



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 21 2020

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375), which requires an annual report on recording of health assessment data in military health records for calendar year 2019. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending an identical letter to the Committee on Armed Services of the House of Representatives.

Sincerely,


for
Matthew P. Donovan

Enclosure:
As stated



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 21 2020

The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Senator Reed:

The enclosed report is in response to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375), which requires an annual report on recording of health assessment data in military health records for calendar year 2019. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending an identical letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

A handwritten signature in black ink that reads "Willie G. Bushra" with "for" written below it.

Matthew P. Donovan

Enclosure:
As stated



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 21 2020

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is in response to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375), which requires an annual report on recording of health assessment data in military health records for calendar year 2019. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending an identical letter to the Chairman of the Committee on Armed Services of the Senate.

Sincerely,

A handwritten signature in black ink that reads "Matthew P. Donovan" with a stylized flourish at the end.

for
Matthew P. Donovan

Enclosure:
As stated



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 21 2020

The Honorable William M. "Mac" Thornberry
Ranking Member
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Representative Thornberry:

The enclosed report is in response to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375), which requires an annual report on recording of health assessment data in military health records for calendar year 2019. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending an identical letter to the Chairman of the Committee on Armed Services of the Senate.

Sincerely,

A handwritten signature in black ink that reads "Matthew P. Donovan" with a stylized flourish at the end. Below the signature, the year "2012" is written in small, faint handwriting.

Matthew P. Donovan

Enclosure:
As stated

REPORT TO CONGRESS



Annual Department of Defense Report on Recording of Health Assessment Data in Military Health Records Pursuant to 10 U.S.C. § 1073b(a)

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$4,400 for the 2020 Fiscal Year. This includes \$0 in expenses and \$4,400 in DoD labor.

Generated on 2020Jul10 RefID: C-EEE8DAA

Table of Contents

Introduction.....	2
Executive Summary	2
Blood Samples, Immunizations, and Health Assessments	2
Conclusion	4
Acronyms, Terms, and References	6
References.....	6

Tables and Figures

Table 1: DoD Combined Armed Forces Blood Sample, Immunizations, and Health Assessment Audit Results.....	4
---	---

Introduction

The Department of Defense (DoD) reports annually to the Committees on Armed Services of the Senate and House of Representatives pursuant to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375).

Executive Summary

The DoD Force Health Protection Quality Assurance (FHPQA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic medical repositories for deployed military members. This report documents the results of those audits for military members returning from a deployment in calendar year (CY) 2019.

The Armed Forces Health Surveillance Branch (AFHSB) and Defense Health Agency (DHA) maintain the Defense Medical Surveillance System (DMSS). The DMSS is the central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are blood sampling data from the Department of Defense Serum Repository (DoDSR), immunizations data, and the completed deployment health assessments. Additionally, the Military Services maintain copies of immunizations and deployment health assessments in each military member's medical record and the Military Service-specific medical readiness reporting system.

For military members returning from a deployment in 2019, the DMSS data indicates the following:

- Pre-Deployment Health Assessment (Pre-DHA) forms on 85 percent of those military members required to complete the form; 77 percent of those required to complete the Post-Deployment Health Assessment (PDHA) form; and 43 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) form.
- Blood samples taken for 95 percent of military members before deployment and 71 percent after deployment.

Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S.C. (Reference (a)), directs the DoD to submit the results of audits conducted during the previous CY documenting to what extent deployed military members' serum sample data are stored in the DoDSR. Although providers have access to deployment health related information, the deployment-related health assessment records, immunizations, and serum are maintained in electronic databases stored at the Armed Forces Health Surveillance Branch. In CY 2019, members of the FHPQA program and representatives of the Services jointly planned, coordinated, and conducted audits electronically using data from the DMSS and the Defense Manpower Data Center (DMDC) for this report. The audits assessed deployment health policy compliance and effectiveness, as directed by Reference (b). Table 1

illustrates DoD's audit results for all military members who met specific audit criteria outlined in this section.

Audit activity improvements continued for 2019, including the requirements that affected identifying the reporting of individuals deployed to specific countries.

