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FOR

HEALTH AFFAIRS

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

U. S. HOUSE OF REPRESENTATIVES

JULY 9, 2003

Not for publication

Until released by Committee on Veterans Affairs

United States House of Representatives

Introduction

Mr. Chairman, thank you for inviting me here today to discuss with you and the members of the Subcommittee the Department of Defense's deployment health efforts associated with recent operations. I am pleased to be here with my VA colleague, Dr. Perlin.

Protecting the health of deployed military personnel is a paramount concern of the Department of Defense and is one of my chief responsibilities as the Assistant Secretary of Defense for Health Affairs. Deployment health assessments are an integral component of DoD's overall Force Health Protection program, which rests upon three pillars: a healthy and fit force, prevention and protection, and medical and rehabilitative care. Force Health Protection is a strategy that applies to the continuum of medical care experienced by each Service member from entrance into the military to separation from the military and transition in many cases to the VA healthcare system. The vigorous requirements of the medical entrance physical examination, the periodic physical examinations, periodic HIV screening, annual dental examination, physical training and periodic testing, and the regular medical record reviews are parts of this continuum.

Deployment Force Health Protection is a comprehensive strategy that promotes and sustains the health of service members prior to deployment; prevents injury and illness and protects the force from health hazards during deployment; and provides quality, compassionate treatment for deployment-related health conditions. These procedures ensure that each service member is healthy prior to deployment. The process begins with a thorough health assessment upon accession into the military and continues with periodic health and performance assessments throughout military service, as well as ready access to comprehensive medical care for all personnel on active duty. Service members are protected against numerous health threats

through immunization programs (tetanus, DPT, MMR, polio, hepatitis, etc), health promotion programs (smoking cessation, hypertension detection and treatment, responsible sexual behavior, etc), health protection training (safety, sanitation, first aid, insect and vector protection, chemical protective suit use, etc), health threat countermeasures (helmets, earplugs, insect repellent, sunblock, etc), and physical and mental fitness programs.

Deployment Health Assessments

Upon selection for deployment, each service member's health is assessed immediately prior to deployment to ensure that medically unfit individuals are not deployed and that deployment-specific countermeasures (e.g., additional immunizations, malaria prophylaxis) and medical threat briefings are implemented. During the deployment, extensive health protection measures are conducted and immediate medical care and medical evacuation are provided. At the time of redeployment, health is again assessed to promptly identify and address any adverse health conditions or concerns the individual has that may need further evaluation, treatment, or follow-up.

Deployment health assessments are also part of a DoD-wide Medical Surveillance System that integrates numerous health, personnel, and deployment data elements, including immunization rates, disease and non-battle injury rates; environmental and occupational health risk assessments; medical record keeping; personnel tracking, medical intelligence, and risk communication.

The primary purpose of deployment health assessments—and especially the more recent enhancements—is to assure a thorough clinical assessment of each individual. The assessment forms are diagnostic tools intended to facilitate communication between the service member and the healthcare provider, and to better assist medical personnel in evaluating the service member's health needs and concerns.

Deployment Health Assessment Process

The requirement for deployment health assessments was established by Congress through Public Law 105-85 in 1997. DoD policy directives were published in 1998, with updates and enhancements in 2001, 2002, and most recently, April 2003.

In 1998, DoD established a pre- and post-deployment health assessment process. This process requires that a health care provider individually certify each individual as having met certain medical requirements prior to deploying and that health status is reviewed by a health care provider for each individual upon return from deployment. The pre-and post-deployment health assessment forms document the process for each individual, and copies are archived electronically in the Defense Medical Surveillance System (DMSS). The Army Medical Surveillance Activity (AMSA), which runs DMSS, has processed over one million of these forms since 1998. AMSA provides periodic tabulations from these forms in its Medical Surveillance Monthly Report, and electronic images of these forms are now available to healthcare providers worldwide through the web-based TRICARE OnLine.

In 2001, after large reserve mobilizations following September 11th, DoD expanded the deployment health assessment process to include reservists called to active duty for 30 days or more even if not deployed overseas. The Joint Chiefs of Staff published expanded guidance in

2002 for pre-, during-, and post-deployment health surveillance that emphasized deployment health assessments, provided detailed implementation procedures, and added instructions on deployment health and environmental surveillance.

