2008 REPORT TO CONGRESS ON DEPARTMENT OF DEFENSE FORCE HEALTH PROTECTION QUALITY ASSURANCE PROGRAM

JUNE 2009

TABLE OF CONTENTS

2008 REPORT TO CONGRESS ON DEPARTMENT OF DEFENSE FORCE HEALTH PROTECTION QUALITY ASSURANCE PROGRAM

BACKGROUND

The Department of Defense (DoD) reports annually to Congress on Force Health Protection Quality Assurance program, as provided for in Section 739 of the National Defense Authorization Act for Fiscal Year 2005. Topics include maintenance of deployment health assessment information in the Armed Forces Health Surveillance Center (AFHSC), inunun-ization data, and health assessment data in deployment military medical records, as well as actions taken in response to post-deployment health concerns and deployment related exposures to occupational or environmental hazards. This is the DoD's 2009 repo rt, which covers Calendar Year (CY) 2008 force health protection quality assurance (FHPQA) activities.

DEPLOYMENT HEALTH QUALITY ASSURANCE PROGRAM

DoD published Health Affairs (HA) Policy 04-001 , "Deployment Health Quality Assurance Program ," in January 2004. This policy directed the implementation of a DoD Deployment Health Quality Assurance Program under the direction of the Deputy Assistant Secretary of Defense (DASD) for Force Health Protection and Readiness (FHP&R). In February 2007 , DoD issued, DoD Directive (DoDD) 6200.05, " Force Health Protection Quality Assurance (FHPQA) Program," as an enhancement to HA Policy 04-001 . The enhancement broadened comprehensive military health surveillance by applying agreed-upon quality assurance measures relevant to military hea lth, deployment , and occupational and environmental health surveillance activities throughout the entire period of an individual's military service. These measures incorporate high risk, problem prone or high volume health issues faced by deployed individuals.

As specified in DoDD 6490.02E, "Comprehensive Health Surveillance, ' and DoDD 6493.04 , "Deployment Health," the Assistant Secretary of Defense for Health Affairs has both the authority and the responsibility for all aspects of comprehensive military health surveillance and documentation related to force health protection and surveillance implementation. These include longitudinal health mon itoring , 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. DoDD 6200.05 provides guidance to focus on those important activities under the three pillars ofDoD force health protection, which are: (1) pro o ing and sustaining a healthy and fit force; (2) preventing illness and in jury ; and (3) providing medical and rehabilitative care to the sick and injured.

The Govenunent Accountability Office (GAO) in the report titled, "DEFENSE HEALTH CARE: Comprehensive Oversight Framework Needed to Help Ensure

Effective Implementation of Deployment Health Quality Assurance Program,' dated June 22, 2007, (GAO Code 350897) recommended that FHP&R perfonn an independent verification to ensure the infonnation provided is both accurate and complete.

The DASD (FHP&R) , in conjunction with the Force Health Protection Council (FHPC) (members include the Services' Surgeons General and the Joint Staff Surgeon), oversees the FHPQA program , to include selection of key elements for monitoring and reporting. Th.is collaborative effort demonstrates the commitment to force health protection among the Services. The CY 2008 Force Health Protection (FHP) measures were the following:

- Individual Medical Readiness Rate;
- Overdue Health/Dental Assessment Rate;
- Deployment Health Assessments;
- Orthopedic Injuries in Theater;
- Heat/Cold Injuries in Theater;
- Influenza-like Illness in Theater;
- Behavioral Health Encounters in Theater; and
- Mental Health Theater Evacuation Rate.

For CY 2008, the FHPQA program performed the following activities:

- visited military installations to assess compliance with force health protection policy and procedures;
- collected quarterly reports from the Services on their specific force health protection quality assurance programs;
- documented and reported to the FHPC deployment health assessment trends;
- analyzed data comparing AFHSC and Service data; and
- wrote the annual report to Congress.

REPORT OF FHPQA VISITS TO MILITARY INSTALLATIONS

In CY 2008 , staff from FHP&R and the Services' medical departments jointly planned, coordinated, and conducted the following FHPQA visits to military installations.

- Army (January 2008)
  - Fort Carson Colorado
  - Evan Army Community Hospital
  - Soldier Readiness Center
- Marine Corps/(July 2008) ..
  Third Marine Expeditionary Force (Okinawa and Hawa11)
  - Camp Courtney Third Marine Expeditionary Force Corrunand Element
    Camp Schwab Combat Assault Battalion

amp Han n Fifth Air Naval Gunfire Liaison Company
a aJHo pital Okinawa
Kaneohe Bay Logi tics
Marine Aircraft Group
- Third Marine Divi ion
Third Marine Regiment
- Fourth Marine Divis ion

• Air Force (Octob r 20

8) Dover Air Force

Ba e

- Dov r Air Medic al Command
- Air Force Re erve 5 lzth Aerospace Medical Squadron

• avy October 2 8)

Naval Ba e Ventura County
- Port Hueneme Command First Naval Construction Division
Port Hueneme Naval Reserve Center
- Navy Mobiliz at ion Processing Site Port Hueneme

h purpo e of the i it wa to a ess deployment health policy compliance and ffecti ne a directed by DoDI 6200.05. These visits generally included briefings \ ith c 1nmander and nior medical leaders, discussions of deployment health pro·e ing activitie and i ue and re ie ws of individual medical records for doc umentation of deployment hea lth-related information (including required pre- and po 'l-d eployment health-related information. In preparation for each visit, the FHPQA program collaborated with each Service an l r to collect dep loyment-re lated data. Available enterprise-wide d umentat ion of both pre- and po t-deployment health assessments and serum spccim n were pre-populated onto a FHPQA data collection tool and reviewed. This rev i \\' facilitated the identification of indiv idu als who had recently deployed and r turned from deployment and·had the required post-deployment assessment forms.

h GAO in the report titled DEFENSE HEALTH CARE: Oversight of Mi li tar ervice Post-Deployment Health Reassessment Completion Rates Is Limitedt •·1 tember 4 200 (GAO ode O-102SR) reported that AFHSC's monthly reports to D · · A program hould al o includ the total number of Service members who r tu me d from deployment and hould have completed PDHRA for the QA program to aci.:urat ly a ess and report. During the installation visits, the QA program staffs authcnti ate the accuracy of the data provided from the AFHSC, review for data transfer in ı nsi: t ncy and di cu deployment processing practices. Data transfer or tn n: i: t ncy concerns are reported to AFHSC for further investigation.

Findings from the 2008 FHPQA Service visits included percentage of deployment medical records consistent with centralized database. Active and Reserve records /repo rts and findings were combined.

2008 FORCE HEALTH PROTECTION QUALITY ASSURANCE INSTALLATION VISITS				
AUDIT ITEMS	**ARMY**	**AIR FORCE AND AIR FORCE RESERVE**	**NAVY AND NAVY RESERVE**	**MARINE CORPS**
Number of Records	IIO	184	41	1IO
Immunization rates	97%	64%	76%	75%
DD Fonn 2795 on file and in record	94%	47%	92%	80%
DD Fonn 2796 on file and in record	90%	48%	97%	87%
DD Fonn 2900 on file and in record	98%	25%	0%	74%
Mental Health Care received or sought in theater	7%	1%	0%	33%
Positive responses lo Traumatic Brain Injury on DD Fonn 2796	*	2%	0%	11%
Major concerns identified by provider DD Fonn 2900	0%	JO%	6%	13%
Referrals indicated by provider DD Form 2900	5%	6%	0%	12%

*DD Form 2796 was revised March 2008 after the Army visit, therefore, infonnation was not collected.

The following were observations associated with the FHPQA installation visits conducted in 2008:

- Fort Carson has a traumatic brain injury (TBI) program available to support those who are preparing to deploy and have returned from deployment. This program includes a questionnaire-screening tool, notarized affidavit of blast occu1Tences, and related interventions. According to the official on site, additional emphasis and resources have been placed on documenting those Service members' responses, completing an injury affidavit, and reviewing the Injury Questionnaire Screening Tool.
- The reviewers reported to AFHSC evidence of multiple pre-deployment assessments (2795s) without a deployment tied to the assessment. AFHSC was able to reset pre-deployment numbers for only those individuals who deployed rather those who submitted the forms for reasons other than deployment.
- The Marine Corps Third Expeditionary Force (MEF) staff explained and demonstrated the neurocognitive assessment test administration. Staff explained that a computer-based tool was designed to detect speed and accuracy of attention, memory, and th.inking ability.

