infantry
- Shafter Flats, Hawaii

Observations:

Collective Review Report	Electronic	On-site
Number of records reviewed	71	45
Evidence of current seasons' influenza vaccination in record (%)	87%	89%
Periodic Health Report in record (%)	Not available	4%
Record contains all Deployment Health assessments (DD 2766, 2795, 2796, & 2900) (%)	92%	53%
DD Form 2795 in record (%)	97%	60%
DD Form 2796 in record (%)	100%	71%
DD Form 2900 in record (%)	94%	87%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	86%	Not available
Pre-deployment Sera in DMSS (%)	100%	Not available
Post-deployment Sera in DMSS (%)	68%	Not available

Issues:

- Missing documentation of a current PHA at the time of deployment; and
- Missing Pre-DHA and PDHAs in records.

Commendable Practices:

- Outstanding command interest, support, and involvement from the 9th Mission Support Command (MSC) and the current battalion commander during FHP QA visit. Battalion commander implemented post-deployment reserve health support access with military and civilian providers;
- Excellent response to extreme geographical and medical systems availability constraints;
- Excellent transfer of electronic PDHA data to the AFHSC;
- Functional and effective communication with a complicated command structure; and
- Evidence of significant attention to the condition of the hard copy health records. Records contained civilian and military medical record information. Sections organized consistently with QA readiness checklists.

Needed Improvements:

- Continue to review PHA documentation process, current implementation guidance, and policies regarding the PHA;

- Staff education regarding deployment health surveillance process (in-services, Pro Staff, and electronic health record data entry) for the battalion and the 9th MSC; and
- Periodic quality review of health records on a monthly/quarterly basis.

United States Army National Guard

- 1st Battalion, 185th Armor Regiment, 40th Infantry Division (Mechanized)
- Headquarters, Sacramento, California (location of medical records for the 1/185)

Observations:

- Deployment date validation. Due to inaccurate deployment dates in DMDC, compliance with post-deployment serum requirement was reported low by the AFHSC; and
- Validation of provider signature and credentials. The code MC4 (Medical Communications for Combat Casualty Care) was noted to be inserted in the field annotated for provider signature and title.

Collective Review Report	Electronic	On-site
Number of records reviewed	91	88
Evidence of current anthrax, influenza, and smallpox vaccinations in record (%)	84%	92%
Record contains all deployment health assessments (PHA, Pre-DHA, PDHA, and PDHRA) (%)	77%	93%
PHA in record (%)	Not available	99%
Pre-DHA in record (%)	94%	100%
PDHA in record (%)	94%	100%
PDHRA in record (%)	82%	93%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	8%	8%
Pre-deployment Sera in DMSS (%)	72%	75%
Post-deployment Sera in DMSS (%)	30%	28%

Commendable Practices and Process Improvement Initiatives:

- High rate of completed deployment health assessments;
- Command has influenced personnel and medical staff to improve medical readiness by advocating for soldier education, improving post-deployment health care access options and advocating for increased benefits for the California National Guard;
- Collaborative non-federal support with local and state agencies; and
- Optimized post-deployment health care and referral tracking by integrating government and non-federal agencies.

Needed Improvements:

- Coordinate with Army to verify data accuracy with DMSS.

United States Navy Active Duty

- Naval Amphibious Base
- Coronado, California

Observations:

- Lack of hard copy and electronic health assessments (in accordance with Reference (e)) may impede sailors' ability to receive Department of Veterans Affairs (VA) benefits;
- The DHA completed by sailor yet not reviewed or signed by provider after completed by the sailor, but rather were reviewed one year later. This may potentially delay the identification of a deployment-related health condition (e.g., Post Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), or a physical injury); and
- Lack of current FHP&R polices or knowledge of recent guidance (e.g., ACAM 2000, ANAM) for providers assigned to this unit may affect post-deployment referral and care. Providers and commander reported no knowledge of TBI or post-deployment implementation guidance.

Performance Metric	Electronic	Onsite
Number of records reviewed	102	42
Evidence of current anthrax, influenza, and smallpox vaccinations in record	61%	74%
Record contains all DHAs (PHA, Pre-DHA, PDHA, and PDHRA)	9%	7%
PHA in record	Not available%	90%
Pre-DHA in record	55%	29%
PDHA in record	27%	19%
PDHRA in record	20%	7%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	18%	14%
Pre-deployment Sera in DMSS	83%	81%
Pre-deployment Sera in DMSS	28%	33%

Issues:

- Deployment health forms found in the centralized electronic data base were not observed in hard-copy outpatient medical records;
- Disorganization of outpatient medical records made record review difficult;
- Missing Pre-DHA and PDHAs in records (both electronic and hard-copy); and
- Lack of provider input on deployment health forms in cases where sailors expressed health concerns.

Commendable Practices:

- Detailed written documentation independent of post-deployment assessment forms reflective of medical care provided during deployment by imbedded unit providers;
- Handwritten post-deployment health notes of the health care providers assigned to the unit confirmed that while at home the unit medical providers continued to care for the sailor;
- Sailor's medical records detailed extensive medical care provided during deployment, and after return from deployment by embedded medical personnel; and
- Commander's policy that unit medical providers were 100% knowledgeable about the mental and medical health of the men assigned to the unit was validated by documentation, and provider responses to team queries.

Needed Improvements:

- Support and provide deployment health education and training for providers assigned to line units;
- Verify that authorized providers review and sign PDHAs and PDHRAs after completion by sailors in accordance with policy; and
- Implement and validate that recently assigned providers have the professional knowledge, capability, and competencies to provide for deploying or deployed Service members in accordance with policy.

United States Navy Reserves

- Navy Operational Support Center
- North Island, San Diego, California

Observations:

- A large number of the pre-DHA and PDHRAs (DD 2900) were not in the DMSS but did show as completed in the hard copy records; and
- All immunizations were not documented on the official immunization record, yet the DD Form 2766s were documented on the Navy reporting form. This form did not transfer immunization data to the DMSS, which may have resulted in a lower percentage.

Performance Metric	Electronic	Onsite
Number of records reviewed	65	57
Evidence of current anthrax, influenza, and smallpox vaccinations in record	69%	75%
Record contains all DHAs (PHA, Pre-DHA, PDHA, and PDHRA)	31%	46%
PHA in record	Not available	96%
Pre-DHA in record	57%	86%
PDHA in record	69%	53%
PDHRA in record	58%	93%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	22%	Not available
Pre-deployment Sera in DMSS	91%	Not available
Post-deployment Sera in DMSS	65%	Not available

Commendable Practices:

- Consistent documentation of the annual PHA; and
- Written evidence of post-deployment follow up care.

Needed Improvements:

- Ensure that PDAs are completed and hard copies are in the record;
- Ensure timely completion of sailor and provider sections of the PDHRAs;
- Schedule PDHRA events prior to 180 days after return from deployment; and
- Ensure that immunizations are documented on DD Form 2766.

United States Air Force Active Duty

- 15th Medical Group, Hickam Air Force Base
- Honolulu, Hawaii

Observations:

Collective Review Report	Electronic	On-site
Number of records reviewed	350	98
Evidence of current anthrax, influenza, and smallpox vaccinations in record (%)	88%	89%
Periodic Health Report in record (%)	Not available	57%
Record contains all DHAs (DD 2766, 2795, 2796, & 2900) (%)	67%	87%
DD Form 2795 in record (%)	80%	94%
DD Form 2796 in record (%)	85%	92%
DD Form 2900 in record (%) (yes or not applicable due to not due)	82%	92%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	15%	Not available
Pre-deployment Sera in DMSS (%)	96%	Not available
Post-deployment Sera in DMSS (%)d	80%	Not available

Issues:

- Air Force electronic signature process allowed a statement, "Form signed by provider in theater," on the DD Form 2796 in lieu of provider signatures. Reference (e) requires a provider signature on the PDHA form; and
- The Air Force was operating under a waiver for provider review of PDHRA if no positive indictors were present. The Air Force had requested and was granted a temporary waiver pending DoD guidance.

Commendable Practices:

- Malaria prophylaxis documentation was 100%;
- Individuals returning from deployment were given top priority when they required a medical appointment for a post-deployment concern;
- Strong case management support for mental health and primary care concerns;
- Committed providers supported by dedicated ancillary staff; and

- Supported policy on prioritization for returning deployer medical care communicated by all staff bottom-up throughout.

Needed Improvement:

- Electronically realign base data repository Air Force Corporate Health Information Processing Service (AFCHIPS) to improve accuracy of DMSS reporting.

United States Air Force Reserves

- 624th Aeromedical Staging Squadron
- Hickam Air Force Base, Honolulu, Hawaii

Observations:

Collective Review Report	Electronic	On-site
Number of Records Reviewed	93%	93%
Evidence of current anthrax, influenza, and smallpox vaccinations in record (%)	93%	90%
Periodic Health Report in record (%)	Not available	83%
Record contains all DHAs (DD 2766, 2795, 2796, & 2900) (%)	74%	91%
DD Form 2795 in record (%)	92%	94%
DD Form 2796 in record (%)	92%	98%
DD Form 2900 in record (%) (yes or not applicable due to not due)	92%	99%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	53%	Not available
Pre-deployment Sera in DMSS (%)	97%	Not available
Post-deployment Sera in DMSS (%)	88%	Not available

Issues:

- Air Force electronic signature process allowed a statement, "Form signed by provider in theater," on the DD Form 2796. Reference (e) requires a provider signature on the PDHA form: and
- The Air Force was operating under a provider review of PDHRA waiver if no positive indictors were present. The Air Force had requested and was temporarily granted the waiver pending DoD guidance.

Commendable Practices:

- Cited as the best maintained records seen to date by a representative of the Assistant Secretary of Defense for Reserve Affairs;
- Cited as the best maintained records seen in 7 years by the U.S. Army representative;
- Malaria prophylaxis documentation was 100%;
- Evidence of pre- and post-deployment QA administrative medical record review; and

- Supported policy on prioritization for returning deployer medical care communicated by all staff bottom-up throughout.

Needed Improvement:

- Electronically realign base data repository AFCHIPS to improve accuracy of DMSS reporting.

United States Air Force Air National Guard

- 129th Rescue Wing
- Moffet Federal Air Field, Sunnyvale, California

Observations:

- Limited evidence of pre- and post-deployment serum draws. The Air Force process may have resulted in an electronic transfer disruption;
- Several DD 2796s were signed by unauthorized personnel;
- Although a return from deployment serum was sent to the repository, ordering an HIV test for a returning deployer incurred an unnecessary laboratory cost;
- The smallpox vaccine was not administered prior to deployment in accord with current U.S. Central Command (USCENTCOM) policy, thus resulting in an airman unprotected against smallpox;
- Inaccurate return from deployment dates were recorded in the DMDC database; and
- The visitation team observed the following performance metrics: The FHP QA team conducting the onsite visit based all findings in the performance metrics table on data observed electronically prior to the visit and data reviewed onsite from printed forms. Some statistics may vary by +/- 1 percent due to rounding.

Performance Metric	**Electronic**	**Onsite**
Number of records reviewed	91	88
Evidence of current anthrax, influenza, and smallpox vaccinations in record	84%	92%
Record contains all DHAs (PHA, Pre-DHA, PDHA, and PDHRA)	77%	93%
PHA in record	Not available	99%
Pre-DHA in record	94%	100%
PDHA in record	94%	100%
PDHRA in record	82%	93%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	8%	8%
Pre-deployment Sera in DMSS	72%	75%
Post-deployment Sera in DMSS	30%	28%

Commendable Practices:

- Tuberculosis testing noted for specific members in high-risk areas as assessed by providers. Readings documented in the DD 2766;

- Occupational Environmental Health Assessment documentation was consistently applied for locations and placed in Airmen's deployment medical records; and
- Malaria prophylaxis education was documented during pre- and post-deployment for Afghanistan.