Most recently, in April 2003, DoD enhanced the program yet again. The enhanced process mandates standardized implementation of post-deployment health processing with a face-to-face assessment by a trained health care provider for every redeploying individual. It also utilizes an expanded assessment form (with more questions on specific symptoms, exposures, health care, and concerns) which ensures the breadth of that assessment. Most importantly, this enhanced assessment includes an assurance that all health issues detected during this screening process will be fully addressed by health care providers using the Post-Deployment Health Clinical Practice Guidelines (PDH CPG) promulgated last year throughout DoD and the VA.

Pre-deployment processing is required within 30 days prior to deployment and involves medical record review, immunization update, blood draw (within 12 months) and lab check (DNA, HIV, blood type), completion of a pre-deployment health assessment form, healthcare provider review (including mental health), provision of deployment-specific medical countermeasures and 90-day supply of medicines, and a general and area-specific medical threat briefing. The healthcare professional's signature on the assessment form certifies that this process has been completed.

Blood draws are required (usually as an HIV test) for archiving of the sample in the DoD Serum Repository, which is the world's largest serum repository, housing over 30 million frozen samples on over 7 million service members since the 1980s. These samples are obtained routinely from all service members on a schedule varying from every 6 months to five years, and

are required as a baseline within 12 months prior to deployment. Post-deployment blood samples have been required utilizing the routine HIV testing schedules for all service members. In the recent policy change, these post-deployment samples are now mandated to occur within 30 days of redeployment to assure that all service members get a post-deployment sample archived before they separate from the military. The availability of these samples for subsequent analysis relating to military- and deployment-related health issues is a unique capability of the military.

During the deployment there is extensive support with medical and environmental surveillance, emergency health care, combat stress support teams, and chaplains. The DoD now routinely deploys preventive medicine, environmental surveillance, and forward laboratory teams in support of worldwide operations. For example, the Army's Center for Health Promotion and Preventive Medicine (CHPPM) conducted pre- and during-deployment environmental health intelligence studies for the battlefield, and performed extensive environmental assessments of operationally selected staging areas and base sites for both Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). CHPPM also supplies environmental sampling materials for deployed forces, conducts operational risk management estimates for field commanders, and develops pocket-sized "staying healthy" guide books for deployed Service members.

In-theater medical support has been highlighted on numerous newscasts, but less visible are the health surveillance and medical records systems that support the operations. Electronic daily and weekly disease and non-battle injury (DNBI) reporting was implemented for OIF, and a system of electronic medical record-keeping was partially implemented. Early reports from these systems provide lessons for future development and force-wide implementation. Combat

stress teams were also deployed to assist with health risk communication and address specific service member concerns.

Post-deployment health assessments are conducted for all redeploying personnel. Preferably these assessments are done in theater, immediately before return to home station. If not accomplished in theater, they are completed upon arrival at a demobilization site or at home station. Returning personnel are provided information to aid with reunion at home, advised about any needed medical care, and provided instructions for continuing any medical countermeasures, if needed (such as malaria prevention for a short time). Post-deployment processing guidance includes specific instructions for the healthcare provider's face-to-face health assessment, to include discussion and documentation of the individual's responses to the health assessment questions on the post-deployment health assessment form, mental health or psychosocial issues commonly associated with deployments, special medications taken during the deployment, concerns about possible environmental or occupational exposures, and resources available for resolution of deployment health issues. Individuals with health issues are evaluated by their healthcare provider using the Post-Deployment Health Clinical Practice Guideline, which begins with a military specific "vital sign" at every healthcare encounter, asking whether the visit may be related to a deployment. If so, a diagnostic algorithm is utilized to assure that all deployment-related health issues are properly addressed and managed.

There are several options available when there are health concerns related to National Guard and Reserve Personnel who are redeploying. They can be retained on active duty and referred to DoD facilities for further medical assessment and/or treatment or released from active duty with arrangements made for medical follow up utilizing community resources. The

particular health concern and assessment by the health care provider will determine the appropriate option to use.

