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

PERSONNEL AND
READINESS

JUL 30 2013

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

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) "Report to Congress on the 2012 Force Health Protection Quality Assurance Program," as required by section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375). This year's report addresses specific quality assurance activities that involved the review of Service members' deployment health information maintained in central DoD databases, a review of the deployment occupational and environmental health surveillance actions taken to assess and mitigate exposures, and the Military Services' reports on their actions to improve quality assurance compliance. The Services are improving deployment health assessment completion rates. Use of new metrics should provide the ability to monitor changes in compliance, which the Department projects will translate into improved force health protection for its Service members.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairpersons of the other congressional defense committees.

Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

PERSONNEL AND
READINESS

JUL 30 2013

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

Enclosed is the Department of Defense (DoD) "Report to Congress on the 2012 Force Health Protection Quality Assurance Program," as required by section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375). This year's report addresses specific quality assurance activities that involved the review of Service members' deployment health information maintained in central DoD databases, a review of the deployment occupational and environmental health surveillance actions taken to assess and mitigate exposures, and the Military Services' reports on their actions to improve quality assurance compliance. The Services are improving deployment health assessment completion rates. Use of new metrics should provide the ability to monitor changes in compliance, which the Department projects will translate into improved force health protection for its Service members.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman

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

PERSONNEL AND
READINESS

JUL 30 2013

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

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

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

PERSONNEL AND
READINESS

JUL 30 2013

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

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) "Report to Congress on the 2012 Force Health Protection Quality Assurance Program," as required by section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375). This year's report addresses specific quality assurance activities that involved the review of Service members' deployment health information maintained in central DoD databases, a review of the deployment occupational and environmental health surveillance actions taken to assess and mitigate exposures, and the Military Services' reports on their actions to improve quality assurance compliance. The Services are improving deployment health assessment completion rates. Use of new metrics should provide the ability to monitor changes in compliance, which the Department projects will translate into improved force health protection for its Service members.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

Report to Congress on the 2012 Activities of the Force Health Protection Quality Assurance Program of the Department of Defense

Pursuant to section 739 of the National Defense Authorization Act for Fiscal Year 2005

The estimated cost of report for the Department of Defense is approximately $9,810 for the 2012 Fiscal Year. This includes $0 in expenses and $9,810 in DoD labor.
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Table of Contents

Tables and Figures

Introduction

The Department of Defense reports annually to Congress on the Force Health Protection Quality Assurance program pursuant with section 739 of the Ronald Reagan National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375) (Reference (a)).

Executive Summary

The Force Health Protection (FHP) Quality Assurance (QA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed Service members. This report documents the results of those audits. In addition, it reports actions taken by the Department of Defense (DoD) to evaluate or treat Service members who had possible exposures to occupational or environmental hazards during deployment. The Department reports on these actions annually covering the previous calendar year.

- **Blood Samples in the DoD Serum Repository**

  QA audits revealed that the Services provided blood samples to the DoD Serum Repository for 96 percent of Services members before deployment and 84 percent after deployment. This is a 22 percent increase and a 34 percent increase in the pre-deployment and post-deployment blood serum from last year, which was 74 percent and 50 percent, respectively. Increases in the post-deployment blood serum compliance are partly due to a change in compliance methodology to expand the reporting period following deployment to 30 days before return from deployment to 60 days following return from deployment. Detailed Service blood information is available in Appendix 2.

- **Health Assessments Maintained in the Defense Medical Surveillance System**

  The Armed Forces Health Surveillance Center maintains an electronic database, called the Defense Medical Surveillance System (DMSS). Collectively, for Service member deployments analyzed for the 2012 quality assurance review, the DMSS contained Pre-Deployment Health Assessment (Pre-DHA) forms on 86 percent of those Service members required to fill out this form, 87 percent of those required to complete the Post-Deployment Health Assessment (PDHA) forms, and 72 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) forms. Percentages were comparable to those found in the Services' systems, which were verified during an electronic review. The individual results of the health assessment record audits submitted to the DMSS, as well as the Service information for each audited State, are available in Appendix 2. The QA review revealed that, in the overwhelming majority of cases, the deployment health assessments are making it into the DMSS database. This is a major improvement from last year.