Needed Improvements:

- Review unit procedures to ensure that post serum draws are accomplished, documented and received. Review Air Force deployment serum process to determine if process improvements actions improve incorrect return from deployment serum data outcomes;
- Ensure that authorized providers review and sign all DD 2796 and DD 2900 that were previously signed by the returning airman to determine if those returning deployers required post-deployment contact and support; and
- Determine if referrals indicated on the DD 2796 and DD 2900 were accomplished and the service member was evaluated in accordance with National Guard post-deployment policy for post-deployment health care.

United States Marine Corps Active Duty

- Marine Corps Air Ground Combat Center
- Twentynine Palms, California

Observations:

- Medical records were lacking the required hard copies of DHAs;
- Smallpox documentation and staff knowledge validated the need for smallpox education and training;
- Inaccurate return from deployment dates were recorded in DMDC; and
- A large number of the PDHAs (DD 2796) were not in the DMSS but did show complete in the Service Electronic Deployment Health Assessment (eDHA) system.

Performance Metric	AFHSC	Service System	Onsite
Number of records reviewed	490	503	102
Evidence of current anthrax, influenza, and smallpox vaccinations in record	84%	Not available	75%
Record contains all DHAs (PHA, Pre-DHA, PDHA, and PDHRA)	20%	57%	36%
PHA in record	Not available	Not available	61%
Pre-DHA in record	73%	74%	62%
PDHA in record	35%	87%	72%
PDHRA in record	84%	86%	66%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	87%	Not available	77%
Pre-deployment Sera in DMSS	98%	Not available	90%
Post-deployment Sera in DMSS	36%	100%[1]	24%

Commendable Practices and Process Improvement Initiatives:

- Detailed written documentation reflective of medical care provided during deployment by embedded unit providers;
- Handwritten post-deployment health notation care provided primarily by healthcare provider assigned to the unit, confirmed that while at home the battalion aid station continued to follow the active duty Marine rather than send him to the military medical treatment facility for outpatient services; and
- High compliance with electronic validation of pre-deployment serum samples.

Needed Improvements:

Unit:

- Complete the required eDHA;
- Develop processes to print out and file in the hard copy medical record the completed DHAs. Develop processes that check for the DHA forms during record maintenance, personnel check-in and check-out of the unit, and at the annual PHA; and
- Implement medical unit procedures and education to ensure Marines are inoculated against smallpox in accordance with current policy and proper documentation of placement and take occurs.

Service:

- Review Marine Corps Total Force System (MCTFS) to DMDC exchange of deployment dates to determine process improvements to address incorrect return from deployment dates noted in this audit;
- Review Navy and Marine Corps Public Health Center (NMCPHC) eDHA system exchange of DHA data with the DMSS to determine process improvements to address missing DHA completed in the surveillance system but not recorded in DMSS; and
- Investigate dashboard capability at the unit level that clearly presents deployment health compliance status as well as actionable information to help improve compliance.

United States Marine Corps Reserves

- Golf Company, 2nd Battalion, 23rd Marine Regiment, 4th Marine Division
- Joint Forces Training Base, Los Alamitos, California

Observations:

- Medical records were lacking the required hard copies of DHAs;
- Inaccurate return from deployment dates were recorded in the DMDC. Due to inaccurate return from deployment dates in DMDC, compliance with post-deployment serum requirement was reported low by the AFHSC. A random check of 10 records at the DoD Serum Repository showed 100% compliance utilizing correct deployment dates;
- The inoculation accounting for anthrax doses 1, 2, and 3 consistently showed incorrect documentation with dose 2 being recorded as dose 3. No dose 2 was usually recorded. This finding demonstrated how the Medical Readiness Reporting System (MRRS) did not contain the error checking mechanisms to ensure proper immunization documentation which would then lead to incorrect series completion intervals; and
- A large number of the PDHAs (DD 2796) were not in the DMSS but did show complete in the eDHA system.

Performance Metric	AFHSC	Service System	Onsite
Number of records reviewed	101	104	94
Evidence of current anthrax, influenza, and smallpox vaccinations in record	87%	Not available	82%
Record contains all DHAs (PHA, Pre-DHA, PDHA, and PDHRA)	3%	89%	1%
PHA in record	NA	Not available	91%
Pre-DHA in record	94%	95%	2%
PDHA in record	4%	97%	1%
PDHRA in record	87%	96%	45%
Record of a baseline neurocognitive testing (ANAM) before deployment in electronic database (%)	98%	Not available	Not available
Pre-deployment Sera in DMSS	98%	Not available	Not available
Post-deployment Sera in DMSS	1%	100%	Not available

Commendable Practices:

- The VA intake referral team is invited to post-deployment events to receive and intake referrals on site.

Needed Improvements:

Unit:

- Develop processes to print out and file in the hard-copy medical record the completed DHAs. Develop processes that check for the DHA forms during record maintenance, individual check-in and check-out of the unit, and at the annual PHA; and
- Verify that immunizations are completed and documented in a timely and accurate manner.

Service:

- Review MCTFS to DMDC exchange of deployment dates to determine process improvements to address incorrect return from deployment dates noted in this audit;
- Review NMCPHC eDHA system exchange of DHA data with the DMSS to determine process improvements to address missing DHA completed in the Service system by not recorded in DMSS;
- Investigate dashboard capability at the unit level that clearly presents deployment health compliance status as well as actionable information to help improve compliance; and
- Review MRRS business rules with Space and Naval Warfare Systems Command, New Orleans to develop error check that would have identified the inappropriate anthrax dose documentation as dose 3 when it was in fact dose 2.

Analysis of Armed Forces Health Surveillance Center Reporting

Section 1074f of Reference (g) mandates that the Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including humanitarian, peacekeeping, combat or similar operations).

Reference (d) authorized the establishment of the AFHSC to be the single source for DoD-level health surveillance information as directed by Deputy Secretary of Defense Memorandum, "Establishing an Armed Forces Health Surveillance Center," (Reference (k)).

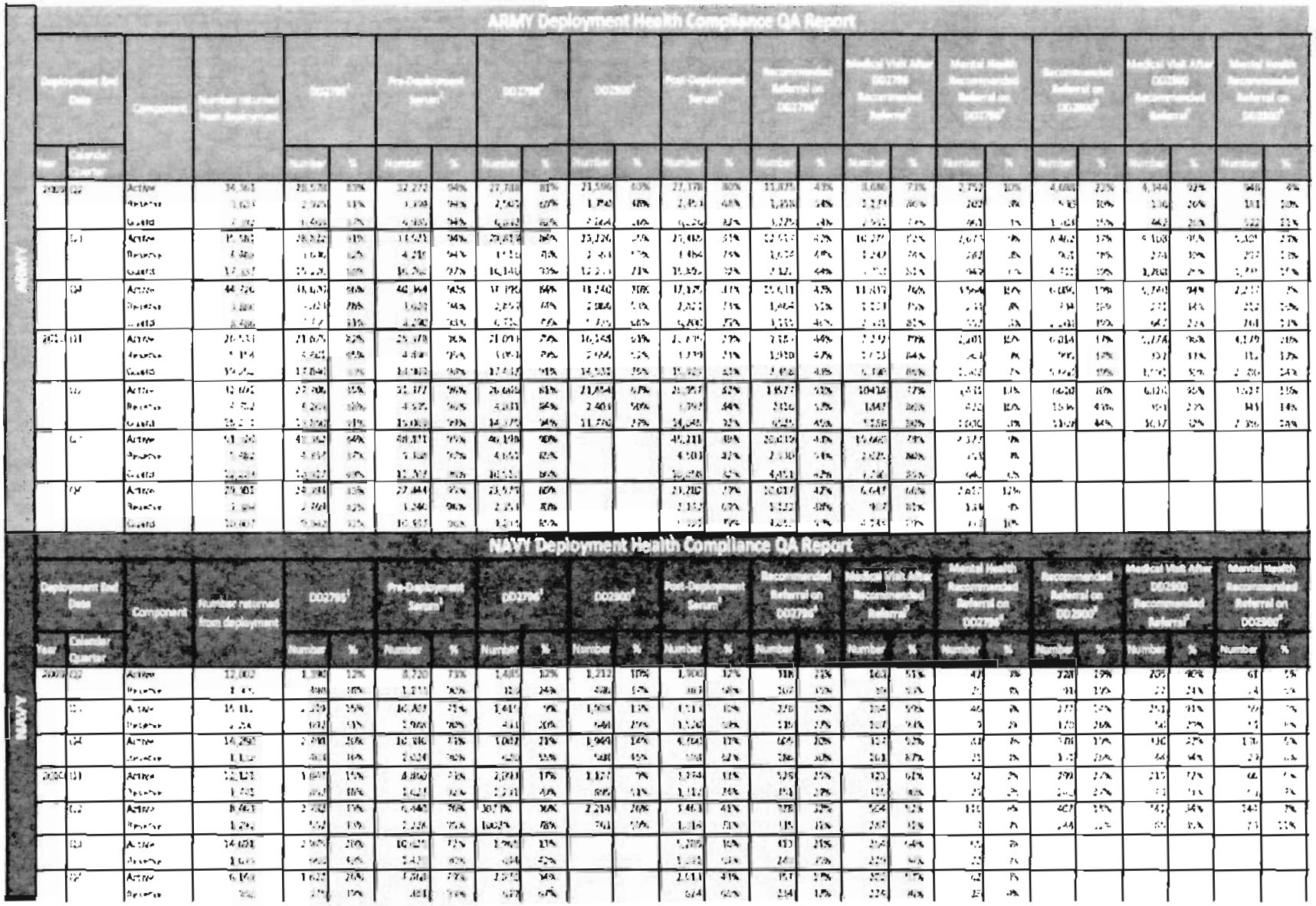
The AFHSC's main functions are to analyze, interpret, and disseminate information regarding the status, trends, and determinants of the health and fitness of U.S. Military (and military-associated) populations and to identify and evaluate obstacles to medical readiness. AFHSC is the central epidemiological resource for the U.S. Armed Forces providing regularly scheduled and customer-requested analyses and reports to policy makers, medical planners, and researchers. The establishment of AFHSC integrates the following existing DoD Executive Agencies: (1) DMSS; (2) DoD Serum Repository; and (3) Global Emerging Infections and Response System (Reference (e)).

The AFHSC receives data feeds from the U.S. Army Medical Protection System (MEDPROS), AFCHIPS, and MRRS. The Navy does not have a similar individual MRRS as the other components. The AFHSC analyzes data from the DMDC and provides information to the DoD QA program on Service members and civilians who have deployed.

DHA forms (DD 2795, DD 2796, and DD 2900), are collected using customized applications that have been developed by DoD and electronically forwarded to AFHSC as directed per Reference (e).

In that AFHSC collects deployment health forms electronically, without verification of form completion by an authorized provider as required by Reference (e), DoD is not able to determine if all individuals who have submitted these assessments to the AFHSC were evaluated for potential deployment-related conditions. The FHP QA program will continue to provide data to the AFHSC to support its data quality improvement projects.