- The Marine Corps have assigned a regimental psychiatrist to the MEF to provide training and education for staff and independent duty corpsmen that deploy with Service members.
- The Marine Corps have combined aid station and deployment readiness units, noting that providers who deploy with their units maintain the continuity of pre- and post-deployment health care.
- The compliance of the Air Force and Air Force Reserves with Periodic Health Assessments was commendable including the Adult Preventive and Chronic Care flow sheet.
- Dover Air Force Base has assigned one provider to be responsible for reviewing any positive responses to TBI or post-traumatic stress disorder (PTSD) questions on the deployment health assessments. Any affirmative response , even a single "yes" out of the four PTSD questions , resulted in an outreach and a referral for further assessment.
- The airman 's primary care provider typically completed his/her post deployment reassessment evaluation and annual periodic health assessment.
- Dover Air Force Base has assigned one provider as the direct liaison between the medical staff and line commanders. Commanders identify those Service members projected for deployment to facilitate the pre deployment medical assessments. Collaborative processes with mental health , family advocacy , and alcohol and drug programs occur simultaneously.
- Port Hueneme Naval Command has implemented a referral tracking and medical follow-up policy that includes placement of information into medical records. Evidence of its effectiveness was evident in the deployment medical records.
- Port Hueneme Naval Command has assigned one provider as the direct liaison between the medical staff and line commanders. Commanders identify those Service members projected for deployment to facilitate the pre-deployment medical assessments and review.
- Navy Reserve Component has implemented Family Readiness Days that provide family deployment activities.

Following are overall electronic review observations and recommendations during the visits in 2008:

- Documentation of required immunizations was quite good, with significant improvement noted in both Reserve components in comparison to previous years.

- ome provider were unaware of the established Post-D eployment Health linical Practice Guideline requ irement as outlined in Department of Defense lnstruction (DoDI), 6490.03, "Deplo yment Health.
- We recommended that ervice re iew the interpretation of DoD 6490.03 p ially in regard to tho se who deploy to "at ri k locations" for le than 30 day . In ome in tances, those individuals require deployment heaJth a e m nt .
- We recomm nd d a practice of internal peer review to discu s, educate, and validate deploym nt health clinical practice guide lines; targeting deplo yment health a e ment and standards of practice that would upport th d lopment of policy or training for providers.
- The U.S. Army complete the po t-deployment health assessment once it individual return home from deplo yment.

RME D FORCES HEALTH SURVEILLANCE CENTER REPORT

E tabli bed in 2008 AFH C receives data feeds from the Anny's Medical rotec ti on Sy tern the Air Force Preventive Health Assessment Individual Medical Read ine y te m the Marine orp Medical Readiness Reporting System and the Navy n ironmental Health Center. The AFHS al or ceives copies of the monthly nting ency Tracking Sy tern (T a ro ter that is prepared by Defense Manpower Data enter and include infonnation (provided by the Services) on all Service members "'ho ha e dep loyed. AFH operat and maintain the Defen e Medical Surveillance t m which contain enterpri e-wide data on di eases, medical events, and data on per onnel and deployment . AFHSC pro id data and reports to the Servic e , the FllPQA program and other upporting agencie for revie w. Additiona lly, AFHSC pre pare the Medical urveillance Monthly Report publishes it monthly, and makes it is a a ila le onJine at http:www.ath c.miJ.

The follo wing report i ba ed on pecific deployment crit eria and should not be mpa red with the total numb r of completed form ubmitted by the Service . The chart attem pt: to addre GAO ' c ncem outlined in the repo rt title, 'DEFENSE HEALTH CAR : Oversig ht o Military ervice ' Po t-Deployment Health Reassessment Completion Rate l r Limited. DoD ability to prov ide these data is dependent on the Seice continued take in upporting the ongoing efforts to resolve deployment data thu r t r di c repancie improving deplo ym nt ata accuracy. Data source reported as olle cted from the Defen e Medical urveillanc e y tern (DMSS), as of April 1, 2009.

Many factor hou ld be con idered when rev ie wing these re ports, such as deployment rotation Service p Ucy change throughout the repo rt year and multiple d pl yment within a ca lendar year.

he following table were de eloped to demonstrate how data may support c mpliance reporting. Although time lag between efense Manpower Data Center MD and CT ro ter reporting may ac oun t for ome data discrepancies, it is also impott an t to note the reporting time parameter.

DEFENSE MEDICAL RVEILL CE SYSTEM REPORT 2008

ARMY D PLO TQ ALITY SSURANCE REPORT

Component	Number returned from deployment	00279S"		002796··		DD2900*"..		Post Deployment Era•• 1•		Returned On 002796		Medical Visit After Return ra1•• •..•	
		Num	%	um	%	um	%	Num	%	Num	%	Num	%
Active	28.4Sl	23.190	82	23.069	81	16.703	S8	21,415	7S	8,245	36	6.066	74
Reserve	2.814	2.296	82	2,072	74	1361	48	2.06S	74	847	41	533	63
Guard	7,490	.S.781	77	5,157	69	3,51I	47	S.345	72	1,447	28	1.186	82
Active	32,761	26.610	81	26.112	80	19.848	61	2.6471	81	11.031	42	9,302	84
RC\CfIC	6,007	5.429	90	5.0SI	84	J,57.S	60	5,002	83	2.127	42	1.301	61
Guard	IS,246	12.158	80	14,210	93	9.Y87	65	14.004	92	6,026	42	4,690	78
Active	27,806	21.043	76	21.366	77	16.150	58	21.018	76	ll,769	41	7,802	89
Reserve	2.129	1,614	69	1.182	SI	803	35	1,119	48	615	52	461	75
(,uonl	J.883	2.820	73	2.836	71	2,226	57	2.840	73	1,141	40	941	83
Active	42,962	36.026	84	.18,J84	8	19.964	47	38,292	89	15,329	40	12.945	8S
Reserve	3,021	2.3B9	79	2.490	82	1,124	37	2.425	80	1.182	47	923	78
Guard	16.541	15.529	94	14.413	87	6.467	39	14,418	87	6.802	47	6.086	90

AIR FORCE DEPLO YME T QUALITY SSURANCE REPORT

Active	17.JbO	IS.029	117	I',988	81	12.370	71	IS.SS6	90	1,322	10	1.171	89
Rescr\·c	1.907	593	JI	727	38	178	9	793	42	168	23	111	66
Gu3rd	1,155	2,715	n	2.S38	68	-,1.:i7	57	2,578	69	316	13	179	51
A<IIVC	16.4SO	14.008	85	13.909	8S	11.249	68	14.284	87	1.784	13	1.663	93
Reserve	2.160	812	JS	LIS4	SJ	652	29	J.J17	61	246	21	160	65
Guard	J,041	2,463	81	2.460	81	1,999	66	1971	65	333	14	216	6S
A<IIVC	14,595	12.SS6	86	12.131	ij)	1.039	71	l2.S48	86	1.323	11	1,255	95
Reserve	2.415	1.049	42	1321	SJ	638	26	1,314	5.'	205	16	135	66
Guard	3,769	2,862	76	2,8S5	76	2,393	64	2559	68	293	10	161	55
Active	11.992	10,252	86	9,8SO	82	3,729	48	9.8SS	82	l.241	13	1.ISS	93
Reserve	1,917	1,407	73	$80	30	221	IJ	638	33	126	22	93	74
Guard	2,736	1,86S	1>8	1,864	68	787	29	1,665	61	20S	II	94	46

0 1)2795 completed within the 90 da. prio r I 30 day afte rUI tart of deployment

•no_796 comple ted fr m 60 day prior to th end of th d ployment to 60 day aft r DD-900 c mpleted from 60-210 day after th end of the deployment.

rum drawn from 30 day pnor to the nd of the dep loymen t to 60 days after the end of deplo yment.

1npa tient and outpati nt vi its within 180 day of DD2796 da te.