- **Responding to Expressed Health Concerns**

  Service member return-from-deployment health concerns have remained constant over the past year, with exposure concerns at about 19 percent for Active Duty and 30 percent for the Reserve Component. About 18 percent of Active Duty and 22 percent of Reserve Component members reported worse health on their PDHAs upon return from

deployment. During the past 12 months, the proportions of returned deployers who rated their health as "fair" or "poor" were 7 to 10 percent on the PDHA and 10 to 13 percent on the PDHRA.

- **Actions taken to address Occupational and Surveillance Concerns**

  Chapter 3 summarizes important actions taken by the DoD and the Services to assess and mitigate occupational and environmental exposures, and to evaluate or treat individuals possibly exposed to occupational and environmental hazards above a health effect threshold. Efforts continue to address possible health effects of burn pit emission, and long-term respiratory effects possibly related to deployment to Iraq and Afghanistan. Following the Japanese earthquake and release of radiation at the Fukushima Nuclear Power Plant in 2011, DoD embarked on the construction of an exposure registry to include radiation dose estimates for all members of the DoD community who possibly received radiation exposures. Specific incidents assessed through long-term health surveillance of exposed individuals include the Al Mishraq Sulfur Mine Fire and the presence of the carcinogen hexavalent chromium at the Qarmat Ali Industrial Water Treatment Plant, both of which occurred in 2003 in Iraq. However, at this time, neither has been associated with any adverse long-term health effects.

- **DoD Civilian Employee Deployment Health Data Review and Analysis**

  This year, the QA program continued its initiative to determine if the DoD was reporting on health assessments of DoD civilians who deployed. Collectively, 43 percent of DoD civilian Pre-DHAs, 33 percent of their PDHAs, and 13 percent of their PDHRAs were maintained in the DMSS. The audits showed a lack of electronic reporting capability by civilian deployment offices affected the data reporting. The Office of the Deputy Secretary of Defense for Civilian Personnel Policy received this information to inform its efforts to improve the civilian deployment process.

Detailed Report

2012

Chapter 1: Blood Samples and Health Assessments

Section 739 of the Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005, (Reference (a)) directs the Department of Defense (DoD) to submit the results of audits conducted during the calendar year documenting to what extent deployed Service members' blood sample information is stored in the DoD Serum Repository (DoDSR). The deployment health assessment records are maintained in the electronic database of the Defense Medical Surveillance System (DMSS). In calendar year (CY) 2012, the Force Health Protection and Readiness (FHP&R) Quality Assurance (QA) program and representatives of the Services' jointly planned, coordinated, and conducted audits electronically using data from the DMSS, the Defense Manpower Data Center (DMDC), and the Services.

The audits assessed deployment health policy compliance and effectiveness, as directed by reference (b). The audits included discussions with Service deployment processing personnel about deployment health processing activities, issues, and electronic documentation of pre- and post-deployment health-related information, findings, and recommendations. The QA teams conducting the audits based all findings on data observed electronically from the Service deployment readiness systems, the DMDC, and the DMSS records. The Services provided deployment health assessment and blood serum data (when available) as did the Armed Forces Heath Surveillance Center (AFHSC) (which maintains both the DMSS and the DoDSR). Table 1 illustrates the Department's audit results for all Service members who met the audit criteria; individual Service-specific audits results are listed in Appendix 1.

The deployment data variations between AFHSC and the Service data systems reported last year report diminished after meetings where the AFHSC hosted the DMDC and Service representatives to develop solutions to improve the accuracy of reported deployment data. Individual Service actions that improve data discrepancies are discussed in Appendix 2.

The overall improvements implemented for 2012 included country code changes that affected the reporting of individuals deployed to specific countries. The Department improved providers' completion of the deployment health assessment forms and reduced the number of forms not signed by providers. In addition, the Navy improved its accountability of deployed individuals.

The population used for all electronic reviews included all deployers returning from named contingency operations who met the population business rules. The Contingency Tracking System (CTS) was used to identify the population that returned from deployment during CY 2011. The period was chosen to allow Service members enough time to complete the Post-Deployment Health Reassessment (PDHRA). The deployment needed to be confirmed by both the Service and the pay records. A qualifying deployment was a deployment to one of the countries identified in the list generated by AFHSC and FHP&R, and the Service member deployed greater than 30 days with no fixed medical treatment facility.