Figure 2: Defense Medical Surveillance System Deployment Health Compliance QA Report, January 2010-December 2010



ARMY Deployment Health Compliance QA Report

NAVY Deployment Health Compliance QA Report

AIR FORCE Deployment Health Compliance QA Report

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Survey[2]		DD2796[3]		DD2900[4]		Post-Deployment Survey[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[8]		Recommended Referral on DD2900[9]		Medical Visit After DD2900 Recommended Referral[10]		Mental Health Recommended Referral on DD2900[11]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2025	Q2	Active	13,853	12,142	88%	13,340	96%	12,932	93%	10,337	75%	11,340	82%	1,214	10%	288	24%	122	2%	737	7%	111	84%	20	3%
		Reserve	2,989	1,618	54%	2,522	84%	2,097	70%	945	32%	1,807	60%	369	20%	104	28%	32	3%	93	5%	17	19%	7	7%
		Guard	2,864	2,077	72%	2,681	94%	2,338	82%	1,702	59%	1,834	64%	272	15%	77	28%	33	3%	91	5%	21	26%	7	3%
	Q3	Active	13,896	13,879	99%	14,361	96%	13,900	100%	11,361	82%	12,794	92%	1,469	11%	184	16%	198	1%	970	7%	95	87%	25	3%
		Reserve	2,796	1,882	67%	2,591	93%	2,197	79%	981	35%	1,946	70%	317	17%	59	19%	21	2%	139	11%	17	27%	3	3%
		Guard	4,817	2,746	57%	4,561	95%	3,963	82%	2,329	48%	3,699	77%	530	13%	132	25%	32	2%	166	9%	16	24%	24	5%
	Q4	Active	12,345	11,170	90%	12,185	99%	11,107	90%	9,457	77%	11,496	93%	1,213	11%	471	69%	143	1%	753	6%	264	90%	319	3%
		Reserve	1,671	918	55%	1,642	98%	421	25%	385	23%	961	58%	67	10%	16	24%	10	1%	94	10%	19	95%	7	7%
		Guard	3,565	2,734	77%	3,392	95%	2,922	82%	2,406	68%	3,116	87%	209	6%	123	59%	33	1%	152	5%	16	43%	15	5%
2026	Q1	Active	15,494	14,057	91%	15,230	98%	13,938	90%	11,841	76%	13,819	89%	1,649	12%	1,214	74%	213	2%	830	6%	760	92%	268	3%
		Reserve	2,468	1,335	54%	2,300	93%	1,964	80%	982	40%	1,816	74%	159	9%	39	25%	16	1%	104	11%	16	94%	20	2%
		Guard	3,518	2,401	68%	3,342	95%	2,947	84%	1,823	52%	2,868	82%	164	6%	111	68%	31	1%	175	6%	15	83%	23	3%
	Q2	Active	14,544	13,035	90%	14,281	98%	12,850	88%	10,857	75%	12,666	87%	1,612	13%	1,114	70%	163	1%	748	5%	706	95%	238	3%
		Reserve	2,262	1,342	59%	2,171	96%	1,823	81%	902	40%	1,764	78%	215	12%	128	57%	24	1%	102	11%	42	93%	10	2%
		Guard	3,486	2,230	64%	3,329	95%	2,922	84%	1,853	53%	3,013	86%	163	5%	104	64%	33	1%	131	5%	21	91%	24	3%
	Q3	Active	15,462	13,899	90%	15,255	99%	13,114	85%			13,207	85%	1,407	11%	1,071	76%	131	1%						
		Reserve	2,464	1,122	46%	2,402	98%	1,907	77%			1,946	79%	220	11%	122	55%	23	1%						
		Guard	3,617	2,669	74%	3,527	98%	2,943	81%			3,312	92%	252	8%	154	61%	32	1%						
	Q4	Active	16,510	14,775	89%	16,384	99%	13,797	84%			13,658	83%	1,902	14%	1,453	77%	230	2%						
		Reserve	3,509	1,639	47%	3,436	98%	2,613	74%			2,812	80%	342	12%	206	60%	31	1%						
		Guard	4,116	2,742	67%	4,062	99%	3,653	89%			3,812	93%	343	9%	222	65%	41	1%						

MARINE CORPS Deployment Health Compliance QA Report

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Survey[2]		DD2796[3]		DD2900[4]		Post-Deployment Survey[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[8]		Recommended Referral on DD2900[9]		Medical Visit After DD2900 Recommended Referral[10]		Mental Health Recommended Referral on DD2900[11]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2025	Q2	Active	10,833	7,889	73%	10,307	95%	7,641	71%	7,335	68%	6,761	62%	451	7%	120	27%	43	1%	1,954	17%	1,264	65%	274	4%
		Reserve	2,065	413	20%	1,911	93%	413	20%	1,134	55%	1,167	57%	84	7%	5	6%	3	0%	293	25%	64	22%	78	7%
	Q3	Active	11,836	4,175	35%	11,256	95%	4,008	34%	3,443	29%	5,455	46%	67	2%	140	21%	28	1%	706	26%	80	11%	137	1%
		Reserve	1,966	541	28%	1,918	98%	366	19%	278	14%	630	32%	11	2%	14	27%	3	1%	43	11%	8	19%	28	2%
	Q4	Active	10,167	9,264	91%	9,864	97%	9,215	91%	4,940	49%	8,156	80%	2,177	23%	356	16%	93	4%	1,212	11%	1,262	87%	126	6%
		Reserve	699	503	72%	644	92%	382	55%	351	50%	370	53%	31	8%	5	16%	2	5%	160	23%	29	42%	13	8%
2026	Q1	Active	7,088	3,742	53%	6,952	87%	3,664	52%	2,927	41%	3,126	44%	663	18%	206	31%	31	5%	786	11%	561	71%	148	6%
		Reserve	1,111	224	20%	1,077	97%	132	12%	293	26%	324	29%	38	28%	11	29%	1	3%	84	26%	22	27%	23	5%
	Q2	Active	9,106	2,241	25%	8,773	96%	2,163	24%	2,783	31%	3,658	40%	730	20%	136	19%	47	3%	744	20%	581	78%	212	3%
		Reserve	1,731	161	9%	1,710	99%	124	7%	77	4%	329	19%	37	11%	15	41%	1	3%	43	6%	3	8%	13	2%
	Q3	Active	8,091	2,298	28%	7,942	98%	2,261	28%			3,129	39%	557	18%	141	25%	62	3%						
		Reserve	1,111	86	8%	1,087	98%	31	3%			97	9%	11	11%	4	36%	2	18%						
	Q4	Active	9,415	3,142	33%	9,241	98%	3,658	39%			3,314	35%	709	21%	214	30%	83	3%						
		Reserve	1,465	193	13%	1,421	97%	212	14%			278	19%	125	45%	46	37%	1	2%						

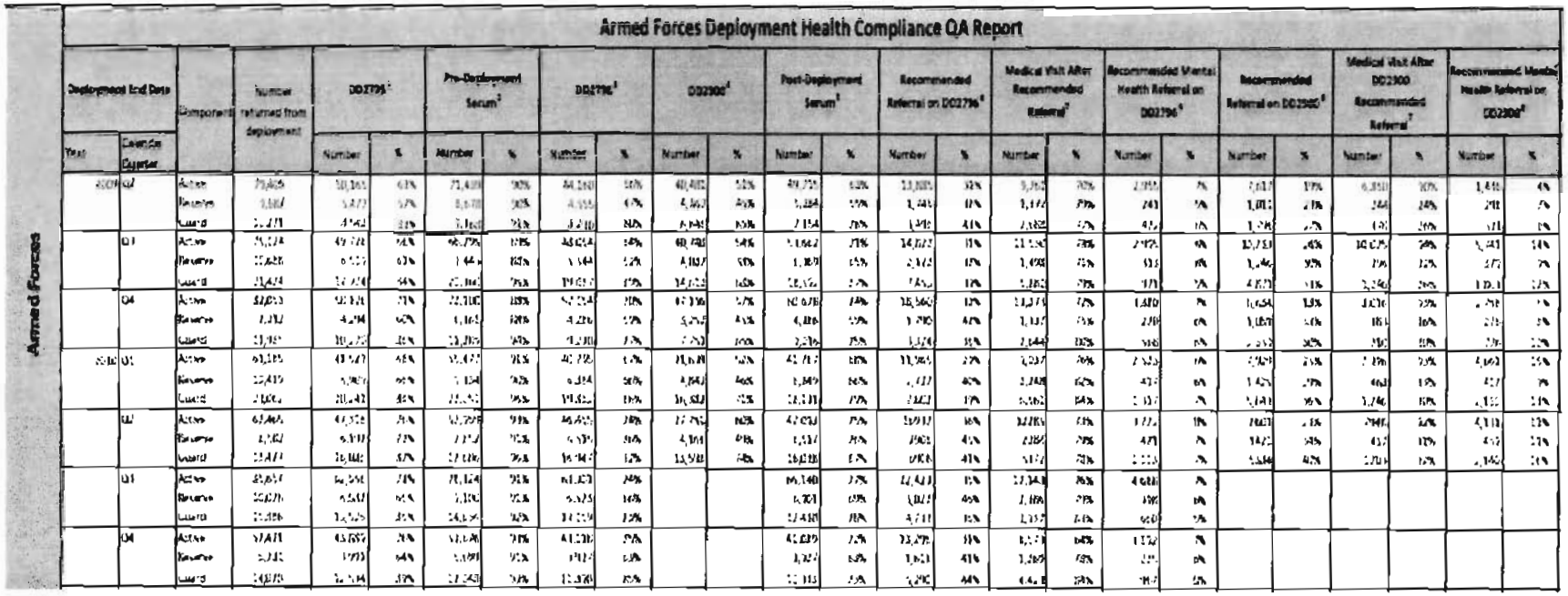
COAST GUARD Deployment Health Compliance QA Report

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Recommended Mental Health Referral on DD2900[6]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2007	Q2	Active	591	64	10%	234	65%	48	15%	2	0%	125	35%	7	15%	7	100%	2	2%	2	0%	0	0%	0	0%
		Reserve	18	1	1%	16	75%	4	5%	2	0%	74	84%	2	25%	1	100%	2	0%	2	0%	0	0%	0	0%
	Q3	Active	95	11	11%	76	77%	12	12%	2	0%	35	35%	3	25%	3	100%	2	0%	2	0%	0	0%	0	0%
		Reserve	137	15	11%	134	83%	15	12%	2	0%	52	16%	0	0%	0	0%	2	0%	2	0%	0	0%	0	0%
	Q4	Active	112	14	13%	71	82%	63	22%	2	0%	60	54%	10	16%	10	100%	2	0%	2	0%	0	0%	0	0%
		Reserve	18	4	12%	23	63%	4	12%	2	0%	12	12%	2	52%	2	100%	2	0%	2	0%	0	0%	0	0%
2010	Q1	Active	17	1	8%	27	71%	3	24%	2	0%	15	42%	2	22%	2	100%	2	0%	2	0%	0	0%	0	0%
		Reserve	227	122	55%	210	79%	134	91%	11	10%	184	91%	118	64%	134	88%	2	0%	2	0%	0	0%	0	0%
	Q2	Active	161	57	12%	201	88%	115	71%	1	2%	98	61%	20	17%	19	95%	2	0%	2	0%	0	0%	0	0%
		Reserve	54	19	17%	16	67%	15	65%	2	2%	34	61%	1	7%	2	67%	1	7%	2	0%	0	0%	0	0%
	Q3	Active	91	21	38%	72	77%	41	46%			46	53%	7	18%	7	100%	1	2%						
		Reserve	118	2	1%	125	87%	111	84%			120	87%	10	7%	4	70%	1	1%						
	Q4	Active	47	13	26%	19	81%	24	30%			14	11%	2	14%	2	100%	2	0%						
		Reserve	42	5	12%	12	80%	24	60%			29	71%	2	8%	2	100%	2	0%						

All deployment start and end dates are established by the DMDC Contingency Tracking System (CTS) for Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND).
"Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.

[1] DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
[2] Serum drawn within 365 prior and 30 days after the start of deployment
[3] DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
[4] DD 2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not applicable (grey shading) for the two most recent calendar quarters.
[5] Serum drawn between 30 days prior to and 60 days after the end of the deployment.
[6] If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance period was referenced.
[7] Denominator is number of Recommended Referrals. Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from first page of form.