A DEPLO ME TQ ALITY ASSURANCE REPORT

llq 1h, m-111 I 11111),, rc	omponoot	umb r r,·turn d from D plo menl	Dll2 795°		OD1796..		002900°*'		Po.<t D• ploy era*•••		Rcrerr•l On DD2796 ·		Medical Visit Arter RcfcrraJ•••••	
			Num	%	Nunt	%	um	%	um	%	um	%	Num	%
I 0111 I-JI UR	Active	8.691	2.0JS	2J	1.770	20	1,445	17	3,443	40	338	19	306	91
1.01 OS 1 11IJ	Reserve	1.680	731	44	78ll	-16	605	36	1245	74	220	28	206	94
LUI OS b•.-U-0	Ac Uvc	IS.163	2.225	IS	2.259	15	1739	12	3.696	25	-IS7	20	388	8S
I JI .(18 6- II H	Ri:-scrvc	1,798	683	38	974	54	586	33	t,241	69	253	26	242	96
7.()I, OK 1• 1fl OR	Active	9.6<l9	2,238	23	2,-16)	26	1125	12	2,790	29	73I	30	660	90
7-<ll IS ll1fl OK	Reserve	1.526	3S	24	994	6S	437	29	964	63	342	34	322	94
I ((IK IS L.; I (Ilk	Active	17.960	2.37-1	13	2,8S4	16	854	S	4.428	25	840	30	662	79
IOIII US 1-)1 UII	Res.:nc	1.283	290	23	845	66	ISO	12	861	67	240	28	193	80

MARINE CORPS DEPLOYMENT QUALITY ASSURANCE REPORT

I 11(Iiii 1 11 IIH	A tlvc	l-1.313	7,474	52	7.28J	SI	6.830	48	11,768	82	1,199	17	878	73
I 111 1, . I II IH	Reserve	1,487	612	41	1049	71	600	40	t.326	89	363	35	227	63
J I I 1, , 1L OR	Active	12,935	6.839	53	8,006	62	6.022	47	9.S91	74	1.374	17	936	68
.. 01 1 „ 111 11	Rcscrvc	1.139	1.062	SO	1,682	79	l.27S	60	1,83S	86	661	39	433	66
7.il II -•i-11H)8	Acnvc	8,168	S.139	63	5,514	68	2.5	31	5,805	71	1.374	25	977	71
nl,.f1 , 11108	Rcscn-e	1.527	1.132	74	1.349	88	735	48	1.355	89	583	43	325	56
IQJ 1L o . t. I-OS	Active	12.312	6.994	S7	7.627	62	3.319	27	&,489	69	1.806	24	1,101	61
111-01-U I 1) .()8	Rcsl!IVi:	1,438	SIS	'6	766	S4	387	27	1.068	74	149	20	89	60

DD 795 complete,d ithin th 90 days prior 10 30 day- after the tart of deployment
DD 796 complet ed from 60 days prior to the end oflhe deployment to 60 day af t r
*DD2900 omplet d fr m 60-210 day aft r th nd of the deployment.
*· rum drawn from 30 day prior to th end of th deployment to 60 days after th end of dep loyment.
***l npati nl and outpatient i its\ ithin I Oda ofD02796 date.

II ITARY SERVICES QUALITY A SURANCE PROGRAM REPORT MMARY

he Service continue to pro ide teadfa t upport by conduc tin g deployment hea lth quality a urance effort that are tailored in cope, focus, and methodology to their rga nizatio aa l tructure the environment and mi ion.

Common program elements are reported through a variety of health surveillance and r adine procedur from the ervice to the FHPQA program.

FoUowing are the highlight from the ervice ' 2008 report are as follows:

.S.ARMY

- The urgeon General of the U.. Army tasked the U.S. Army Center for Health Promotion and Preventive Medicine with the development of a Q Program for Deployment Health. The Army reported that its Deployment Health Quality A uran ce (DHQ A) program provides a capacity for on- ite review a well as a system for accountability (complianc with tandard) QA and process improvemen t. The Department of the U. . Army Per onnel Policy Guid ance (Chapter 7), DoD I6490.03m Deployment Health, August 11 2006, and DoDI

620 .05, orce Health Protection QA Program, February 16, 2007, erve a reference for guidanc measures, and reporting requirements relat d to deployment hea lth acti ities.

- In an ffort to provide a i tance and oversight for deployment health program the Army DHQ team created a Community of Practice Web ite located on Anny Knowledge Online. This Web site contains links to re ourc a dis cu ion forum and information pertainin g to Army Lean ix igma project related to the soldier readiness processing.

- he U.S. Anny DHQA program noted that one root cause for incons· tent complia nce r porting was the appa rent Jag between the ontingency Tracking y tern and the Defense Medical urveillance y em and the need to track the e data over time. The Army outlined data diffi rence in the ame perio from July- eptemb er 2008. Update of the e data were reque ted about 60 days later.

- Noting the increa e in the number of Soldiers who returned from d ploy ment the marked improveme nt in compliance for the DD 2795s for the Re erve and Guard and the marked improvement for the DD 2900 and medical isit for al lthree component ' reassess ments, post deployment erum *ample* and po t-deployment refe rrals indicated and comple ted the Army plan t cont inue to track quarterly metrics for at lea t three con ecuti e quart er to allow the system to compensate for the appare nt lag between the T and the DM

ARMY REVIEW OF AFHS QA DATA REPORT

l'rcviou (3rd Quarter 2008) Deployment end date .lul I eplember JO 2008	, umber Returned From De1>loymc nt	% D02795	% D02796	% DD2900	% Post Deploye me nt Sera	% Refe rrals On DD2796	%Post Deployment Medical Visit
'\cu vc Duty	22,067	77	81	19	80	32	78
Re crvc	1,59	10	48	10	45	22	61
(,uord	2,458	2	75	14	74	23	77
l 'ptl ted report ⊳ pJoymcnt nd dat Jul} 1-Sr ptember 30, 2008							
\cu vc Dury	28,125	76	76	50	75	39	95
lh:s.:rvc	2,375	69	49	21	47	44	83
, (uurd	4,049	73	73	44	73	37	87

S. NAVY

- The Commander, U.S. Fleet Forces Command reported that units were meeting compliance standards to the best of their ability and will maintain a Post-Deployment Health Assessment QA system to track performance.

- The Navy reported that the number of Post-Deployment Health Assessments (PDHA) submitted by U.S. Navy personnel would continue to decrease because DoDI 6490.03 no longer mandates PDHA assessment for routine shipboard operations.

- The U.S. Navy has reported that it has become difficult for operational units to comply with PDHRA completion because returning individuals may have detached from that unit or departed military service.

- During 2008, the U.S. Navy reported the following QA activity data.

U.S. NAVY 2008 DEPLOYMENT HEALTH QUALITY ASSURANCE DATA

Centralized Data	1st Quarter 2008		2nd Quarter 2008		3rd Quarter 2008		4th Quarter 2008	
Unics reporting		%	27	%	24	%	27	%
Personnel deployed	2,109		1,067		1,427		2,494	
Personnel returned	2,109		1,056		1,243		3,023	
DD2796(PDHA)	2,132		1,054	99.8	1,235•	87	1,741	57.6
Personnel requiring referral post-PDHA	83	3.9	108	10	52	4.2	62	3.6
Personnel completing referral post-DD2796	82	3.7	79	73	50	96	48	77.4
D02900 (PDHRA)	574	2.7	229	22	935	75	882	
Personnel requiling referral post-PDHRA	Not Re,'J)Orted		Not reporte d		48	*5*	72	8.2
Personnel completing referral post-DD2900					48	100	72	100
Number of DD 2796 Fonns DD to AFHSC	2,101	99.5	1,052	99.5	1,231	99	1,332	76.5
Number of DD 2900 Fonns to AFHSC	274	1.3	274		904	97		
Post-Deployment Sera	2,103	99.7	229	100	J,162	94	920	52.8

•Three units included in the count from the 2°dquarter. The total number of forms was (92), which was about seven percent of the total.

S. AIR FORCE

- During 2008, the U.S. Air Force identified, reported, and resolved recurring data quality issues with the denominator data received from Defense Manpower Data Center (DMDC).

- The U.S. Air Force increased its compliance rate from 77 percent to more than 78 percent for both pre- and post-deployment requirements. Limitations of the military personnel data system to identify all

individuals in deployment status, maybe part of the cause that these percentages are low. Air Force continues to reconcile and track data from its personnel s ystems versus the DMDC-reported number of deployers to assure accurate reporting.

- The U.S. Air Force implemented a monthly installation QA meeting. This meeting is now an inspectable item in the 2008 Health Services Inspection guide.