The Contingency Tracking System (CTS), managed by DMDC, was used to identify deployers who returned from deployment during CY 2019. A September 2020 report date was requested to allow enough time for individuals returning from deployment by December 2019 to complete the PDHRA within the compliance window. A qualifying deployment was a deployment to a country identified on the Deployment Operation Logic list generated by the AFHSB and the Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight. Only military members who deployed greater than 30 days were included in the audit analysis.

Department of Defense Instruction (DoDI) 6490.03, "Deployment Health" (Reference (c)), requires military members to complete the Pre-DHA 120 days prior to the expected deployment date, the PDHA as close to the return-from-deployment date as possible, but not earlier than 30 days before the expected return-from-deployment date, and not later than 30 days after return from deployment, and the PDHRA within 90 to 180 days after return to home station. However, on occasion, the CTS roster included time away from home station as part of deployment when, in fact, the individual had not yet deployed. Therefore, to ensure complete capture of the deployment health assessment forms in the DMSS, the window for submission was widened. Thus, the following criteria were used for determining when DoD deployers complied with force health protection policy:

- Immunizations: Individuals deployed to United States Central Command areas in support of Operation ENDURING FREEDOM, Operation IRAQI FREEDOM, or Operation NEW DAWN for more than 30 days were required to have anthrax vaccination and influenza vaccination or documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
 - Pre-DHA: Given 150 days before to 30 days after deployment begin date.
 - PDHA: Given 60 days before to 60 days after the deployment end date.
 - PDHRA: Given 60 to 210 days after deployment end date.
- Serum Collection:
 - Pre-Serum: Serum drawn within 365 days prior to and 30 days after the deployment begin date.
 - Post-Serum: Serum drawn between 30 days prior to and 60 days after the deployment end date.

Component-approved exemptions, including immunization exemptions, were included as compliant for this audit. Results of the electronic review of the audit can be found in Table 1.

Table 1: DoD Combined Armed Forces Blood Sample, Immunizations, and Deployment Health Assessment Audit Results

Audit Results for Military members returning from a deployment in 2019	% Completed
Number of service members returning from deployment during CY 2019	89,817
Immunizations	87%
Pre-DHA	85%
PDHA	77%
PDHRA	43%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	95%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	71%

Data Source: DMSS

Prepared by Defense Health Agency AFHSB, as of July 29, 2020

Conclusion

A key component of force health protection is the completion, electronic documentation, and accessibility of deployment-related blood sampling, immunizations, and health assessments conducted for all deploying Service members. The DoD conducts quarterly quality assurance reviews and an annual audit to determine compliance with policy requirements and identify ways to continually improve completion rates, documentation in medical records and surveillance repositories, and accessibility of the data to health care providers, epidemiologists, and other medical professionals.

Data comparisons are ongoing to determine the discrepancies between Service and DMDC CTS rosters, which are used to determine compliance. In support of this effort, the Services will be encouraged to use the Deployment Operation Logic list in order to initiate a deployment health assessment for qualifying deployments.

Ongoing efforts to improve compliance across the Military Departments include: quarterly compliance reporting to frequently assess and address issues; improving the accuracy of data used to verify Service member deployments; optimization of the annual Periodic Health Assessment program to serve as a means for simultaneously completing the required pre- and post-deployment assessments (avoid duplication of effort); enhancing Military Department medical reporting systems used to document and report completion; and use of information technology to improve electronic recording and accessibility of immunization and health assessment data.

Acronyms, Terms, and References

Acronym	Term
AFHSB	Armed Forces Health Surveillance Branch
CTS	Contingency Tracking System
CY	Calendar Year
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDI	Department of Defense Instruction
DoDSR	Department of Defense Serum Repository
FHPQA	Force Health Protection Quality Assurance Program
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
U.S.C.	United States Code

References

- (a) Public Law 108-375, “Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005,” October 28, 2004
- (b) DoDI 6200.05, “Force Health Protection (FHP) Quality Assurance (QA) Program,” June 16, 2016
- (c) DoDI 6490.03, “Deployment Health,” June 19, 2019