Data Source: DMSS
Prepared by AFHSC, as of March 3, 2011



Armed Forces Deployment Health Compliance QA Report

Armed Forces

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Recommended Mental Health Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Recommended Mental Health Referral on DD2900[6]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2009	Q2	Active	79,805	50,365	63%	71,439	90%	64,260	81%	60,402	76%	49,725	62%	13,885	28%	9,362	70%	2,952	7%	7,017	17%	6,850	49%	1,845	4%
		Reserve	9,887	5,873	59%	8,678	88%	8,355	85%	5,363	54%	5,284	53%	1,241	23%	1,142	89%	243	5%	1,081	21%	264	24%	298	5%
		Guard	31,271	8,942	29%	7,162	23%	6,210	20%	6,945	22%	7,154	23%	1,341	19%	835	62%	373	5%	1,298	18%	130	10%	171	2%
	Q3	Active	76,174	49,778	65%	68,779	90%	63,014	83%	60,788	80%	51,662	68%	14,823	29%	11,545	78%	2,972	6%	10,758	26%	10,085	58%	3,241	19%
		Reserve	10,628	6,557	62%	9,644	91%	9,164	86%	6,183	58%	6,307	59%	2,142	34%	1,698	79%	533	8%	1,946	35%	796	42%	272	7%
		Guard	33,474	12,774	38%	10,104	76%	9,013	27%	14,222	43%	12,176	37%	1,855	15%	1,282	70%	371	3%	4,870	41%	2,240	26%	1,134	13%
	Q4	Active	52,033	32,331	71%	22,110	68%	47,254	91%	47,196	91%	30,678	59%	10,566	35%	11,217	72%	1,870	7%	10,654	33%	3,026	29%	1,758	7%
		Reserve	7,332	4,294	59%	6,165	84%	6,226	85%	5,252	72%	4,826	66%	1,795	42%	1,137	63%	239	6%	1,057	24%	184	16%	219	5%
		Guard	33,787	10,253	30%	23,876	71%	31,280	93%	2,252	7%	3,216	10%	1,324	41%	2,644	200%	568	18%	2,312	36%	590	22%	526	20%
2010	Q1	Active	60,185	43,477	72%	55,475	92%	40,778	68%	31,691	53%	42,715	71%	11,765	27%	9,237	79%	2,525	21%	7,456	63%	2,156	19%	1,663	15%
		Reserve	10,419	6,987	67%	9,154	88%	9,194	88%	4,843	46%	5,849	56%	2,437	42%	1,548	64%	423	7%	1,425	27%	463	19%	427	9%
		Guard	31,004	20,442	66%	25,552	82%	29,852	96%	16,582	53%	18,331	59%	5,827	32%	3,162	54%	1,037	7%	3,431	36%	1,746	55%	1,155	21%
	Q2	Active	63,868	41,525	65%	57,259	90%	56,425	88%	27,795	44%	42,053	66%	10,917	26%	12,185	111%	1,772	16%	10,021	92%	2,940	26%	4,110	37%
		Reserve	8,782	6,310	72%	7,727	88%	6,539	74%	4,304	49%	5,537	63%	1,903	34%	1,185	62%	471	8%	1,422	34%	611	32%	453	11%
		Guard	33,471	16,188	48%	27,106	81%	36,364	109%	13,598	41%	16,218	48%	6,018	41%	5,112	78%	1,213	8%	5,536	40%	2,704	53%	2,142	31%
	Q3	Active	83,651	56,591	71%	78,124	93%	81,823	98%			66,140	77%	22,423	35%	17,348	86%	4,688	7%						
		Reserve	10,870	6,543	60%	9,330	92%	9,325	86%			6,301	69%	1,815	29%	1,186	73%	396	6%						
		Guard	35,486	13,765	39%	24,139	92%	31,259	89%			23,438	68%	4,711	15%	2,337	54%	660	5%						
	Q4	Active	57,871	43,657	78%	53,630	96%	44,208	79%			42,829	76%	23,478	58%	15,213	68%	1,352	7%						
		Reserve	9,242	7,993	84%	8,699	95%	8,012	88%			8,327	92%	3,651	45%	2,369	68%	374	8%						
		Guard	30,870	16,514	55%	27,243	93%	27,370	95%			22,115	75%	9,290	44%	6,418	73%	1,017	7%						

All deployment start and end dates are established by the DMDC CTS for OEF/OIF/OND.
"Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.

[1] DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
[2] Serum drawn within 365 days prior to the beginning of the deployment + 30 days
[3] DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
[4] DD 2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not applicable (grey shading) for the two most recent calendar quarters.
[5] Serum drawn between 30 days prior to and 60 days after the end of the deployment.
[6] If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance period was referenced.
[7] Denominator is number of Recommended Referrals. Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from first page of form.

Data Source: DMSS
Prepared by AFHSC, as of March 3, 2011

U.S. Armed Services' FHP QA Program Summaries, January 2010-December 2010

Each of the Services maintains its own Deployment Health QA program in accordance with Public Law, DoD policy, and Service-specific regulations. The Services deploy in different capacities and for varying periods. This impacts the way each Service meets the QA requirements with regard to medical and mental health referrals, follow-up visits, and serum draws.

On a quarterly basis, the DASD(FHP&R) requests a report on the Deployment Health QA programs from the Services. Each Service's report is comprised of narrative and statistical portions. The narrative section generally includes: (1) key accomplishments and successes; (2) current QA activities; (3) hot topics; (4) concerns and issues; and (5) recommendations. The statistical portion contains data capturing 15 metrics, and is broken out by the components.

Each quarter, the FHP&R QA Program Manager compiles the narrative and statistical reports prepared by the Services into a joint Deployment Health QA quarterly report that is sent to the Deputy Surgeon Generals.

Annually, the four joint quarterly reports are consolidated to provide the information for the Services' section of the annual Report to Congress. The statistical data provided by the Services is combined into a series of charts. The charts capture all values for the period January 1 through December 31 of each CY. The lists of issues and concerns are reviewed but not included in the report because these issues and concerns are worked internally by each Service. Similarly, hot topics and activities are reviewed but not included because their timeliness decreases in value over time.

The lists of accomplishments and successes are analyzed and edited for insertion in the report because they highlight the value of the Deployment Health QA program for each Service. The needed improvements are also included because they are of universal value to improve the QA program for all stakeholders.

United States Army

Key Accomplishments and Successes:

1. According to MEDPROS, approximately 95% of soldiers who completed a PDHA go on to complete a PDHRA, but about 30% of these soldiers complete the PDHRA outside the PDHRA completion window (90 to 180 days following redeployment). To draw attention to these statistics, data were prepared for the Army Surgeon General's Balanced Scorecard that shows completion relative to the 90 to 180 day window by component and by the active component Regional Medical Commands (RMCs);
2. A TRICARE Prime Remote (TPR) outreach effort for active component soldiers via Army Knowledge Online was initiated. This outreach effort emphasized the ability of TPR personnel to use the DoD-contracted call center for completion of the PDHRA;
3. The United States Strategic Command cell of the Army PDHRA program: a) developed a new all-component brochure and information folder; b) wrote and placed articles in the July issue of *Soldiers* and the July/August issue of *National Guard Soldier & Family Foundations*; c) prepared a postcard for Individual Ready Reserve (IRR) mailings; and d) prepared a post-screening letter and a TBI/PTSD fact sheet;
4. The Office of the Surgeon General (OTSG)/Medical Command developed a referral repository in MEDPROS to assist individuals track referrals indicated on all health assessments. This repository assists referral completion reports Army-wide for all components;
5. Fiscal Year (FY) 2011 OTSG/MEDCOM PDHRA Organizational Inspection Program checklist was created to inspect active component RMCs PDHRA programs in FY 2011;
6. The National Guard Command optimized post-deployment health care and referral tracking by integrating government and non-governmental agencies;
7. The Army QA program took action to include Department of the Army civilian data within MEDPROS and develop performance metrics to track monthly performance and use in the development of solutions to improve compliance (October 2010);
8. The Army QA program conducted an extensive Army installation analysis to determine the source of non-compliant soldiers entering the IRR and compliance with an Army transitional directive (October 2010); and
9. The Army QA program continued the TPR outreach effort for active component soldiers. This outreach effort emphasizes the ability for TPR personnel to use the DoD-contracted call center for completion of the PDHRA.

Needed Improvements:

1. Review procedures for documenting provider signature and credentials on PDHA forms, particularly those assessments completed in theater; and
2. Verify deployment dates and conduct internal audit with assistance from AFHSC concerning post-deployment sera on file at DMSS. Review procedures for obtaining and transporting post-deployment sera specimens to DMSS. Continue to review PHA documentation process, current implementation guidance and policies regarding the PHA.

Figure 3: U.S. Army FHP QA statistics: January 2010-December 2010

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010 - 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Pre-Deployment Metrics (Pre-DHA)										
1	Active Duty	Number of individuals who deployed in quarter	**26,524**		**32,689**		**51,173**		**29,301**	
	Reserves		**5,153**		**4,786**		**5,481**		**3,384**	
	Guard		**19,259**		**15,237**		**12,223**		**10,807**	
2	Active Duty	Number of individuals who completed the Pre-DHA in quarter	21,875	82.00%	27,707	85.00%	43,212	84.00%	24,393	83.00%
	Reserves		4,397	85.00%	4,203	88.00%	4,755	87.00%	2,769	82.00%
	Guard		17,837	93.00%	13,852	91.00%	10,911	89.00%	8,942	92.00%
3	Active Duty	Number of individuals who completed the pre-deployment serum in quarter	25,380	96.00%	31,371	96.00%	48,724	95.00%	27,844	95.00%
	Reserves		4,886	95.00%	4,597	96.00%	5,306	97.00%	3,246	96.00%
	Guard		18,907	98.00%	15,014	99.00%	11,701	96.00%	10,387	96.00%
Returned from Deployment Metrics (PDHA)										
4	Active Duty	Number of individuals who returned from deployment in quarter	**26,534**		**32,689**		**51,173**		**29,301**	
	Reserves		**5,153**		**4,786**		**5,481**		**5,481**	
	Guard		**19,253**		**15,237**		**12,223**		**12,223**	
5	Active Duty	Number of completed PDHAs in quarter	21,091	79.00%	26,605	81.00%	46,051	90.00%	23,579	80.00%
	Reserves		4,060	79.00%	4,029	84.00%	4,649	85.00%	2,353	70.00%
	Guard		17,435	91.00%	14,376	94.00%	10,509	86.00%	9,238	85.00%
6	Active Duty	Number of individuals who completed the returned from deployment serum in quarter	20,831	79.00%	26,944	82.00%	45,034	88.00%	23,282	79.00%
	Reserves		3,734	72.00%	3,993	83.00%	4,494	82.00%	2,332	69.00%
	Guard		15,922	83.00%	14,045	92.00%	10,055	82.00%	8,521	79.00%
7	Active Duty	Number of individuals with at least 1 medical referral on a PDHA in quarter	9,183	44.00%	13,577	51.00%	19,992	43.00%	10,017	42.00%
	Reserves		1,907	47.00%	2,315	57.00%	2,529	54.00%	1,122	48.00%
	Guard		7,459	43.00%	6,525	45.00%	4,451	42.00%	4,653	50.00%
8	Active Duty	Number of individuals with at least 1 medical visit matched to a PDHA referral in quarter	7,281	79.00%	10,424	77.00%	15,610	78.00%	6,647	66.00%
	Reserves		1,611	84.00%	1,847	80.00%	2,027	80.00%	907	81.00%
	Guard		6,389	86.00%	5,188	80.00%	3,785	85.00%	4,148	89.00%
9	Active Duty	Number of individuals with a mental health referral on a PDHA in quarter	2,202	10.00%	3,431	13.00%	4,370	9.00%	2,810	12.00%
	Reserves		363	9.00%	420	10.00%	353	8.00%	184	8.00%
	Guard		1,302	7.00%	1,086	8.00%	640	6.00%	933	10.00%
10	Active Duty	Number of individuals with a mental health visit matched to a PDHA referral in quarter								
	Reserves									
	Guard									

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010 - 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Returned from Deployment Reassessment Metrics (PDHRA)										
11	Active Duty	Number of completed PDHRAs in quarter	16,146	61.00%	21,854	67.00%				
	Reserves		2,647	51.00%	2,403	50.00%				
	Guard		14,529	75.00%	11,770	77.00%				
12	Active Duty	Number of individuals with at least 1 medical referral on a PDHRA in quarter	6,013	44.00%	6,610	30.00%				
	Reserves		988	47.00%	1,034	43.00%				
	Guard		5,666	43.00%	5,169	44.00%				
13	Active Duty	Number of individuals with at least 1 medical visit matched to a PDHRA referral in quarter	5,780	96.00%	6,320	96.00%				
	Reserves		328	33.00%	303	29.00%				
	Guard		1,683	30.00%	1,637	32.00%				
14	Active Duty	Number of individuals with a mental health referral on a PDHRA in quarter	4,178	26.00%	3,527	16.00%				
	Reserves		309	12.00%	341	14.00%				
	Guard		2,079	14.00%	2,086	18.00%				
15	Active Duty	Number of individuals with a mental health visit matched to a PDHRA referral in quarter								
	Reserves									
	Guard									

All deployment start and end dates are established by DMDC CTS for OEF/OIF/OND.
"Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.