U.S. AIR FORCE 2008 DEPLOYMENT BEALTH DATA*								
Centralized Data	**s1¹ QUARTER**		**2"d QUARTER**		**3rd QUARTER**		**4th QUARTER**	
Criterion		%		%		%		%
Personnel deployed (DCAPES)	14,285		17,242		19,417		10,998	NIA
DD279S Pre-deployment assessment forms	11,781	82	14,034	81	16,310	84	9,173	83
Persom1el deployed	15,885		19,361		19,441			
DD2796PDHA)	13,086	82	16,351	84	16,490	85	12,850	85
Personnel requiring refom l post PDHA	1,437	11	2,167	13	1,759	Il	1,577	12
Individuals completi ng referral post D02796	646	45	656	30	590	34	445	28
Numberof personnel renimed from deployment since March 2004	50,326	NIA	51,825	42,374	51,357	NIA	48,704	NIA
Numberof perso,uiel completed D02900(PDHRA)	42,720	85	42,374	82	42,473	83	42,802	86
Pre-Deployment Sera	10,022	70	9,642	73	14,148	73	8,478	77
Post-Deployment Sera	12,603	79	14,095	73	13,714	71	10,169	67

*The table above summarizes comple tion rates of key pre- and post-deployment requirements fo r all ainnen identified in a deployment status for duration of 30 or more days during each reporting period.

S. MARINE CORPS

- The U.S. Marine Corps reported that the following annual data on the Marine Corps Deployment Health Assessment Quality Assurance (DHA QA) programs were obtained from AFHSC, the U.S. Marine Corps Operational Data Store Entrise, and MRRS. The following chart is an annual comparison of the noted reporting systems.

- The U.S. Marine Corps reported throughout the year that there were discrepancies between number deployed and number of DD 2795s. A few data discrepancies may be explained in part by unanticipated extensions of short deployments beyond 30 days.

- The U.S. Marine Corps also identified that MRRS list where the Marine is officially assigned as opposed to a temporary assignment does not currently result in a MRRS notation or change resulting in personnel remaining listed in their parent unit. In the report below, the U.S. Marine Corps combined the entire Corps.

- The U.S. Marin Corps i: rl'p)rl ing tha t "Referrals completed" do not capture referral if um.:ntl y comp le t d in a Battalion Aid Station without access to IL J (th e 11 ilit ry's electronic health record), a chaplain's office or 110 11- 11 l'.di ·, ii ·oun eling such as Military One Source and the U.S. 1 ri ne Cmp, ommunity Services. One recommendati on tha t the .S. 1hrine orps has made to the AFHSC QA report is to add a q uest ion to th D 2900 to ask the member if referrals from the DD '2796. if any., ere completed.

- Negative numb er for re tTals on the hart below indicate that the U.S. Marine Corps data urcc i:-i1ia· ·ura te for QA purposes, perhaps because of the way th ' : . : t ·111 caplur required data. There fore, for future reports, the U. . lnrir • (\ rp plans to use the AFHSC report because the AFH i tht: dntu t\:po. itory.

- The U.S. Marine Corp D r lo rn1.:nt Health Assessment Quality Assurance (DHA QA) prog ram ol tain d and compared data from the operation and medic al n.:p rtin!l. ste m for the 4th qua1ter 2008. The results received are r p rt clbeln v:

Criterion Tracked	ruw1 rn,· .11ı l „C	LI' MC Datum Source	Reported by AFHSC
Pre-deployment Data			
DD 2795 to AFHSC	l 'n,1\ :11l1hk·	MRRS	4511
Total deployed	l .<l O	ODSE	Not reported
Post-deployment Data			
Total returned from deployment	l0.(1 16	ODSE	6,522
DD2796 to AFHSC	15,584**	AFHSC	4,859
Sera obtained	15,782**	AFHSC	5,318
Referral indicated	-,1	AFHSC	676
Referral completed	J9 l ı	AFHSC	323
PDHRA Data			
90-180 days since redeploy	3.95-l	MRRS	Not reported
DD2900 completed	h-1 I,.	AFHSC	358***

Unavailable=:=data lost, not retrievable from urL·..:

•Includes those currently deployed plu tho e dl·p l11vnla tth,· li.:ginn ing of the period and having returned during reporting perjod

**Calculated arithmetically from reports (Po·t-tk ph11r 111..:111-,u11111mie· and DD 2900 reports) prov ided by AFHSC.

••• Does not include "catch up, i.e., 0 0 2 no ..:11111pk1cd .d 1cr due date.

ARMED FORCES HEALTH SURV I L A.\' CE .· TEM REPORTING

During CY 2008, the DoD perio d rcall re il'.wcd the questions and associated data collection and analysis processes to en ur llm t the 1ue·tionnaires were meeting the DoD force health protection goal of maintain.in a fi,t nd healthy force. AFHSC provided deployment health assessment data wee k l 10 the Fl IPQ program . The following article titled, "Update: Deployme nt Hea lth . s:-.t:: smcnl. U.S. Armed Forces, December

2008," provides the total numb er of ubmi lll' d tlcpl me nt health assessments and reassessment fonns and Service mem bl:r''i s L'l l'-rq1 rte d concerns. Unlike compliance reporting that only includes forms tha t arl' rl' ·c1 l'U ithin a certain timeframe; the following charts and analysis include all r port :-.rl'ct:i d during January-December 2008.

Update: Deployment Health Assessmen ts, U.S. Armed Forces,January 2009

The force heah:h protection scra cegy of rhe U.S. Armed Forces is designed ro dep loy healthy, lie, and medically ready forces, to nunimize illnesses and injuries during deployme nts, and to evaluateand rreat physical and psycho logical problems (and deploym ent -related health concerns) following deploym cnr.

In 1998, rhe Department of Defense initiated health assessments of all deployers prior coand after serving in major o perati ons outside of the Uniced Scares.1 1n Ma rch 2005, rhe Pose-D eployment Health Reassessme nt (PDH RA) program was begun co identify and respond co hcalrh concerns chat persisted unr il or emerged wirhin th ree co six months after ret urning from dep loyment2

This report summarizes responses to selected quest ions on dep loyment health assessment s completed since 2003. In addition, it documents che naruresand frequenciesof changes in responses from pre-deploym ent co pose-dep loym ent.

Methods

Co mp leted deployment healch assessment forms are crans mi cced co che Arme d Fo rces Healch Su rveillan ce Center (AF HSC) where they a rc incorporated into the Defense Medical Su rveillan ce Syste m (DMSS).' In che DMSS, daca recorded on health assessment fo m s are integrated tvith data cha r document demographic and milita ry charac-cer isc ics and med ical encounters (e.g. hosp i t a li zat ions, ambulatory visit s) at hxed mili tary a nd ocher (cont racted care) medical facilities of the Mi lita ry Health System. For cl1is analysis, DMSS was searched to identify a ll pre (DD2 795) and post (DD2 796) deploymenr healrh assessment forms completed since l Januar y 2003 and all pose-deployment healch reassessment (DD2900) forms completed si nce l August 2005.

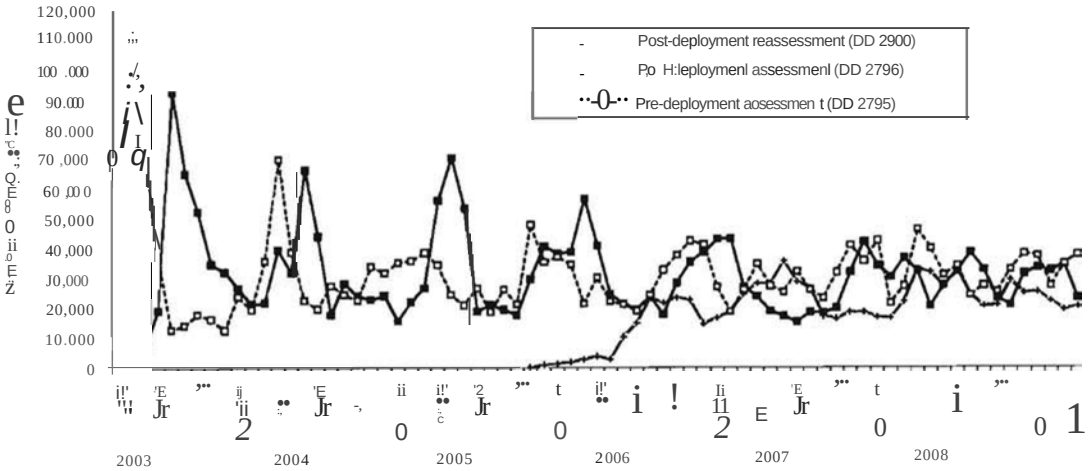
Results

During the 12-monrh period from Februar y 2008 co Jan ua ry 2009, there were 400,458 pre-deployment health assessments, 360,500 post-dep loy ment hca lch assessments, and 306,829 pose-deployment hea[ch reass essme nts comp leted ac field sires, forwarded co the Armed Forces Health Sur ve illance Cenrer, and archi ved in t he Defen se Med ical Surveillance System Irable 1).