The following criteria were used for determining compliance:

- Pre-Deployment Health Assessment (Pre-DHA): 90 days before to 30 after deployment begin date
- Post-Deployment Health Assessment (PDHA): 60 days before to 60 days after the deployment end date
- PDHRA: 60 to 210 days after deployment end date
- Pre-Serum: Serum drawn within 365 days prior 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

Lastly, because some Service members may have exemptions from some immunizations, the immunization compliance figures include those who granted exemptions as compliant. Results of the electronic review can be found in Table 1. The specific Service audit results are included in Appendix 1.

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

2011 DoD Results	Service member deployment health records extracted from DoD's DMSS
Number of records reviewed	286,797
Evidence of required immunizations	92%
Record contained all required deployment health assessments for individual for the deployment	61%
Pre-Deployment Health Assessments (Pre-DHA)	86%
Post-Deployment Health Assessments (PDHA)	87%
Post-Deployment Health Reassessments (PDHRA)**	72%
Blood samples taken from a Service member before deployment are stored in the blood serum repository of the DoD	96%
Blood samples taken from a Service member after the deployment are stored in the blood serum repository of the DoD	84%

**The DoD counted individuals who were not required to complete the PDHRA because they deployed again before the PDHRA was due; therefore, percentages will be lower in this category. If these individuals were removed, the percentage would increase by 1 to 2 percent, depending on the Service.

Chapter 2: Responding to Expressed Health Concerns

The DoD's policy requires that providers address Service member concerns during the completion of a deployment health assessment, and recommend a referral, if indicated. In 2012, the DoD tracked the number of deployment health care findings, trends, and recommended referrals, after Service members were assessed by providers. See Appendix 3 for the types of medical referrals received, and the types of concerns Service members reported by who completed PDHAs and PDHRAs for details.

The Reserve Health Readiness Program (RHRP) provides PDHRAs to the National Guard, Reserve Component Service members, and the Coast Guard's remotely located Active Duty members. Thirty days after a Reserve Component Service member receives a recommendation for referral, the RHRP staff attempts to contact the Service member to determine if the member had been able to receive an appointment to address the condition of the referral. In FY12, RHRP was able to contact approximately two-thirds of these Service members and found that more than half of them already had made their appointments. The vast majority of the remainder still desired an appointment, but two-thirds of them said that they had not had time to make the appointment. Service Components are provided this information so they can track Service members with recommended referrals. For Service members who identified behavioral health concerns, providers offered recommended sources of assistance even when referrals for specialty care were not required. In addition, Commanders received guidance on how to assist their Service members who express concerns during training, and before and after deployment.

A summary of Service-specific actions taken to address deployment related care and concerns is provided in Appendix 1. Appendix 2 illustrates the Service-specific actions taken to ensure concerns were addressed, and highlights the value of the Service deployment programs. Service discussions included actions taken to improve deployment health programs for their Service members and their civilian employees. The statistical portion of Appendix 2 contains multiple reporting metrics, including tracking referrals. Detailed information related to the total number of deployment health assessment forms received by month and the percentage of Service members who received recommended referrals is available in Appendix 3.

Chapter 3: Actions Taken to Address Deployment Occupational and Environmental Health Surveillance Concerns

This chapter provides an account of some of the actions taken by the DoD and the Services to assess and mitigate occupational and environmental exposures, and to evaluate or treat members of the Armed Forces with exposures to deployment occupational or environmental hazards.

Periodic Occupational and Environmental Monitoring Summaries

More than 40 Periodic Occupational and Environmental Monitoring Summaries (POEMS) were completed and are being made available via the worldwide web to Active Duty, retired, and separated Service members; current and former DoD civilians; and their medical providers and claims adjudicators, including in the Department of Veterans Affairs (VA). POEMS summarize the historical environmental health surveillance monitoring efforts and identify possible short- and long-term health risks at deployed locations. While they do not represent confirmed exposures, they are an indication of possible exposures, which can inform diagnosis, treatment, and the determination of disability benefits.