NOTES:

1. DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
2. DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
3. DD 2900 dated within 60-210 days from the end of the deployment.
4. Serum drawn between 30 days prior to and 60 days after the end of the deployment.
5. If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance
6. If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance period was referenced
7. Blank areas - Results considered incomplete/not applicable for the two most recent calendar quarters. (Service members still in window to complete DD 2900)
8. Data Source: DMSS
9. Prepared by AFHSC

United States Navy

Key Accomplishments and Successes:

1. Increased DHA compliance as a result of enhanced coordination of the return from deployment process with DHA requirements and improved Information Technology system for tracking these requirements and communicating with unit commanders and deployers;
2. Established processes to align DMDC CTS deployment file with cohort of Navy deployers who require DHAs, resulting in more accurate compliance reporting; and
3. Ongoing efforts to increase DHA compliance via improved coordination of the redeployment process with DHA requirements and enhanced information technology for tracking DHA requirements and communicating with unit commanders and deployers.

Needed Improvement:

1. Develop process for tracking DHA requirements and compliance reporting for short-term humanitarian deployments such as Operation Tomodachi.

Figure 4: U.S. Navy FHP QA statistics: January 2010-December 2010

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010- 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Pre-Deployment Metrics (Pre-DHA)*										
1	Active Duty Reserves	Number of individuals who deployed in quarter	7,294 2,042		6,339 1,430		5,676 2,378		5,562 1,704	
2	Active Duty Reserves	Number of individuals who completed the Pre-DHA in quarter	3,511 1 388	48 14% 67 97%	3 131 765	49 39% 53 50%	2 625 1 321	46 25% 55 55%	2 663 1 132	47 88% 66 43%
3	Active Duty Reserves	Number of individuals who completed the pre-deployment serum in quarter	3 262 1 346	82 98% 88 38%	4 185 1 086	77 61% 92 27%	4 534 1 196	86 84% 95 53%	2 977 817	81 10% 93 80%
Returned from Deployment Metrics (PDHA)*										
4	Active Duty Reserves	Number of individuals who returned from deployment in quarter	3,931 1,523		5,392 1,177		5,221 1,252		3,671 871	
5	Active Duty Reserves	Number of completed PDHAs in quarter	1 753 1 284	44 59% 84 31%	3 108 1 039	57 64% 88 28%	2 653 994	50 81% 79 39%	2 127 744	57 94% 85 42%
6	Active Duty Reserves	Number of individuals who completed the returned from deployment serum in quarter (See	1 622 1 195	41 26% 78 46%	2 535 938	47 01% 79 69%	2 923 987	55 99% 78 83%	2 127 622	57 97% 71 41%
7	Active Duty Reserves	Number of individuals with at least 1 medical referral on a PDHA in quarter	494 395	28 18% 30 75%	974 340	32 23% 33 56%	493 345	18 51% 34 67%	362 270	17 02% 36 29%
8	Active Duty Reserves	Number of individuals with at least 1 medical visit matched to a PDHA referral in quarter	328 355	66 40% 89 89%	511 312	52 46% 91 76%	309 333	62 68% 96 52%	125 75	34 53% 27 78%
9	Active Duty Reserves	Number of individuals with a mental health referral on a PDHA in quarter?	52 32	2 97% 2 49%	125 38	4 14% 3 75%	72 29	2 70% 2 91%	65 30	1 77% 3 44%
10	Active Duty Reserves	Number of individuals with a mental health visit matched to a PDHA referral in quarter?	37 28	71 15% 87 50%	68 38	54 40% 100 00%	44 28	61 11% 96 55%	42 29	64 62% 96 67%

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010- 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Returned from Deployment Reassessment Metrics (PDHRA)*										
11	Active Duty	Number of completed PDHRAs in quarter	1 064	27 07%	2 187	40 56%	1 783	34 15%	675#	18 39%
	Reserves		958	62 90%	755	64 15%	576	46 01%	301#	34 66%
12	Active Duty	Number of individuals with at least 1 medical	321	30 17%	435	19 89%	377	21 14%	150	22 22%
	Reserves	referral on a PDHRA in quarter	258	26 93%	250	33 11%	150	26 04%	97	32 23%
13	Active Duty	Number of individuals with at least 1 medical	233	72 59%	371	85 88%	326	86 47%	106	70 67%
	Reserves	visit matched to a PDHRA referral in quarter	46	17 83%	39	15 66%	24	16 00%	11	11 34%
14	Active Duty	Number of individuals with a mental health	68	6 39%	146	6 64%	108	2 07%	47	1 26%
	Reserves	referral on a PDHRA in quarter	67	6 99%	84	11 13%	52	4 15%	30	3 44%
15	Active Duty	Number of individuals with a mental health visit	44	64 71%	129	88 36%	96	88 89%	40	85 11%
	Reserves	matched to a PDHRA referral in quarter	9	13 43%	8	9 52%	2	3 85%	2	6 67%

Line Number

3 Serum drawn within 365 days prior to the beginning of the deployment + 30 days
6 Serum drawn between 30 days prior to and 60 days after the end of the deployment.
7-10, 12-15 Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from first page of form.

* DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
** DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
*** DD 2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not applicable (grey shading) for the two most recent calendar quarters.
# The PDHRA counts are lower than expected as the requirement to complete the PDHRA at the time of this report is not officially closed.

NOTES:

1. If a Service member has more than one form in DMSS, the most recently completed form (based on "Today's Date") within compliance period was referenced; and
2. The pre-deployment serum was based on members returning in the reported quarter, not those deploying in it. Future reports will be updated with the information from the members deploying in reported quarter.

United States Air Force

Key Accomplishments and Successes:

1. Issued AF/SG3 DHA guidance memorandum to field requiring:
   a. All DD 2795, DD 2796 and DD 2900s be completed electronically via the Aero-Medical Services Information Management System Web;
   b. PDHAs to be printed and placed in the member's permanent medical record by Public Health/Force Health Management;
   c. Same-day appointments for recommended medical referrals indicated on the DD 2796;
   d. Documentation of the diagnostic International Classification of Disease code V_70.5_6 in the DoD electronic patient medical record or other automated patient-tracking program;
   e. All electronic forms contain the full name, rank, and professional credentials of the provider performing the face-to-face evaluation;
   f. Air National Guard hired 50 Wing Directors of Psychological Health to review PDHRAs with recommended mental health referrals to ensure expedited medical evaluation and follow-up;
2. In November and December, the Air Force successfully completed beta testing of the NDAA 708, Mental Health Assessment Air Force Deployment Resiliency Assessment program at six installations. Full implementation began January 1, 2011;
3. Air Force Reserve Component (AFRC) and Air National Guard expanded the current Logistics Health, Inc. contract to support implementation for the reserve components;
4. An Air Force Deployment Health users guide was developed to provide detailed information to the field on management of DHAs; and
5. The Air Force Surgeon General Deployment Resiliency Assessment Policy and Implementation Plan published (AFI 48-12GM3).

Needed Improvements:

1. DMDC clarify data business rules (e.g., individuals deployed and receiving combat pay, imminent danger pay, family separation pay, etc.). DMDC and AFHSC work collaboratively to develop a data transfer agreement that codifies business rules, case definitions, and data transfer timelines;
2. The Air Force Medical Support Agency/SG3PM will establish a DMDC account and work with DMDC to develop Air Force-specific contingency rosters for personnel accountability (e.g., number of individuals deployed in quarter); and
3. Provide Service component representative with a copy of the CTS Combat Rosters each quarter so that the Service can validate the actual number of individuals deployed versus those on temporary duty, or erroneously miscoded as "contingency" before AFHSC runs the report.

Figure 5: U.S. Air Force FHP QA statistics: January 2010-December 2010

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010- 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Pre-Deployment Metrics (Pre-DHA)										
1	Active Duty Reserves Guard	Number of individuals who deployed in quarter (Data source is DMDC)	12,944 1,468 4,135		15,554 1,648 3,827		15,853 1,596 3,143		13,240 1,849 3,873	
Data used for the following metrics are derived using the number of individuals who returned from deployment during the specified quarter. Data source is AFHSC.										
2	Active Duty Reserves Guard	Number of individuals who completed the Pre-DHA in quarter	13,180 1,285 2,364	90.00% 50.00% 63.00%	12,684 1,305 2,186	89.00% 61.00% 68.00%	14,287 1,252 2,629	90.00% 46.00% 71.00%	14,715 739 2,592	89.00% 49.00% 79.00%
3	Active Duty Reserves Guard	Number of individuals who completed the pre-deployment serum in quarter	14,213 2,052 3,099	98.00% 79.00% 82.00%	15,944 1,775 2,653	98.00% 83.00% 82.00%	15,570 1,831 2,864	98.00% 74.00% 78.00%	16,184 1,236 2,661	98.00% 82.00% 83.00%
Returned from Deployment Metrics (PDHA)										
4	Active Duty Reserves Guard	Number of individuals who returned from deployment in quarter	14,571 2,585 3,761		14,175 2,150 3,223		15,899 2,459 3,680		16,510 1,509 3,263	
5	Active Duty Reserves Guard	Number of completed PDHAs in quarter	13,031 1,238 2,400	89.00% 48.00% 64.00%	12,375 1,279 2,532	87.00% 59.00% 79.00%	13,222 1,097 2,646	83.00% 45.00% 72.00%	13,797 682 2,652	84.00% 45.00% 81.00%
6	Active Duty Reserves Guard	Number of individuals who completed the returned from deployment serum in quarter	12,835 1,348 2,179	88.00% 52.00% 58.00%	10,260 1,122 1,605	72.00% 52.00% 50.00%	8,097 704 1,486	51.00% 29.00% 40.00%	11,658 652 1,812	71.00% 43.00% 56.00%
7	Active Duty Reserves Guard	Number of individuals with at least 1 med ca referral in a PDHA in quarter	1,546 307 336	12.00% 25.00% 14.00%	1,622 218 377	13.00% 17.00% 15.00%	1,439 218 285	11.00% 21.00% 11.00%	1,965 181 637	14.00% 19.00% 24.00%
8	Active Duty Reserves Guard	Number of individuals with at least 1 med ca v s t matched to a PDHA referral in quarter	1,192 185 168	77.00% 60.00% 50.00%	1,144 126 184	71.00% 58.00% 49.00%	1,094 113 154	76.00% 54.00% 54.00%	1,508 90 175	77.00% 68.00% 43.00%
9	Active Duty Reserves Guard	Number of individuals with a mental health referral in a PDHA in quarter	224 11 15	2.00% 1.00% 0.00%	180 13 17	2.00% 1.00% 1.00%	187 10 11	1.00% 1.00% 1.00%	330 9 34	2.00% 1.00% 1.00%
10	Active Duty Reserves Guard	Number of individuals with a mental health v s t matched to a PDHA referral in quarter (data currently unavailable)								

Line	Component	Performance Metric	First Quarter 01/01/2010 - 03/31/2010		Second Quarter 04/01/2010 - 06/30/2010		Third Quarter 07/01/2010 - 09/30/2010		Fourth Quarter 10/01/2010- 12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Returned from Deployment Reassessment Metrics (PDHRA)										
11	Active Duty Reserves Guard	Number of completed PDHRAs in quarter (2nd quarter data will increase when 3rd quarter data is produced - aggregating data and category	10,971 897 1,752	75.00% 55.00% 47.00%	6,986 418 971	49.00% 19.00% 30.00%				
12	Active Duty Reserves Guard	Number of individuals with at least 1 medical referral on a PDHRA in quarter	781 101 169	12.00% 35.00% 14.00%	456 39 94	13.00% 17.00% 15.00%	Will be updated in 1st Qtr CY11 report available at this time due to AFHSC updates in business rules		Not	
13	Active Duty Reserves Guard	Number of individuals with at least 1 medical visit matched to a PDHRA referral in quarter	691 30 50	88.00% 30.00% 30.00%	375 7 14	82.00% 18.00% 15.00%				
14	Active Duty Reserves Guard	Number of individuals with a mental health referral on a PDHRA in quarter	256 17 17	1.00% 1.00% 1.00%	139 5 17	1.00% 0.11% 1.00%				
15	Active Duty Reserves Guard	Number of individuals with a mental health visit matched to a PDHRA referral in quarter (data currently unavailable)								

All deployment start and end dates are established by the DMDC CTS for OEF/OIF/OND.
"Received" deployments forms are those that have been received by DMSS from each of the Service's data systems.