BetweenJan uary 2003and January 2009, chere were peaks and trough s in che numb ers of pre-dep loym ent a nd post· deployment hea lt h assessments char general l y corrc9ponded co rimesof departure an d return oflarge numbe rsof de ployers (Figure 1). Since Ap ri l 2006, rhe number s of pose-deployment health reassessments (PDHRA) completed per month have Auccuaced in a range between app ro xim ate ly 16,000 a nd 36,000 (Figure 1, Table 1).

From Janua ry to December 2008, nea rly th ree-fourth s (72 .8%) of deploy ers raced che i r "heal th in gener al" as "excellent" or "very good" during pre-dep loym ent hea l t h assessme nts. Sma Uer proporri ons of returned deploy ers raced their hea lrh as "u ceUenc" or "very good" during pose deployment assess ments (58.5 %) a nd pose-deploymen t reassessments (53 .9%). There were i ncreases in the pro po rtions of deploye rs who raced their hea lth *as* "fa ir" or "poor " from pre-deploym ent co pose-deploym ent and from

Figure 1. Total deployment health assessment and reassessment forms, by month, U.S. Armed Forces, February 2003-January 2009



Sourc e: Medical Surveillance Monthl y Report , January 2009

Table 1. Deployment-related health assessment forms, by month, U.S. Armed Forces, February 2008-January 2009

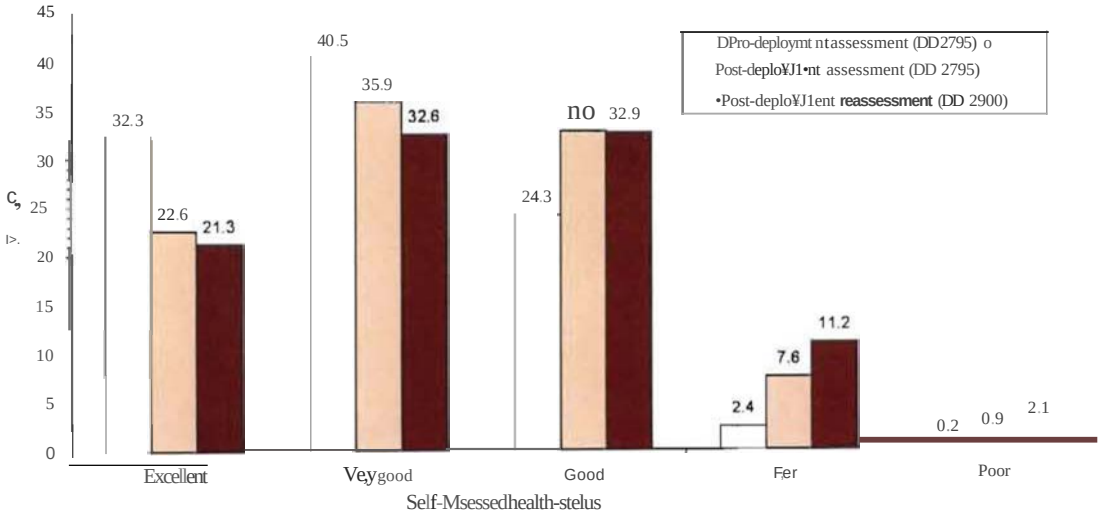
	Pre-deployment assessment (DD2795)		Post-deployment assessment (DD2795)		Post-deployment reassessment (DD2900)	
	No.	%	No.	%	No.	%
Total	400,458	100	360,500	100	306,829	100
2008						
February	40,883	10.2	21,033	5.8	32,719	10.7
March	31,788	7.9	28,246	7.8	27,768	9.0
April	34,870	8.7	33,196	9.2	33,658	11.0
May	24,786	6.2	39,513	11.0	25,001	8.1
June	28,093	7.0	33,687	9.3	21,062	6.9
July	26,074	6.5	23,885	6.6	21,323	6.9
August	33,715	8.4	21,386	5.9	29,921	9.8
September	39,164	9.8	32,374	9.0	25,663	8.4
October	38,437	9.6	34,335	9.5	25,949	8.5
November	28,091	7.0	33,329	9.2	22,867	7.5
December	35,749	8.9	35,565	9.9	19,927	6.5
2009						
January	38,808	9.7	23,951	6.6	20,971	6.8

immediate post-deployment to 3,6 months after returning. For example, prior to deploying, less than one of 40 (2.6%) deployers rated their health as "fair" or "poor"; upon returning from deployment, one of 14 (8.5%) deployers rated their health as "fair" or "poor"; and 3-6 months after returning, one of 7 (13.3%) deployers rated their health as "fair" or "poor" (**Figure 2**).

In the past 12 months, the proportion of deployers who assessed their general health as "fair" or "poor" was consistently low before deployment (mean, by month: 2.6%), higher after return from deployment (mean, by month: 8.3%), and highest 3-6 months after return from deployment (mean, by month: 13.0%) (**Figure 3**). There was relatively little variability in the proportions of deployers who rated their health as "fair" or "poor" on pre-deployment and post-deployment reassessment questionnaires (**Figure 3**). However the proportions of deployers who rated their health as "fair" or "poor" on the post-deployment questionnaire generally increased during the year from less than 6% in February 2008 to nearly 11% in November 2008 (Figure 1). Of deployers who completed health assessments both prior to and 3-6 months after returning home from deployment, nearly one of 6 (15.6%) indicated significant declines (i.e., change of 2 or more categories on a 5-category scale) in their perceived general health status between the assessments (**Figure 4**).

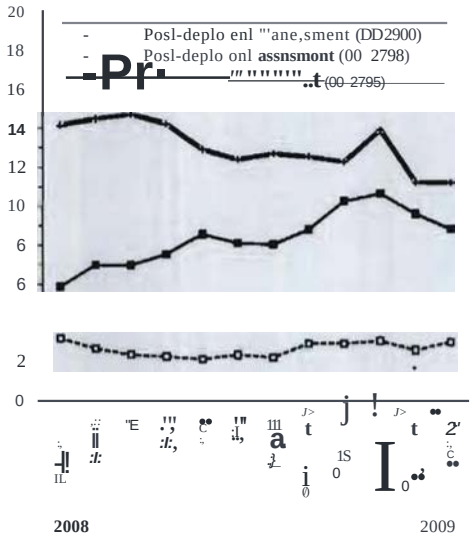
In general, post-deployment assessments and reassessments, deployers in the Army and in Reserve components were more likely than their respective counterparts to report health and exposure-related concerns. Among Reserve component members of the *Army* and Marine Corps, health and exposure-related concerns and indications for referrals were much greater 3-6 months after return from deployment (DD2900) than at the time of return (DD2796). Of note, at the time of return, active component soldiers were the most likely of all deployers to receive mental health referrals; however, 3-6 months after returning. Reserve component members of the *Army* and

Figure 2. Percent distributions of self-assessed health status as reported on deployment health assesment forms, U.S. Armed Forces, February 2008-January 2009



Source: Medical Surveillance Monthly Report, January 2009

Figure 3. Proportion of deployment health assessment forms with **selt-a ssessed** health status as "fair" or "po or", U.S. Armed Forces, February 2008-January 2009



Marine Corps were the most likeiy of all dcployers to receive mental hcalch referrals **(Table** 2, **Figures 5,6).**