Burn Pit (Solid Waste Disposal) Emissions

The Uniformed Services University of Health Sciences (USUHS) completed analysis of environmental data samples collected from 2007 through 2010 at Joint Base Balad, Iraq, to evaluate population health risks due to burn pit emissions and other airborne pollutants. The sampling coincided with the transition from use of burn pits alone to the use of some incinerators at that location. Modeling by USUHS demonstrated improvement in air quality for dioxin/furans, heavy metals, and volatile organic compounds as use of burn pits decreased.

Based on recommendations of the Institute of Medicine (IOM) in its 2011 report, "Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan," the Army extended the follow-up period in the epidemiological study of individuals deployed to locations with and without burn pits. The results should be published by the end of FY 2013.

The Department completed the Joint VA/DoD Airborne Hazards Action Plan that contained recommendations for epidemiologic, clinical, and toxicological research to assess health risks associated with theater inhalational exposures, such as burn pit emissions, urban pollutants, and airborne particulate matter. In August 2012, a 3-day Joint VA/DoD symposium on airborne hazards, with formal presentations and the use of working groups, addressed the focus areas identified in the joint action plan (to include research) for airborne hazards. The proceedings will be published as a Borden Institute publication in late 2013. In addition, the DoD is collaborating with the VA on the construction of the VA's Congressionally mandated Burn Pit Registry, which will allow Service member participation and enable the VA to provide the Service members with exposure-related information pertaining to burn pits.

Respiratory Disease in Deployed Military Members

In response to the IOM's 2011 recommendations, the Army is defining the extent of chronic respiratory disease associated with deployment, studying new-onset respiratory symptoms, and results from pre- and post-deployment lung function testing. DoD members submitted articles to 'The Journal of Occupational and Environmental Medicine (JOEM)' supplement, published "Health Effects of Deployment to Iraq and Afghanistan," which contained papers on health outcomes possibly associated with burn pit smoke exposure; the 2003 Al Mishraq, Iraq sulfur fire; particulate matter exposures; and recommendations for medical surveillance of deployed Service members.

Environmental and Radiological Monitoring

Following the Japanese earthquake and damage to the Fukushima Nuclear Power Plant in 2011, the Assistant Secretary of Defense for Health Affairs directed the construction of a registry containing a radiation dose estimates for all Service members, DoD civilians, their family members, and DoD contractors who were on the island of Honshu between March 12, 2011, and May 11, 2011. The registry will be used to address future radiation health-related questions, and resolve potential claims submitted to the VA or the Department of Labor arising from these low-level radiation exposures. DoD subject matter experts, in combination with outside experts, used radiation monitoring data and applicable models to build conservative estimates of location-based radiation doses for inclusion in the registry. Estimates for the locations where the majority of the DoD-affiliated population resided or worked during the crisis are well below levels associated with either short- or long-term health effects, including cancer.

Deployment-related Exposure Incidents with Possible Long-term Medical Surveillance:

- **Al Mishraq Sulfur Mine Fire, 2003**

In 2010, the U.S. Army Public Health Command (USAPHC) completed its study of the epidemiological investigation of health outcomes of thousands of Service members possibly exposed to sulfur fumes during the 3-week fire at Iraq's sulfur mine at Al Mishraq, Iraq, in 2003. The study member's health outcomes were compared to those of Service members deployed at the same time to different locations, and the same location at a different time. This study was published in the 'JOEM' in 2012. Although respiratory conditions were identified following deployment, findings were not limited to the cohort primarily exposed to the fire. The USAPHC is collaborating with the AFHSC and the VA Office of Public Health to extend the follow-up period to 10 years to identify any long-term health risk that may become evident. The analysis will include health outcomes of those Service members still on active duty, with reassessments at entry into the VA health care system. The USAPHC will look at health care utilization patterns of the members in the Reserve or National Guard.