NOTES:

1. DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
2. Serum drawn during the period from 365 days prior to 30 days after the deployment start date.
3. DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
4. DD 2900 dated within 60-210 days from the end of the deployment.
5. Serum drawn between 30 days prior to and 60 days after the end of the deployment.
6. If a Service member has more than one form in DMSS, the most recently completed form (based on "Today's Date") within compliance period was referenced.
7. Inpatient or outpatient visit within 60 days of "Today's Date" from first page of form. These data reflect changes to the existing AFHSC Quarterly Deployment Health Compliance Report, as requested for #R100429, with current date='08sep2010'

Data Source: DMSS
Prepared by AFHSC as of December 17, 2010

United States Marine Corps

Key Accomplishments and Successes:

1. Continued daily collaboration with NMCPHC and daily feeds from MCTFS for data cleansing to ensure accuracy of the Data Mart;
2. Provided access, training, and instructional manual for NMCPHC use of the Data Mart to assist with queries/reports;
3. Utilization of Mobilized Screening Units has increased the success of the PDHRA program and decreased the no-show rates of certain areas;
4. Initiated development of the following: Marine On-Line electronic alerts to notify individuals of PDHRA requirements; formalized policy for Commands to receive data from the Data Mart; and upcoming feature of PCS dates to provide better visibility of Marines new to a Field Manager's area of responsibility (AOR);
5. Completed production and release of a new feature of permanent change of station dates to the U.S. Marine Corps (USMC) PDHRA Data Mart, which provided better visibility of Marines new to a Field Manager's AOR;
6. Developed and implemented a standardized contact log to record contacts between Field Managers and Commanders, that includes regular contacts and information dissemination regarding the PDHRA requirements at each command;
7. Continued honing the USMC PDHRA Data Mart to include daily collaboration with NMCPHC and daily feeds from Marine Corps Total Force Structure for data cleansing to ensure accuracy of the application; and
8. Continued development of the following: Marine On-Line electronic alerts to notify individuals of PDHRA requirements and a Marine Administrative Message to formalize prescriptive policy for Commands regarding the three DHA requirements.

Needed Improvements:

1. The PDHRA Program Office will continue to hone the USMC PDHRA Data Mart with assistance from NMCPHC, the USMC Field Managers, and Commanders.
2. USMC will continue to verify accuracy of its data through both internal audits and external data feeds.
3. The Field Managers and Commanders will continue to work toward greater compliance and increase the success of the PDHRA completions and certifications within the required timeframes specified in Reference (c).

Figure 6: U.S. Marine Corps FHP QA statistics: January 2010-December 2010

Line	Component	Performance Metric	First Quarter 01/01/2010-03/31/2010		Second Quarter 04/01/2010-06/30/2010		Third Quarter 07/01/2010-09/30/2010		Fourth Quarter 10/01/2010-12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Pre-Deployment Metrics (Pre-DHA) [1]										
1	Active Duty	Number of individuals who deployed in quarter	10525		9137		9671		8437	
	Reserves		591		455		1177		230	
2	Active Duty	Number of those deploying in quarter who	4122	39 16%	4039	44 20%	3814	39 44%	2962	35 11%
	Reserves	completed the Pre-DHA in quarter	112	18 95%	100	21 98%	698	59 30%	55	23 91%
3	Active Duty	Number of those deploying in quarter who								
	Reserves	completed the pre-deployment serum in quarter								
Returned from Deployment Metrics (PDHA) [2]										
4	Active Duty	Number of individuals who returned from	4713		9253		7212		10331	
	Reserves	deployment in quarter	2474		1114		324		1145	
5	Active Duty	Number of those returning who completed their	2887	61 26%	4283	46 29%	3667	50 85%	4966	48 07%
	Reserves	PDHAs in required timeframe	1849	74 74%	765	68 67%	132	40 74%	496	43 32%
6	Active Duty	Number of those returning who completed their								
	Reserves	deployment serum in quarter								
7	Active Duty	Number of individuals who returned with at least	520	18 01%	861	19 87%	1035	28 22%	1270	25 57%
	Reserves	1 medical referral on a PDHA in quarter	488	26 39%	296	38 69%	43	32 58%	184	37 10%
8	Active Duty	Number of individuals who returned with at least	192	6 65%	218	5 09%	323	8 80%	326	6 56%
	Reserves	1 medical visit matched to PDHA referral in quarter	321	17 36%	97	12 68%	21	15 90%	69	13 91%
9	Active Duty	Number of those returning with a mental health	44	1 52%	70	1 63%	124	3 38%	166	3 14%
	Reserves	referral on a PDHA in quarter	38	2 05%	27	3 53%	8	6 06%	28	5 65%
10	Active Duty	Number of individuals who returned with a mental								
	Reserves	health visit matched to PDHA referral in quarter								

Line	Component	Performance Metric	First Quarter 01/01/2010-03/31/2010		Second Quarter 04/01/2010-06/30/2010		Third Quarter 07/01/2010-09/30/2010		Fourth Quarter 10/01/2010-12/31/2010	
			Number	%	Number	%	Number	%	Number	%
Returned from Deployment Reassessment Metrics (PDHRA) [3]										
11	Active Duty Reserves	Number of those returning who completed their PDHRAs in required timeframe	2170 1625	46 04% 65 68%	5176 736	55 94% 66 07%				
12	Active Duty Reserves	Number of individuals who returned with at least 1 medical referral on a PDHRA in quarter	572 490	26 36% 30 15%	1783 294	34 45% 39 95%				
13	Active Duty Reserves	Number of individuals who returned with at least 1 medical visit matched to PDHRA referral in quarter [4]	452 105	20 83% 6 46%	1384 50	26 74% 6 79%				
14	Active Duty Reserves	Number of those returning with a mental health referral on a PDHRA in quarter	90 167	4 15% 10 28%	422 98	8 15% 13 32%				
15	Active Duty Reserves	Number of individuals who returned with a mental health visit matched to PDHRA referral in quarter								

Source: NMCPHC eDHA as of April 11, 2011

NOTES:

1. DD 2795 dated and certified within 60 days prior to the start of deployment.
2. DD 2796 dated and certified between 30 days prior to and 30 days after the end of deployment.
3. DD 2900 dated and certified before 181 days after the end of deployment
4. Any inpatient or outpatient visit (direct or network care) within 60 days of "Today's Date" from the first page of form.

*If a Service member has more than one form in DMSS, the most recently completed form (based on "Today's Date") within compliance period was referenced.
*Serum data is not available through NMCPHC as it is stored at AFHSC.
*The percentages for Items 7-9 and 12-14 are calculated using the number of completed/certified assessments as the denominator.

Civilian Deployment Data, January 2010-December 2010

During CY 2010, the DASD(FHP&R) became aware that its FHP and QA policies and practices supporting injured or ill deployed civilians were not clearly understood, widely known, or consistently applied. To ensure a comprehensive approach and oversight of the implementation of policies and medical requirements for those who deploy, the FHP QA program sponsored a workshop and collaborated with interagency working groups: including Civilian Personnel and Policy; the Office of Personnel Management; and the Department of Labor.

AFHSC provided deployment health civilian assessment data quarterly to the FHP QA program following the same methodology that it developed for the military forces. This information was provided to Civilian Personnel and Policy and the Services so that they might use the aggregate DHA data to facilitate civilian deployment related health care decision-making.

Although this report includes all civilian forms that were received electronically by AFHSC, it does not provide civilian return-from-deployment data from other sources.

Figure 7: Civilian Deployment Health Compliance QA Report

Civilian Deployers

Civilian Deployment Health Compliance QA Report

Deployment End Date		Number returned from deployment	DD2795[1]		DD2796[2]		DD2900[3]		Recommended Referral on DD2796[4]		Recommended Referral on DD2900[4]	
Year	Calendar Quarter		Number	%	Number	%	Number	%	Number	%	Number	%
2009	Q2	1,398	500	36%	317	23%	134	10%	100	32%	18	32%
	Q3	1,480	478	32%	239	16%	112	8%	47	20%	19	20%
	Q4	1,675	489	29%	316	19%	147	9%	76	24%	37	24%
2010	Q1	1,330	341	26%	347	26%	148	11%	101	29%	34	29%
	Q2	1,245	419	34%	415	33%	203	16%	98	24%	28	24%
	Q3	1,048	392	37%	432	41%	198	19%	121	28%	54	28%
	Q4	476	182	38%	160	34%	44	9%	46	29%	5	29%

All deployment start and end dates are established by the DMDC CTS for OEF/OIF/OND. "Received" deployment forms are those that have been received by DMSS from each of the Service data systems. The date of form is determined by "Today's Date" as recorded on the first page of each health assessment.

[1] DD 2795 dated between 90 days prior to and 30 days after the start of the deployment.
[2] DD 2796 dated between 60 days prior to and 60 days after the end of the deployment.
[3] DD 2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not applicable (grey shading) for the two most recent calendar quarters.
[4] If a civilian has more than one form with a referral noted in DMSS, the most recently completed form (based on "Today's Date") with a referral noted within compliance period was referenced.

Data Source: DMSS
Prepared by AFHSC, as of February 16, 2011

The Armed Forces Health Surveillance Center Report

Since January 2003, peaks and troughs in the numbers of Pre-DHA and PDHA forms transmitted to the AFHSC generally corresponded to times of departure and return of large numbers of deployers. Between April 2006 and December 2010, the number of PDHRA forms per month ranged from 15,600 to 46,900 (Figures 8 and 10).

During the past 12 months, the proportions of returned deployers who rated their health as "fair" or "poor" were 8-10% on PDHA questionnaires and 10-14% on PDHRA questionnaires (Figure 9).

In general, on post-deployment assessments and reassessments, deployers in the Army and in reserve components were more likely than their respective counterparts to report health and exposure-related concerns (Figures 11 and 12). Both active and reserve component members were more likely to report exposure concerns 3 to 6 months after, compared to the time of return from deployment (Figure 12).

At the time of return from deployment, soldiers serving in the active component were the most likely of all deployers to receive mental health referrals; however, 3 to 6 months after returning, active component soldiers were less likely than Army Reservists to receive mental health referrals (Figure 11).

Finally, during the past 3 years, reserve component members have been more likely than active component Service members to report "exposure concerns" on post-deployment assessments and reassessments (Figure 12).