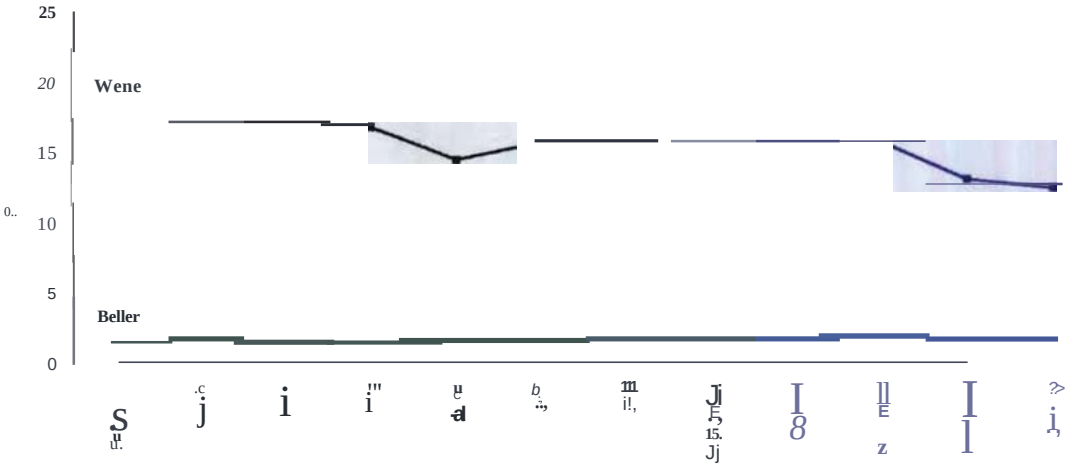
Finally, in general, soldiers and Reserve component members were more likely cli.,n rheir rcspcccivc couccrpnn s to report: 'exposu re concerns; and both acrivc and Reserve component members were more likely co n:port u posur· concerns" 3-6 mon th afu:r compared to the cimc of retu rn from deployment f1llble 2, **A g i n s** 6,7),

Eihtonal comment

A consistent lrtd11111 of dcploj'mcnt•rclau,d h"-l ld, assessments is chm Jrploycrs rate rheir gen ral he;ih..l, worse when the y rctunl from dcplo1•menr c o m d t▷ before deploying. regardle of the Servm: or compo rum c. Dcploymcms arc inhmntly physially and p h lo ica lly demanding; and there .ire more .u,d m **rc** si rulicant threats co chc physical :i.nd mr.m Ihc.ilrh of 11uv1cc membrr, when they arc conducringcomb.u oper tiom *w.iy* from che,r familicg in hoscilc environments compan:J to when rvin g . 1 their permanen t duty suL1 ,is (:u:uvr mJ10nenL) or whrn living in their civil i.in communitie (Rcserv componet1t).

Another conmc cnc lindm, of deploymcnt•l't'Lm:d b.:a ltl, surveillance is ch.11. ,rs a group, rttumed serv,cc me,nl>e,-... rare their general h Ith **worse** and arc mort likely Lo, report exposure concern 3-6 moruru .iftcr rcruming rn deployment com pared 1 chc time f ,uurn. ymptam.,, of post dcp lo yrm.nr !!1 **rt** disorder (PTSD) !11llf rm rgr or worsen within several months Rfur ll life threatenin experience (such miliw.ry rvic-c in i, a.r **:i:onc).** PT D among U.S. veccran of rombat ducy in fr:aq ha l>u n associated with higher r cc of pht· ic:JI health problems tirr return from deploym ent.' Am n British vctarans ofthef r.1q wa r, Reservists reponc d more "ill health wn th ,r etiv c coun tcrpan s. Role trnum,1tic ex1 ricnces. and umt colr Mlfl while deployed were as i.u·d with rncdi 1 utcom I afu-r

Figure 4. Proportion of service members whose self-assessed health status improved i better") or declined ("'worsej (by 2 or more categories on 5-category scale) from pre-deployment to rea ssessment, by month, U S Armed Forces, February 2008-January 2009



Source: Medical Surveillance Monthly Report, January 2009

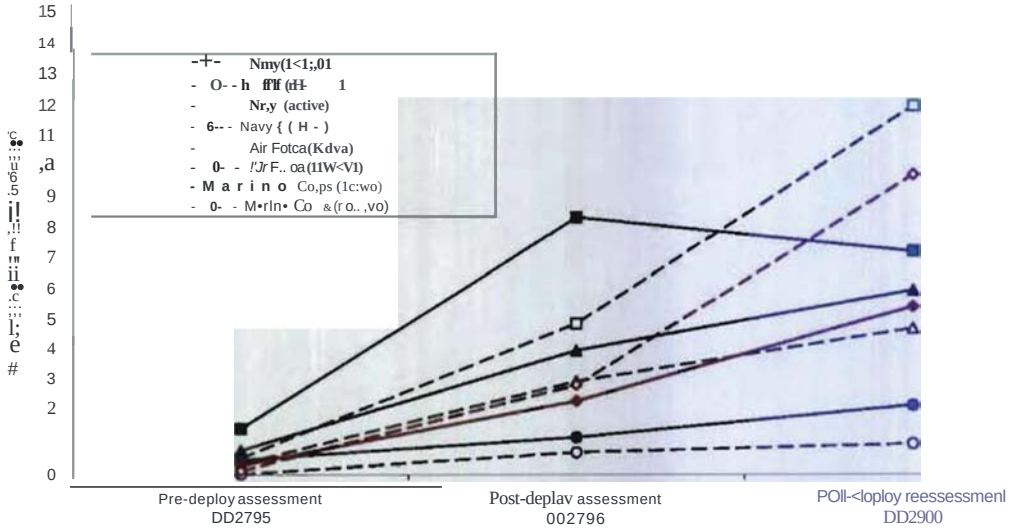
Table 2. Percen tage of service members 'Nho endorsed selected questions/Jeceived referrals on lleatlh assessmen forms, U.S. Armed Forces. February 2008-January 2009

ACCtwcomponenl	Navy						///lit FOlce			I\lannaCorps			M M C e m		
	D02795	DD27111	DD2800	D02795	0027911	D02800	DD2795	002791 1	D02lOO	002795	D027111	DD2ll00	D071'95	0027811	DD290C
	1.M.11112011			1t.114l	1111•	u•	11 1.•	11.2e1	so.711	10	21 :,a,	•0.1.u	:;i.a.11211,21,1		3e:
	%	%	%	%	%	%	%	%	%	%	'll,	'll,	'll,	9•	%
e n i l heath "fair" ... "poor"	4.3	10.7	16.5	1.5	4.6	6.6	0.5	3.4	●●	1.9	5.9	96	30	78	118
Heehh cai cems, not wCl.hd injury	12.5	24.9	33.3	4.7	13.9	16.1	1,8	73	12.9	35	12 9	23 1	86	181	255
Heellh wase nONlhen bela"e deployed	ne	6.5	284	ne	0.8	14.1	no	1.9	94	na	, 0	19.3	RI	4.1	214
Exposure ccncems	ne	19.6	24.3	na	14.5	15.0	na	10.3	15 8	RD	10.3	19.8	na	156	209
PTSO sy111)1oms (2 or ma"e)	no	12.1	17.6	ne	4.7	7.9	na	2.7	3.1	na	43	10.2	n1	81	122
Depression o m s (any)	na	9.2	37.5	na	1.3	26.0	na	2.0	55	ne	2.2	329	na	58	20 I 30 7
Referral Inc:lc:ated by p,<Mder (any)	5.5	32.9	24.0	5.6	22.0	16.7	1.5	11.7	8.3	43	201	253			
Mentel health referral Indicated"	1.5	8.4	7.3	0.8	4.1	6.0	0.5	1.2	2.3	0.3	24	55	, 1	54	H
Medea/ visit lllllO#ilg rele!Talf	98.4	98.1	97.1	90.0	76.0	93.5	78.5	94.7	96.6	670	893	73.3	0.9	930	90

11-rw cmnponn	Navy						///lit- Un:e			M111n• Co,J:15			All..-..ca mmnbeu		
	D02700	002798	D02800	002lti6	002798	OD2800	002795	0027911	D02800	002795	0021111	D02900	007795	DD27	DO
	87,711	II0.870	71,214	3,I:MI	UIO	4.731	tl,11:S	1, .112	1',DOS	2.13'	S U7	1116.	,'.	n1111	17,1611
	%	%	%	%	"	"	"	%	"	"	%	"	"	%	%
Generallleafth :fair" ... "poor"	2.1	10.8	19.3	0.5	7.9	9.5	0.3	4,4	u	08	85	97	,7	94	156
Helltll ooncerns. not wound a Injury	13 ,1	36.8	51.2	3 1	27.2	30.9	0.9	11.6	13.7	2.9	241	359	10.	313	425
Hea/111wase nONthen befae deployed	na	12.7	37.6	na	3.4	23.1	na	2.6	101	na	2.9	247	n1	99	31
Exposure ooncems	na	25.4	363	ne	34.2	27.7	na	15.7	205	na	191	290	no	239	32 6
PTSO symptoms (2 a mQ(e)	na	11.3	25.0	ne	5.1	112	na	20	26	na	47	13.9	01	90	195
Depression symploms (&nYl	ne	12.3	40.0	ne	3.0	26.3	na	1.7	139	na	48	324	nt	98	34 1
Referral indicated by pro.Ider (any)	4.5	32.&	34.0	3,3	28.6	18.3	0.7	14.2	58	S6	35.5	30.8	3.9	296	279
Mental heallh refem,lindicated'	0.5	4.9	12.0	0.3	3.1	4.8	0.0	0.7	'0	0 I	2.9	9.8	0.4	40	95
Medea! \\lsij tonow!ngrelerralt	96.2	98.0	29.5	88.6	86,5	36.1	59.1	61.7	40 2	81 I	59 7	29 7	944	90 1	300