- **Qarmat Ali Industrial Water Treatment Plant, 2003**

The outcome of the possible exposures of almost 1,000 veterans, DoD civilians, and Service members to sodium dichromate, a known carcinogen, at the Qarmat Ali site near Basrah, Iraq, has been the subject of a number of investigations and Congressional hearings. Although

no increase in long-term health risks were anticipated, the DoD and the VA established a joint special medical surveillance program offering lifelong medical screening to those possibly exposed individuals, including 67 DoD civilians and active duty military. Fifty-one of DoD's invitees ultimately participated in the first round of medical evaluations, conducted at five Army medical treatment facilities between June 2011 and April 2012.

The few health conditions identified in our participants were not attributable to sodium dichromate exposure. Despite the lack of findings or diagnoses, civilian participants were informed of the process for filing federal workers compensation claims with the Department of Labor. The next scheduled examination for this group will be in 2016, with emphasis on follow-up chest x-rays.

Chapter 4: DoD Civilian Employee Deployment Health Data Review and Analysis

During CY 2012, the Office of the Under Secretary of Defense for Personnel and Readiness and Civilian Personnel Policy (CPP) worked to ensure that force health protection (FHP) policies were implemented for DoD civilians who deployed. The QA program manager communicated specifically with the Civilian Expeditionary Workforce (CEW) office to confirm that FHP policies supported those DoD civilians called upon to deploy for contingency operations.

The CEW office reported that it had hired medical and administrative staff at the National Deployment Center, Camp Atterbury, Indiana, to ensure that civilian deployers were guided throughout the pre-deployment and post-deployment processing phases. The CEW office developed an Injury Compensation Program that provided injured or ill civilians' upon their return to their command/agency or home, continued assistance.

The AFHSC provided DoD civilian employee deployment health assessment data quarterly to facilitate DoD civilian employee deployment-related health care decision-making. CPP used the data to validate accuracy of accounting. Specific information related to the number of civilians who returned from deployment who completed deployment health assessments and their recommended referrals is available at Figure 3, "DoD Civilian Deployment Health Assessment Compliance Report." This report includes only those civilian employee deployment assessment forms that were received electronically for 2012. There continues to be deployment health data that is stored outside the DMSS. The QA Program will continue to advise on quality assurance initiatives.

Table 2 includes DoD civilian employee deployment health assessment form completion rates for those forms that were received electronically by DMSS for 2011. It does not include all of the deployment health assessment information about DoD civilians who deployed and returned from deployment.

Table 2: DoD Civilian Deployment Health Assessment Compliance Report

Deployment End Date		Number returned from deployment	Pre-Deployment Health Assessment (Form DD2795)[1]		Post-Deployment Health Assessment (Form DD2796)[2]		Post-Deployment Health Reassessment (Form DD2900)[3]		Recommended Referral on DD2796[4]		Recommended Referral on DD2900[4]	
Year	Calendar Quarter		Number	%	Number	%	Number	%	Number	%	Number	%
2011	Q1	1,571	660	42%	428	27%	199	13%	126	29%	58	29%
	Q2	1,720	654	38%	546	32%	256	15%	143	26%	57	26%
	Q3	1,983	882	44%	789	40%	322	16%	156	20%	52	20%
	Q4	1,011	487	48%	302	30%	31	3%	71	24%	9	24%

Data Source: DMSS
Prepared by Armed Forces Health Surveillance Center, as of February 10, 2012

Chapter 5: FHP QA Program Findings and 2013 Goals

Investigations in 2012 examined data transfer and reporting inconsistencies that the Department identified in the 2011 QA report to Congress. As reported in Chapter 1 of this report, the program focused this year on electronic deployment health data collection to include health assessment data from the respective Service-specific readiness systems and deployments identified by the DMDC CTS. The Services, DMDC, and the AFHSC worked collaboratively to improve data transparency, which improved reporting. These actions were necessary to evaluate the implementation of the changes undertaken by the Services and AFHSC to ensure the accuracy of compliance reporting throughout the DoD.

During the course of our electronic data review, we discovered some inconsistencies in compliance reporting. We discovered some Service members were counted as non-compliant with immunization policy, although they had been granted a waiver. We revised our procedures to account for these waivered Service members properly. In addition, we increased the time for assessing post-deployment serum compliance to 30 days before and after return from a deployment. The AFHSC acknowledged that a grace period for compliance accounting was necessary due to differences between deployment dates in the DMDC roster and those in the Service personnel accounting systems. In 2013, the DoD will continue to account for these differences.