Figure 8: Deployment-related health assessment forms, by month, U.S. Armed Forces, January 2010-December 2010

	Pre-deployment assessment DD2795		Post-deployment assessment DD2796		Post-deployment reassessment DD2900	
	No.	%	No.	%	No.	%
Total	404,139	100	415,727	100	323,233	100
2010						
January	55,710	13 8	34 271	8.2	25.861	8.0
February	31.509	7 8	27 794	6.7	27 118	8.4
March	32 687	8 1	44 328	10.8	35.970	11 1
April	32 352	8 0	33 816	8 1	24,985	7 7
May	38,444	9 5	35 461	8.5	22 840	7.1
June	31.245	7 7	45.383	10.9	24 754	7 7
July	30,435	7 5	46 997	11.3	23,030	7 1
August	38.135	9.4	37 386	9 0	31 615	9 8
September	33 109	8 2	27 729	8 7	28 009	8 7
October	27 348	6 8	27.549	6.6	28 722	8.3
November	23 384	5 8	28 460	6 9	29,238	9 0
December	29.800	7 4	28 345	8 3	23 081	7.1

Figure 9: Proportion of deployment health assessment forms with self-assessed health status as "fair" or "poor," U.S. Armed Forces, January 2010-December 2010

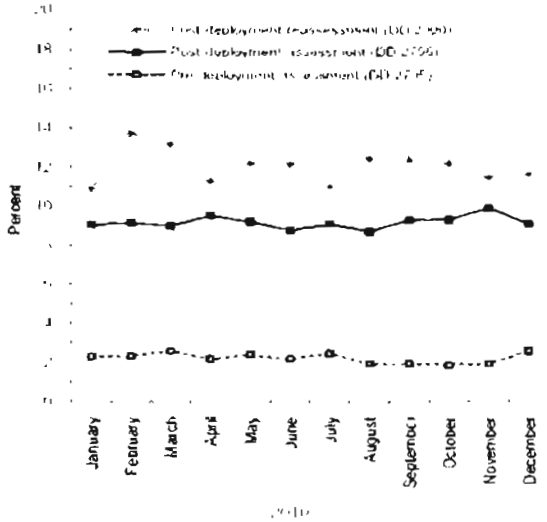


Figure 10: Total deployment health assessment and reassessment forms, by month, U.S. Armed Forces, January 2003-December 2010

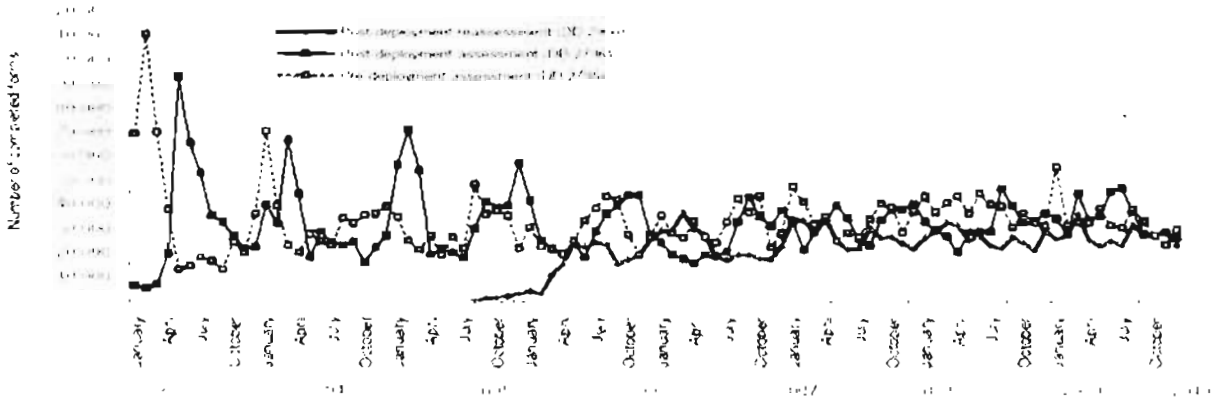


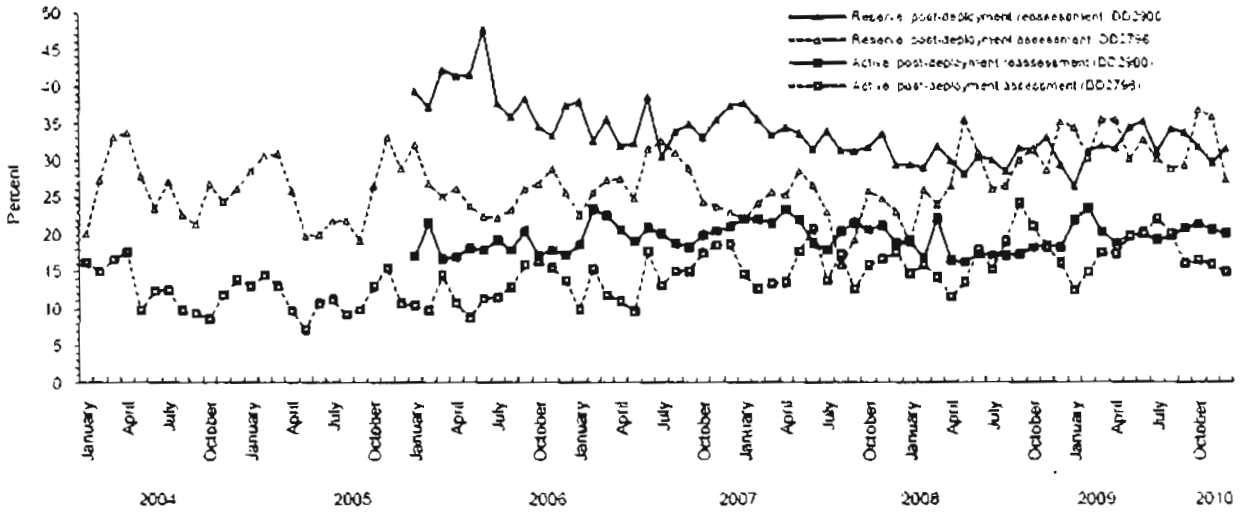
Figure 11: Percentage of service members who endorsed selected questions/received referrals on health assessment forms, U.S. Armed Forces, January 2010-December 2010

	Army			Navy			Air Force			Marine Corps			All service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900
Active component	n= 145,416	n= 135,815	n= 128,316	n= 17,582	n= 16,329	n= 14,045	n= 58,774	n= 52,717	n= 50,360	n= 31,418	n= 29,060	n= 31,384	n= 253,187	n= 234,921	n= 224,725
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	3.7	9.7	14.2	1.1	4.6	6.7	0.4	2.3	4.2	1.4	5.7	10.1	2.5	7.7	10.6
Health concerns not about an injury	12.9	28.6	25.7	3.0	11.9	15.0	1.3	6.5	10.9	2.4	12.0	16.9	9.2	19.9	20.7
Health worse now than before deployed	na	21.5	24.2	na	11.6	13.6	na	5.4	8.7	na	17.4	20.2	na	17.4	19.3
Exposure concerns	na	22.7	27.9	na	19.7	22.0	na	10.0	14.3	na	16.0	25.3	na	17.5	20.7
PTSD symptoms (2 or more)	na	9.2	11.3	na	6.9	9.3	na	2.8	3.9	na	3.0	10.6	na	7.4	9.1
Depression symptoms (any)	na	33.4	32.5	na	22.5	25.1	na	13.1	13.7	na	25.3	31.5	na	25.4	27.8
Referral indicated by provider (any)	5.2	34.1	29.5	3.4	21.9	9.4	2.1	12.5	7.0	2.3	21.2	20.9	4.0	28.8	24.1
Mental health referral indicated[1]	1.4	7.2	10.5	0.5	3.0	5.9	0.5	1.8	2.2	0.2	2.3	6.1	1.0	6.0	7.4
Medical visit following referral[2]	99.5	99.7	98.5	99.1	99.0	93.6	99.4	99.9	97.6	100.4	98.2	93.9	99.5	99.8	97.5

	Army			Navy			Air Force			Marine Corps			All service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassess DD2900
Reserve component	n= 88,328	n= 60,057	n= 66,191	n= 4,775	n= 4,904	n= 5,169	n= 16,286	n= 14,659	n= 15,120	n= 1,981	n= 2,053	n= 6,178	n= 89,250	n= 102,473	n= 94,658
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	3.0	11.8	16.8	0.9	10.2	10.5	0.3	5.1	7.5	0.9	8.2	10.4	0.9	10.7	4
Health concerns not about an injury	5.9	25.5	40.2	1.4	33.7	31.7	0.7	9.6	19.7	2.2	23.1	35.1	2	31.4	37.5
Health worse now than before deployed	na	25.4	31.7	na	20.8	20.8	na	13.3	11.4	na	24.0	25.5	na	24.2	27.4
Exposure concerns	na	32.9	34.2	na	47.3	45.3	na	27.7	23.5	na	45.0	37.8	na	31.7	32.2
PTSD symptoms (2 or more)	na	9.5	18.4	na	9.5	12.8	na	2.6	9.2	na	9.6	13.4	na	9.3	15.3
Depression symptoms (any)	a	30.7	34.2	na	25.9	25.6	na	16.3	4.2	na	33.2	27.7	a	28.3	30.0
Referral indicated by provider (any)	2.8	35.1	29.4	3.5	30.8	25.2	0.4	16.7	4.7	2.7	34.2	28.1	1.0	34.2	33.6
Mental health referral indicated[1]	0.4	5.2	14.7	0.2	2.5	7.5	0.1	1.0	1.9	0.2	2.6	11.4	0.3	4.4	2.6
Medical visit following referral[2]	97.7	96.0	40.2	95.5	97.0	47.3	70.2	93.5	59.5	73.5	78.3	40.1	97.6	95.5	40.8

[1]Includes behavioral health, combat stress and substance abuse referrals
[2]Record of inpatient or outpatient visit within 6 months after referral

Figure 12: Proportion of service members who endorsed exposure concerns on PDHAs, U.S. Armed Forces, January 2004-December 2010



Data Source: Defense Medical Surveillance System

The above report is titled, "Update: Deployment Health Assessments, U.S. Armed Forces, January 2011," and was produced by AFHSC. These DHA reports were included in the monthly issues of *Medical Surveillance Monthly Report* through December 2010. Since January 2011, AFHSC publishes the DHA updates separately. The updates are available on the AFHSC Web site.

Deployment Occupational and Environmental Health Surveillance Report

DoD's Deployment Occupational and Environmental Health Surveillance (DOEHS) program was established after the Persian Gulf War in 1991 to address chemical and pollutant exposures that were being potentially linked to health effects in military members and veterans who have returned from deployment. At the time, DoD had few policies, procedures, or capabilities to identify OEH hazards, to collect samples and archive data, to assess exposures, or to assess health risks to our military forces in deployed settings. In addition, a systematic method to document and track such information was lacking.

Since then, DoD has established policies, procedures, and tools to ensure more complete collection and archiving of data, improve the location tracking of personnel, and to provide additional technical guidance and training on data collection and risk assessment. The components of this complex program are routinely evaluated and updated to incorporate new science, to provide new or updated policies, and to build upon lessons learned. Because the occupational and environmental health surveillance (OEHS) procedures must be implemented in operational settings, DOEHS program activities must be safely integrated into potentially high-risk military missions which take precedence over DOEHS activities. To address the immediate and long-term health concerns of deployed personnel (to include DoD civilian employees), the policies and procedures are continually updated to balance the military mission and with current science and available technology and resources.

In last year's FHP QA report to Congress, DoD summarized a set of high-visibility initiatives and the status of related efforts, including the number of environmental samples collected in deployment locations. DoD recognizes that force readiness and the long-term health of Service members and veterans who have deployed are affected by a variety of OEH factors. This year's report discusses a broader array of 2010 accomplishments that greatly enhance FHP. While not all-inclusive, the following 2010 initiatives demonstrate the types of varied efforts that continue to improve the quality of DoD's Deployment OEHS program.

<u>2010 Accomplishments that Improve the Quality of DoD's Deployment OEHS Program:</u>

- Systems for consistent OEHS data collection and archiving: DoD policies, including DoDI 6490.03, "Deployment Health," and DoDI 6055.05, "Occupational and Environmental Health," direct that all OEH-related sampling results from all Services be archived in a centralized DoD database referred to as the Defense Occupational and Environmental Health Readiness System (DOEHRS). DOEHRS has different components and modules to house data and information that pertain to different areas of DoD's Deployment OEHS program, including industrial hygiene, radiation, and environmental health. In 2010, new DOEHRS modules were built and designed to standardize the collection of data from routine environmental sampling, exposure incidents, and occupational and radiation surveys primarily for deployment/contingency operations. Associated training of individuals on the use of DOEHRS also improved data quality. After data are archived in DOEHRS, these data become available to support future assessments or investigations of hazards and exposure-related health risks from specific locations.