"Includes be!la\'l<nl heallh. combat tlteoa and 51.lbslance abuse relt mils.
fRecad *cl* Inpatient or oulpatienl "'sit wlhin 6 monlhs after referral

Figure 5. Percent of deployers with mental or behavio ral heatth referrals, by Service and con,>anen by urring of health assessment. U.S . Armed Forces, February 2008-January 2000



Source: Medical Surveillance Monthly Report , January 2009

Figure 6. Ratio *ot* percents of deployers Who endorse selected questions. Reserve vers us active component, on pre-de ployment health assessments (D0 2795) and post-deployme nt health reassessments (D02900), U.S. Armed Forces, February 2008-January 2009

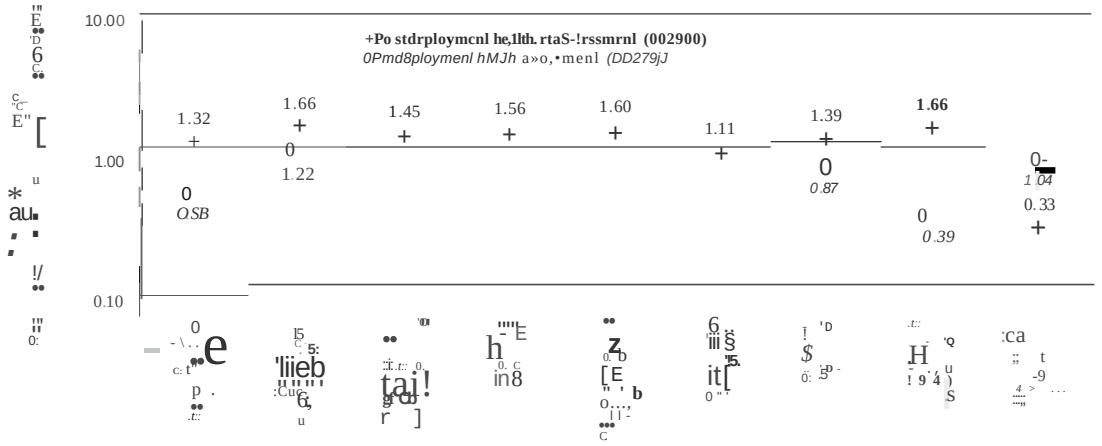
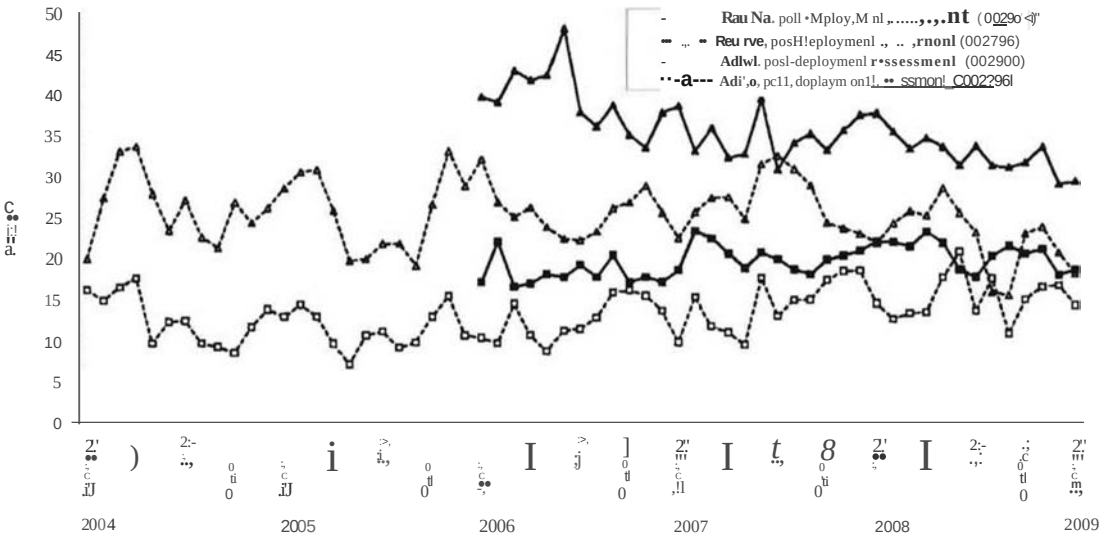


Figure 7. Proporbon of service members Who endorse e posure concerns on post-deployment health assessmen ts, U.S. Armed Forces, January 2004-January 2009



ret ur ning; however, PTSD symptoms were more associated with prob lem s at home (e.g., ,·cin tegracion i nto fami ly. work , and orhcr aspe cts of CLvi\ian He) rhan with events in lr acqs.

Refeeences

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2. Assistant Secretary of Defense (Healt h Affairs). Mema andum lor lhe Assistant Secretaries of lhe Army (M&RA), Navy (M&RA). and Air Force (M&RA). subject: Post-deptO')'ment health reassessme nt (HA policy: 05-011), dated 10 March 2005. Washington. DC.

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5. Browne T. Hull L. Hom 0 , et el. Explanaloo ns for the Increaso in mental heatlh problems ,n UK reserve rorces who have served In Iraq. *Br J Psyc hiatry.* 2007 Jun:190:484- 489.

Source: Medical Surveillance Monthly Report, January 2009

OCCUPATIO AL A DE \'IRO IE TAL II E.\ LTII DEPLOYM NT SURVEILLA C IU'..P RTI1C

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United State ar 1illnit,,cllu11dcrst d. The ! p,11111i.:111or cr·11.·e (0 (0) 1ms continued to coll e<;t.idd1lional airburn' mon it ri ng dnw ·111d is,. nking with other ederal h alth rganinlliun-. to lklcrminc whcllicr ti, · ·k, atcu airborne pa1ti ·ulate *lc,·cl:* po ea health ri k. In M, . ::?OOU. lJ Dr q uc-:tcJ tlw ıatiunal H..c:se·1rch uncil (R ') to review it tudie· aml the L'Xlcnsi,1: dcpl ll1t: nl 1· rt icu! a1e matter I, ta an Ipr vid" an external e pert a · c.. mcnl an Ian re 111111 n la tinn · tor ruturL' data collection, studic:. and medi ca l ur eillanc ·. lhe c::-limah:d tim e li 11c-. for this proj1.·ct include an interim NRC repo rt at the end r::?009.

