



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

SEP 15 2008

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

Dear Mr. Chairman:

This letter provides the report to Congress on medical physical examinations of members of the Armed Forces before their deployment as required by Section 714 the National Defense Authorization Act for Fiscal Year 2008. We provided an interim report in May 2008, and the enclosed report completes the requirement.

The Department of Defense (DoD) recognizes the importance of medical screening to ensure that each Service member who deploys is medically capable of performing the mission, does not have medical conditions that might deteriorate in the deployed environment, and does not have medical conditions that would place inordinate demands upon our deployed medical system. We also recognize that the pre-deployment medical evaluation process should run as efficiently as possible. There are several initiatives underway in DoD that will improve the medical pre-deployment process. These are described in the enclosed report.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells", with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member



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HEALTH AFFAIRS

SEP 15 2008

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

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cc:
The Honorable John McCain
Ranking Member



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HEALTH AFFAIRS

SEP 15 2008

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

Dear Mr. Chairman:

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cc:
The Honorable Lindsey O. Graham
Ranking Member



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SEP 15 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

This letter provides the report to Congress on medical physical examinations of members of the Armed Forces before their deployment as required by Section 714 the National Defense Authorization Act for Fiscal Year 2008. We provided an interim report in May 2008, and the enclosed report completes the requirement.

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cc:
The Honorable John M. McHugh
Ranking Member



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HEALTH AFFAIRS

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The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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cc:
The Honorable Thad Cochran
Ranking Member



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

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SEP 15 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Jerry Lewis
Ranking Member



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HEALTH AFFAIRS

SEP 15 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable C. W. Bill Young
Ranking Member

Medical Physical Examinations of Members of the Armed Forces before Their Deployment

The Department of Defense (DoD) recognizes the critical nature of medical evaluations before deployment. Medical pre-deployment processing is important to ensure that the Service members are able to perform their duties in the deployed environment, that they do not have medical conditions that are likely to deteriorate in rigorous deployed scenarios, and that they do not have preexisting or anticipated medical conditions that would place inordinate demands upon our deployed medical system. It is important to compare the medical condition of the Service member before the deployment to his/her condition following the deployment to ascertain whether there were any deployment-related conditions or exposures that may have adversely affected their health.

Comparison of Medical Pre-deployment Policies

DoD has policies that govern pre-deployment processing, e.g., DoD Instruction (DoDI) 6490.03, "Deployment Health," was published August 11, 2006. Each of the Services, the Joint Staff, and many of the Combatant Commands also have instructions on pre-deployment processing that implement this DoDI. Because they are tied to the DoDI, there is little variance in the policies among the Services. The DoD Deployment Health Clinical Center has a comprehensive list of DoD policies and directives at: http://www.pdhealth.mil/508/dcs/pre_deploy.asp#af.

Because of the operational requirement for Service members to be prepared to deploy at any time, DoDI 6025.19, "Individual Medical Readiness (IMR)," was published on January 3, 2006. The instruction requires each Service and component to constantly measure and report the readiness of individual members by reviewing the Service member in the following areas: 1) an annual Periodic Health Assessment (PHA), 2) an annual dental examination, 3) no medical or dental conditions which would limit deployability, 4) all required immunizations, 5) all required lab studies, and 6) all required medical equipment (e.g., eyeglasses). This instruction requires the results of PHA to be included in the IMR calculations. PHA is a tool to determine the current health readiness status of an individual member. It identifies conditions requiring attention to ensure deployability of the individual Service member. All Services and components are performing annual PHAs.

Description of Medical Pre-Deployment Processes

Once commanders of active duty units are tasked to deploy, they provide their medical units with the names of the Service members considered for deployment. This is done as early as possible before the deployment to allow time for any required medical or dental care. Medical personnel review the personal medical records and the IMR

information on those selected individuals and identify those who need additional medical or dental care or evaluations. At that time PHAs or dental examinations would be accomplished if the next evaluation would come due during the deployment.

Within 30 days of deployment, the Service members are again evaluated with a pre-deployment health assessment. This includes filling out the DD Form 2795, Pre-Deployment Assessment, which is usually done at the Deployment Processing Center. At this time, the Service members receive any vaccines that are required for the deployment, and any medications necessary to prevent some of the endemic diseases in the deployed location (e.g., malaria). This assessment does not usually include a physical examination unless warranted.

Reserve Component (RC) units activated to deploy follow the same process that is outlined above except that they receive an additional evaluation by their Reserve medical personnel before activation. This is important to ensure that they will be able to deploy following activation.

In summary, current pre-deployment health assessment processes result in Active Component (AC) members undergoing two and RC personnel undergoing three medical evaluations before deployment; however, if the PHA was relatively recent, there may not be a need for a physical examination in any of the assessments. The maximum number of physical examinations required would be one unless a medical condition required specialty referral and extensive evaluations.

Computerized Systems Utilized to Record Physical Examinations, Pre-Deployment Assessments and IMR

The DoD has a computerized medical record system for capturing and archiving medical information, AHLTA. This system captures the medical information on all AC personnel. It allows healthcare providers in each of the Services to view a patient's medical history throughout the person's career regardless of which Service provided the care. All physical examinations are recorded and visible in AHLTA. At this time plans are in progress to have AHLTA available to all RC units.

Each of the Services has a system for recording medical readiness data. The Army uses the Medical Protection System, the Navy uses the Medical Readiness Reporting System (MRRS) and the Air Force uses the Preventive Health Assessment and Individual Medical Readiness System. The Marines and the Coast Guard use the Navy's MRRS. RC medical readiness is tracked using the Service medical readiness systems. Within each Service, there is complete visibility of the AC and RC readiness information, but there is no ability to view or update data from other Services. There also is no capability for information to be transferred between AHLTA and the Service's medical readiness systems. These information gaps are being addressed at this time with bidirectional

interfaces between the Services' readiness systems and AHLTA. This will allow the Services to be able to view and update readiness information on Service members from other Services.

Current Efforts to Streamline the Pre-Deployment Process

The DoD is working to make the medical pre-deployment process more efficient with several initiatives. The first is the Consolidated Health (Self-) Assessment Review Tool (CHART) initiative. The CHART's goal is to consolidate all self-assessment tools into one large database of self-assessment questions and then individualize the assessment for each Service member based on the Service member (e.g. age, sex, job-related exposures, deployment history). This would allow for multiple health assessments at one time. In practice, this would allow a Service member who needs both a PHA and a Pre-Deployment Assessment to take a single assessment combining the two individual assessments. The Services are administering multiple assessments during one visit, but many of the questions are redundant, which wastes time.

Each of the Services is working on information technology solutions to build bidirectional interfaces between AHLTA and the Service Readiness systems. DoD is developing requirements for "AHLTA Readiness," a capability to store important clinical readiness information and share it among the three Service readiness systems. This will be accomplished in phases. At this time, an AHLTA immunization system is being built to share immunization information among the Service's readiness systems and with AHLTA. Requirements are in progress for other aspects of readiness information.

DoD is installing solutions to allow access to AHLTA by each RC unit. It will allow the RC to have better access to healthcare data and allow the AC to better view the medical care that RC members received before activation to facilitate pre-deployment processing.