- Procedures for field water supply surveillance: Representatives from the Army, Navy, Air Force, and Marine Corps collaborated, and published the May 2010, Technical Bulletin *Sanitary Control and Surveillance of Field Water Supplies* (TB MED 577/NAVMED P 5010-10/AFMAN 48-138_IP), which represented the first, mutually agreed upon military field water publication for all four Services. It expanded the Military Field Drinking Water Standards list from 15 to 88 contaminants reflecting the U.S. National Primary Drinking Water Standards and described standard water sampling, surveillance, and survey procedures. The standards along with the field surveys of source, treatment, storage, distribution, bottled, and packaged water systems are now incorporated into DOEHRS, which provides greater standardization and visibility of the information collected and recorded. This capability permits any identified contaminants to be rapidly traced back to their origin, allowing corrective measures to be implemented without delay, thereby enhancing FHP for deployed Service members and DoD civilians.

- Consistent interpretation of chemical exposure data: DoD published an update of its technical guidance and chemical-specific military exposure guidelines (MEGs) in the June 2010, U.S. Army Public Health Command (Provisional) (USAPHC(P)) Technical Guide 230 (TG230), "Environmental Health Risk Assessment and Chemical Exposure Guidelines for Deployed Military Personnel." This update to TG230 provided standard health risk assessment methodology and chemical air, soil, and water MEGs for various exposure durations during deployment/contingency operations to help assess FHP risks to our Service members and deployed civilian employees. Publication of this guidance ensured that current scientific data and models were incorporated into the military exposure assessment and health risk characterization processes.

The status of other major initiatives of the Deployment OEHS program mentioned in last year's FHP QA report are described below:

Occupational and Environmental Health Site Assessment (OEHSA). OEHSAs continue to serve as the foundation of the DoD Deployment OEHS program and are a key metric for evaluating the environmental health conditions for all of our basing locations.

Periodic Occupational and Environmental Monitoring Summary (POEMS). POEMSs are intended to be made available to: active duty, retired, and separated Service members; current and former DoD civilian personnel; and their medical providers and claims adjudicators in order to better inform the medical care and disability benefits determination processes. As of April 2011, POEMSs for 10 base camps have been completed for some of the more heavily populated base camps, and several others are in development.

Finally, as with previous FHP QA reports to Congress, an update on the status of various ongoing (multi-year) efforts to address unique military deployment exposure concerns is provided below:

Particulate matter/air pollution. The most common environmental exposures throughout the USCENTCOM AOR are to airborne dust and other particulate matter (PM). This has been an ongoing issue for many years. While DoD's surveillance program has not yielded definitive evidence that deployed individuals on a population-wide basis are at increased risk of specific

long-term health effects due to breathing airborne PM, DoD recognizes it is plausible that a small portion of deployed individuals may be more susceptible to PM/air pollution due to genetics or underlying health conditions. Some epidemiological studies indicate a modest increase in the incidence of persistent respiratory symptoms among individuals who deployed to Iraq and Afghanistan. DoD is studying this issue in conjunction with other Federal agencies and academia and has established a pulmonary health research working group to develop a research portfolio to better understand any health risks. Implementation of the portfolio is proceeding. Specific risk factors for deploying individuals who are medically screened, and considered healthy, are not clear.

Burn pits (solid waste disposal). The use of burn pits operations has been a primary means of waste management in the USCENTCOM AOR since the beginning of the conflicts in Afghanistan and Iraq. Although all burn pits in Iraq have been closed at base camps with greater than 100 people, and incinerators are being installed in Afghanistan, open burning continues in many locations in Afghanistan because more desirable options are not available or are considered too risky. DoD recognizes that acute symptoms due to smoke exposure may occur in some individuals. AFHSC and the Naval Health Research Center, examining the possibility that smoke exposure may be responsible for long-term health effects, conducted a series of seven different epidemiological studies. For nearly all health outcomes measured (over 150) up to 36 months after deployment, the unadjusted and adjusted incident rate ratios among individuals assigned to locations with burn pits and who had returned from deployment was either lower than, or about the same as, those who had never deployed. Thus, at the population-level there is no indication that the inhalation of burn pit smoke is responsible for the multitude of long-term health effects that have been reported by veterans. DoD also acknowledges the plausibility that a smaller number of Service members may experience longer-term health effects, possibly due to combined exposures (e.g., sand/dust, industrial pollutants, tobacco, smoke and other agents) and/or individual susceptibilities such as pre-existing health conditions or genetic factors. While DoD is further enhancing its environmental analyses of burn pits and associated smoke in an effort to better characterize potential exposures, DoD's FHP efforts have resulted in positive policy and operational changes. DoDI 4715.19, "Use of Open-Air Burn Pits in Contingency Operations," (Reference (l)) established policy, assigned responsibilities, and provided procedures regarding the use of open-air burn pits. Furthermore, in March 2010, USCENTCOM issued a regulation governing solid waste disposal, emphasizing the use of incineration in preference to burn pits. The regulation implemented other measures to reduce potentially harmful emissions, including reducing waste through recycling and sorting and directing the placement of future burn pits to more suitable locations (e.g., downwind and farther from life support/living areas).

Depleted Uranium. The depleted uranium (DU) biomonitoring program was established to evaluate possible exposure to DU at levels of concern. In 2010, among all of the Services, there were a total of 48 urine specimens analyzed for DU. All specimens were negative for both elevated total uranium as well as detectable DU.

Medical Surveillance and Evaluation of Personnel Involved in Major Exposure Incidents. No new exposure incidents requiring long-term medical surveillance were identified in 2010.

However, substantial efforts have continued for two notable incidents that have been discussed in previous FHP QA reports:

- Al Mishraq Sulfur Mine Fire, 2003: In 2010, USAPHC(P) finalized its report that describes the epidemiological investigation and review of medical data of thousands of personnel potentially exposed during this incident. While this analysis did not show a definitive link between sulfur fire exposure and chronic or recurring respiratory diseases, the results did not rule out the possibility of such an association. A finding related to that analysis did indicate, however, that a small sample of all returning OIF and OEF veterans (regardless of any exposure to the sulfur fire) appear to have experienced more respiratory problems post-deployment than before deployment. This finding, in conjunction with already existing concerns about pulmonary health effects potentially associated with PM and open-burning exposures as described above, has put less focus on the Sulfur Fire incident itself as a primary exposure. In addition, the diagnosis of the lung condition "constrictive bronchiolitis" in a small group of soldiers evaluated at Vanderbilt Medical Center following the sulfur mine fire has been expanded to individuals who were not exposed to that fire. DoD is collaborating with various Federal and academic experts to evaluate the larger scope of deployment pulmonary health concerns; and

- Qarmat Ali Industrial Water Treatment Plant, 2003: The medical actions and risk assessment following the discovery of possible exposure of Service members and DoD civilian employees to sodium dichromate, a known carcinogen, at the Qarmat Ali Industrial Water Treatment Plant near Basrah, Iraq, have been the subject of investigations and a number of Congressional hearings. While there is no firm information to indicate that any of the U.S. personnel received exposures that would pose an increased long-term health risk, the DoD and the VA have established a joint special medical surveillance program. In October 2010, the Secretary of Defense and the Secretary of Veterans Affairs, signed a joint DoD/VA letter inviting current and former DoD civilian employees and Service members possibly exposed to sodium dichromate during service at Qarmat Ali to enroll in the Special Medical Surveillance Program. Approximately 1,000 Service members and DoD civilian employees who spent time at Qarmat Ali from April 1 to September 30, 2003, are eligible for this surveillance program. DoD is responsible for offering the evaluations to approximately 100 current and former DoD civilian employees and to those Service members still on Active Duty. The medical surveillance program is ongoing and no results are available at this time.

FHP QA Program Summary

To identify data and process variances between the active, reserve, and National Guard components of Service DHA programs, the FHP QA program performed joint component site QA visits in 2010. This action was necessary to continue to address the GAO's concerns outlined in Reference (f) and in a more recent audit (Reference (j)) that recommended that DoD electronically validate that DHAs are sent to the AFHSC repository from the Service systems in accordance with DoD's requirements.

Electronic validation discrepancies were noted within the Services' electronic readiness and DoD medical surveillance systems. Electronic validation of completed DHAs continued to be fragmented due to the lack of electronic collection, disparate connectivity or access to service systems, data transfer, and data reporting practices. Another point indentified during the joint reviews was that each component had established a different set of criteria for deployment which did not allow for corporate deployment data verification. Additionally, reporting will need to be adjusted to account for frequent deployers who deploy before the deployment health reassessment is due. In those circumstances, DoD does not have a mechanism to waive the DHA form requirement which interfered with compliance tracking.

The FHP QA program will encourage joint participation during installation QA reviews, share best practices, review deployment referral management practices, and explore civilian deployment health processes. Communication among AFHSC, DMDC, and the Services will investigate if validation of deployment data will define deployment methodologies. The FHPIC continues to establish strategic goals, identify defense-wide deployment medical support, and develop metrics that influence the culture and operations that conserve the health of Service members across global military activities and operations.

References

(a) Public Law 108-375, "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004

(b) ASD(HA) Policy 04-001, "Policy for Department of Defense Deployment Health Quality Assurance Program," January 9, 2004

(c) DoDI 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," February 16, 2007

(d) DoDD 6490.02E, "Comprehensive Health Surveillance," October 21, 2004

(e) DoDI 6490.03, "Deployment Health," August 11, 2006

(f) Government Accountability Office, (GAO 08-1025R), "Defense Health Care: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates Is Limited," September 4, 2008

(g) Title 10, United States Code

(h) DoDD 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003

(i) Public Law 111-84, "National Defense Authorization Act for Fiscal Year 2010," October 28, 2009

(j) Government Accountability Office, (GAO 10-56), "Defense Health Care: Post-Deployment Health Reassessment Documentation Needs Improvement," November 19, 2009

(k) Deputy Secretary of Defense Memorandum, "Establishing an Armed Forces Health Surveillance Center," February 26, 2008

(l) DoDI 4715.19, "Use of Open-Air Burn Pits in Contingency Operations," February 15, 2011

Appendix: Acronyms and Terms

Acronym	Term
AFCHIPS	Air Force Corporate Health Information Processing Service
AFHSC	Armed Forces Health Surveillance Center
AOR	area of responsibility
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CTS	Contingency Tracking System
CY	Calendar Year
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DHA	deployment health assessment
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DOEHS	deployment occupational and environmental health surveillance
DOEHRS	Defense Occupational and Environmental Health Readiness System
DU	depleted uranium
eDHA	Electronic Deployment Health Assessment
FHP	force health protection
FHPC	Force Health Protection Council
FHPIC	Force Health Protection Integration Council
FY	Fiscal Year
GAO	Government Accountability Office
HIV	human immunodeficiency virus
IRR	Individual Ready Reserve
MCTFS	Marine Corps Total Force System
MEDPROS	U.S. Army Medical Protection System
MEG	military exposure guidelines
MRRS	Medical Readiness Reporting System
MSC	mission support command
NMCPHC	Navy and Marine Corps Public Health Center
OEF	Operation Enduring Freedom
OEH	occupational and environmental health
OEHS	occupational and environmental health surveillance

Acronym	Term
OEHSA	occupational and environmental health site assessments
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
OTSG	Office of the Surgeon General
PDHA	Post-Deployment Health Assessment • DD Form 2796
PDHRA	Post-Deployment Health Reassessment • DD Form 2900
PHA	Periodic Health Assessment
PM	particulate matter
POEMS	Periodic Occupational and Environmental Monitoring Summary
Pre-DHA	Pre-Deployment Health Assessment • DD Form 2795
PTSD	Post Traumatic Stress Disorder
QA	quality assurance
RMC	Regional Medical Command
TBI	Traumatic Brain Injury
TG	technical guide
TPR	TRICARE Prime Remote
USAPHC(P)	United States Army Public Health Command (Provisional)
USCENTCOM	United States Central Command
USMC	U.S. Marine Corps
VA	Department of Veterans Affairs