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disagrc ably :-1m::ll111g ·m)ke thm t)lt 11dri n_ ne tht.: life supp rt , rea:-. Or1 ur camps. U..:cause ,r hea lth co nc tm-. il::,;nciatcd with the smoke in 2008 .' ·t· N I 'OM comp ! led a hen l th ri sk asscs.-,rn.:nt ot the burn pit moke al .lui11t 13a:e Balad, the h rgcsl hum pit in Iraq. !'he health ri . k a 'se-;-.nic nt includeu an ·tna lys is Or 111ur · 1hnn l60 air sampl s. ·ach ample w,h an,11 ;,cd for ap pr xinm ti:11 } _''d iffere nt . ubstances or heractl.!risti s n -;ulting in more th· 11-1-.000 data point . :1 ll wing the ccmpletion ol lhc Joint Ilas1..' 13alad lie.11th Risk Assessment the D ·l'en ·l: Ikalth Hoard. a Fede ra l/\d isory Committe s rving the D •partnh::nt. rev iewe<.l lhe risk as. · -,111u1t. J'l1is 13onrd of me li , l xp ·rt.·. 111clud1ng uni\ r it pr c-;st rs and renowned ..·ci nti:t: in th field · Or p1dc111iol ,gy. pr en tivc nHxl icine, and toxicol gy determ111ed tha t the health ri:k as:e:sm nt p H) \ itk d an accurate evaluation Or a irhornc e posur ' level.· ror dc:plo _ed Scn icc: 111·m bcrs and conti nncd tlmLall to,ic suhstan cs d'tcctcd w ·re within acceptable hcnlth tandan.ls and Lhal 110 l ng-term health · fk cb . including cancer,. er expL'cll:d. SCbN l'C)M hns mntk :-ig1lifi ·an tstrides in in ·tailing incim::ralors and imp! men t ing.othc1 111casun.::s to redu · th n ·d to burn ,vm,I ·s. such as the us Or land li lls .i11d rec_ cl i11gop rations. They alsn me n:localing some burn pit: lo 111ore-,uit,1blc lo ·ations (·.g.. do,vnw,nd and rurtlPr l'r 111 the lifr -;uppmt ar' c1.'). Th re are n \\ 25 ' Oli I,vaslc 111·inc:rators in Iraq that ,1r' up ·rational, mnginl:?. in ·12 • up to 64 Lm·. In addition. ' CL · 1CO l i-; embarking on a waste disposal ·tra tL'g lt r lglm111 tan tha t ,.,,i ll rc!1 111nn.: hem ily on the u e Or in ·in ·rator1., and im:oq1ornt · other \\n.' l t:di-,po ·al lesson: learn ·d fr m Irnq.

- In April 2003. thl' U. . initiated p,:rnt,)11. to restor the Qarmat li lndu. trial Waterre.itmcn1 f>lant nn lpro,·idc industrial qualit water i r oi l pre luctim1. Kellogg Hm\\'11 '· Root (KRR) was lhc designated t ntractor for this opera ti on. \\ ith mi lit.iry forces providing sccurit,. hortly nlkr their arri,, l. KBR cmployi:Ls c-.:pn:ssed c ncerns ab ut xpu-.;un:s to \\hal turned out to sodi um dichromate (c ntaining hcx:n alcnl chro111ium. a carc i11ogm) that had been spilled in and ar und the plant. In mi l- ugusl 20)3. tit' KBR llcalth. Salety, and m 1ro11menl per..,011nel col l ctcd air ,tlld soil -;ampli..!s and conduct t1 m '<fo;a lsLn\·t:ill anc c Or its con tm<:l ors. 1n October. a U.". rmy PrcvL:ntiv • l'vkdicin' t ·am c nd H.:l d a health sun · of .S. erv1c' members\\ ho\\ ere current! pr'lwic.ling seuirity for th ci ilia11 c ntrnct rs. Suh:-eqm::ntl . it wns dl:.tcm1i 11ed that appr ximat I 250 U.S. St:rvicc membcr1., \\ ho prnv idc d :-L'Curit at tile Qarmat Ali plant ould have bcl.'n e;\pOSL'd lo lo w-k cl co ncen 1r1tinns of hexavalent chromium in the s)ii and in ai r. Ext lr i, cell\ in nmental sampling for

hexavalent chromium and comprehensive medical e''<nmi11at1t>11,,, L'IL' accomplished to include whole blood chromium tc:,b 011 thL' l \ personnel who were assigned at that locatio n. OnJy 111iH>r. tL·111pur.11 health effects, such as bloody noses, were idenlifie<l in :-.nntL' individuals. These minor effects could not be dirc1.:11'. att1ihull'd 11, chromium exposures because acute effects u uall y requrrL' c,pt,...u1L'" ,11 much higher levels over longer duratio ns than existed at thL' <)m11.11.\ li facility. It was more likel y that these minor health cflcct, "1..'rL· rL·latL'd to existing mectical conditio ns or exposures LOdesc,t hL'al. ,and du-;t. and wind. Because the duration of the possible cxpo u1\':,.\\ ,1,, L'n short, the overall risk for occuJTe nce o f long-te rm hca llh c l l i x h , , .i, considered negligible. The other factor considered "' hen r\ al u.11i11!.!tlL· possible for any long-term health effects was the abse111:eor , c1 lu\\ levels of chromium found in the bloo d of the exposed SL'n1u: 111L·1t1hL'1, Extensive environmental monitoring and the health e xa111i11.it1111h. including *blood* chromium le vels, indica ted no sig ni licarll L\pu....111 L" lo hexavalent chromium. The Defense Health Board upon 1hc1r lull 1L·,tl'\\ of the environmental monito ring and medical cxami naHHHh n:....11lh validated the findings and conclusions of the U.S. Army i>rl', L'lltl\ L' Medicine team. Following 2008 Congressional hear ing:,.. 111dllll'd 1.1 reports pertaining to allegat ions raised by KBR employl'L':,. th.11 thl'i1 parent company did not adequate ly protect th em from c pu,urL' 111 tile sod ium dichromate, additi onal concerns arose on the part ol ....oi11L·l S. personnel who were previous ly assigned to the Qannat \ 11focilit . along with their corresponding State's National Guard Ikadqu.1111.:1, (Indiana, West Virgin ia, South Carolina, Oregon). In laLL'2tHl tl1L· DoD's Health Board reviewed the Army 's environml'nt im e, 11.111111and medical respons e a nd concluded that the "field im c ,i a tio11\\.t, completed in an exemplary fashion and lhal its conclu...101h . recommendations, and int erventio ns were sound and appwpri.itl'...

FORCE HEALTH PROTECTION QA PROGRAM SUMMAR,

In 2008, the Services and the FHP&R QA program agreed lo addn;-:;, d11;1 111tL· 111y and operational issues related to identifying deplo yment rosters. Vcrilkat1011 Or deployment rosters between the Servi ces systems, AFHSC. and DM DC is 11c.:L·;-.;;iry duL' to a policy change in Department of Defense Instruct ion (Do D1), 6490.03. ··1kpli1,111L·111 Health" that no longer mandates health assessments for certain routine opcrat11111'. I l1L' Services, AFHSC, DMDC and additional agenc ies continue to coord111atL' tlti....d l'u1 t.

The FHPQA program through activities and vis its will co nt im1L'to -:,L'L'k .ind evaluate potential measures as guided by the FHPC.

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301·1200

HEALTH AFFAIRS

AUG 24 200

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

Dear Mr. Chairman:

Enclosed is the annual report to Congress on the Department of Defense (DoD) Force Health Protection Quality Assurance program, as required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005.

This report addresses specific quality assurance activities during Calendar Year 2008, including deployment health quality assurance visits to military installations, review of more than 400 deployment medical records of Service members who have returned from deployment, information maintained in the central DoD database, and the Services' force health protection measures. In addition, it provides information on compliance in recording health assessment data in military personnel records, as required by Section 739.

The Department is committed to providing the highest quality of care before, during, and after deployment for our Service members and their farnilies. Our quality assurance programs are key contributors and validate that level of accomplishment.

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

Sincerely,

f .

Ellen P. Embrey
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 24 2009

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

Dear Mr. Chairman:

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG! 4 2009

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

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Ellen P. Embrey
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301·1200

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

AUGt 4 2009

Dear Madam Chairwoman:

Enclosed is the annual report to Congress on the Department of Defense (DoD) Force Health Protection Quality Assurance program, as required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005.

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Perfonning the Duties of the
Assistant Secretary of Defense
(Heallh Affairs)

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON. DC 20301·1200

HEALTH AFFAIRS

AUG2 4 2009

The Honorable Ben Nelson
Chairman, Subcorrunittee on Pers0IU1el
Committee on Armed Services
United States Senate
Washington, DC 205 I 0

Dear Mr. Chairman:

Enclosed is the aIU1ual report to Congress on the Department of Defense (DoD) Force Health Protection Quality Assurance program, as required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005.

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Perfonning the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey 0. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301·1200

NIALTHMfl'NRI

AUGI 4 2009

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

Dear Mr. Chairman:

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 24 2009

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

Dear Mr. Chairman:

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKean
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301•1200

HEALTH AFFAIRS

AUG 14 2009

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

Dear Mr. Chairman:

Enclosed is the annual report to Congress on the Department of Defense (DoD) Force Health Protection Quality Assurance program, as required by Section 739 of the National Defense Authorization Act for Fiscal Year 2005.

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Ellen P. Embrey
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member