The Department has also established three Deployment Health Centers and the Millennium Cohort Study to address deployment health concerns in depth. The Deployment Health Surveillance Center is focused on deployment health surveillance and maintains electronic longitudinal records of health care visits, personnel data, immunizations, deployments, and pre- and post-deployment health assessment forms. The Deployment Health Clinical Center focuses on deployment health care and clinical research relating to deployment, and it oversees use of and serves as the referral and consultation center for the Post-Deployment Health Clinical Practice Guideline. The Deployment Health Research Center focuses on deployment health research, concentrating efforts on the prevention, treatment, and understanding of deployment-related health concerns. It is conducting the Millennium Cohort Study, which is an ongoing comprehensive DoD health research initiative that responds to concerns about whether deployment-related exposures are associated with post-deployment health outcomes. A cross-sectional sample of 100,000 military personnel and veterans are being studied prospectively over a 21-year period.

Service Implementation

Service plans provide details for implementation of deployment health assessment policy by the operational and medical units, with quality assurance an integral component of each plan. The Services are monitoring the numbers of personnel redeploying, tracking their post-deployment forms and blood sample processing, and assuring that medical issues are appropriately dealt with. My office is monitoring Service compliance through our medical surveillance system, and

we will be visiting the Services to audit records on a quarterly basis. We have undertaken a comprehensive and complex effort to enhance our entire deployment health program, and we are committed to successful implementation and continuous quality improvement.

We are still in the early stages of the redeployment process. The Defense Medical Surveillance System has received about 70,000 post-deployment health assessment forms since January, and about 16% of those initially reviewed show the need for additional referral/evaluation. Less than 10% of active duty personnel (and a slightly higher percentage of reservists) have identified medical/dental problems or mental health or exposure/health concerns. It is still much too early to establish definitive findings or conclusions.

The Air Force reports that all active duty and reserve component personnel were screened prior to deployment utilizing a medical records review, a review for currency on individual medical readiness requirements, and a pre-deployment health assessment form, when required. About 5% of AF personnel screened required a clinic referral. The Air Force assessed the outcome of this process as excellent. Very few Air Force personnel were redeployed from Operation Iraqi Freedom (OIF) due to problems arising from pre-existing medical conditions – only 0.06% (6 per 10,000) of deployers had medical conditions that were problematic in theater. At least 93% of returning personnel have completed post-deployment health assessments (submitted to AMSA) and have had serum samples collected. Some returning personnel have completed health assessments, but forms have not yet been received by AMSA. The Air Force quality assurance program will ensure that all personnel complete post-deployment requirements within 30 days of return. Air Force reports indicate that 6% of personnel returning since March 1, 2003 have required a referral for clinical evaluation.

The Army reports that 70% of those on deployment rosters already have a centrally documented pre-deployment form; only a small number of soldiers have redeployed, and about half already have centrally documented post-deployment forms on file. This is one of the Army's top priorities.

The Navy implemented enhanced post-deployment health assessment policy by message from the Chief of Naval Operations. Detailed guidance for medical personnel performing the assessments has been made available. While some personnel had re-deployed prior to availability of the revised form, most have used the updated 4-page form and the Defense Medical Surveillance System has begun receiving them. The Navy is accomplishing the post-deployment blood sampling through HIV testing, with excess serum samples routinely going to the DoD Serum Repository. There has been a dramatic increase in the number of blood samples being processed by the Navy indicating compliance with the revised post-deployment health assessment program. Shipboard implementation of the enhanced program is challenging, but the Navy intends and fully expects to be in complete compliance with all required elements.

The Marine Corps leadership has emphasized the importance of the post-deployment health assessment policy. For deployed OIF Marines, the majority of screening is occurring in-theater with the required blood draw occurring in the U.S. The largest combatant Marine force deployed in support of OIF, the First Marine Expeditionary Force in Camp Pendleton, indicates that about two-thirds of their redeploying personnel already have documented completion of the post-deployment health assessment forms and blood draws.

Conclusion

We are working closely with the Services regarding redeployment health and reintegration issues as service members return from the conflict. Commanders have been vigilant in their responsibilities. We are engaged with the Services in developing the medical lessons learned so we can improve our activities in the future. We are working with the Services to document specific details of the deployment health assessment processes and of the environmental hazards and health events experienced during OIF so that they will all be properly addressed. Over the next several months, as the data and facts are compiled, we will be developing an in-depth understanding of the health issues and we will assure that our health care system addresses them thoroughly and that we communicate properly with our service members, Congress, and the public. Proper risk communication to those who think they might have been exposed to harmful agents is critical in alleviating fears and concerns about potential health effects.