In 2013, the Services should develop language for a waiver for completion of deployment health assessments for individuals who deploy again before completing post-deployment assessments. In 2012, only the Air Force had a waiver for completion of the PDHRA for Service members who deploy again before the PDHRA is due. The AFHSC found that 8 to18 percent of Service members deploy again before the completion of the PDHRA. Accounting for this population would improve Service compliance reporting.

For the past decade, deployment health assessment compliance was limited to individuals deployed to Operation IRAQI FREEDOM (OIF), Operation ENDURING FREEDOM (OEF), and Operation NEW DAWN (OND). As the wars in Iraq and Afghanistan are drawing down, the AFHSC reported that approximately 30% of deployment health assessment forms are now from deployments other than OEF, OIF, and OND. The DoD is working with the Services to identify what these other deployments are and if they should be included in the deployment roster. Reporting actions taken in 2013 should focus on including all applicable identified deployments.

Finally, FHP QA program has evolved from on-site to electronic monitoring over the past 7 years. The accuracy of accounting has improved and the Services have developed robust deployment health programs.

Acronyms, Terms, and References

Acronym	Term
AFHSC	Armed Forces Health Surveillance Center
CEW	Civilian Expeditionary Workforce
CPP	Civilian Personnel Policy
CTS	Contingency Tracking System
CY	Calendar Year
DASD	Deputy Assistant Secretary of Defense
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDSR	Department of Defense Serum Repository
FHP	Force Health Protection
FHP&R	Force Health Protection and Readiness
FY	Fiscal Year
IOM	Institute of Medicine
JOEM	Journal of Occupational and Environmental Medicine
NDAA	National Defense Authorization Act
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
POEMS	Periodic Occupational and Environmental Monitoring System
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
QA	Quality Assurance
RHRP	Reserve Health Readiness Programs
USPHC	United States Public Health Command
USUHS	Uniformed Services University of Health Science
VA	Department of Veterans Affairs

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," February 16, 2007

Appendix 1

2012 FHP QA Audit Activity

2012 Summary of FHP QA Program Audit Activity

In calendar year 2012, representatives from Force Health Protection and Readiness (FHP&R), the Armed Forces Health Surveillance Center (AFHSC), the Defense Manpower Data Center (DMDC) and the Services planned, coordinated, and conducted the force health protection (FHP) quality assurance (QA) electronic audits as a team.

In preparation for each electronic audit, the FHP QA program manager coordinated with DMDC to receive data containing the Service members that returned from deployment in 2011 for Operation New Dawn (OND). Using the Service members who returned from deployment in 2011, allowed time for the Service member to complete the Post-Deployment Health Reassessment (PDHRA). FHP&R collected available enterprise-wide documentation of pre- and post-deployment health assessments, serum specimens, pre-populated QA worksheets with data from the AFHSC. This information was then compared with the available information from the military Services' systems. This allowed the review team to determine the accuracy of accounting as provided by the DMDC, confirmed Department of Defense (DoD) data corresponding with Services' systems data, and validated each Service's policy compliance.

The review team met through teleconference and email to determine if the electronic data collection methods could validate the accuracy of Service members who returned from deployment, reviewed Service members' deployment health data electronically, and determined if Components were compliant with deployment health processing requirements. Findings and recommendations were developed during the audit discussions in an effort to improve electronic reporting, and the accuracy of accounting or Service policy compliance.

During the audits, the audit teams: (1) verified the accuracy of the data in Defense Medical Surveillance System (DMSS); (2) searched for data inconsistencies; and (3) discussed deployment-processing practices with the Services, and DMDC.

The audit teams developed findings, addressed compliance issues, and identified needed improvements, as appropriate. The audit team based its findings on data observed electronically.

Table 1 provides a list of component and audited sites. The following section of this report includes Service specific results and follow-up actions taken in response to audit findings.

Table 1: 2011 List of Force Health Protection QA Program Electronic Audit Activity

DoD	Component	Deployed Service members from the following States
U.S. Army (USA)	All Components	• New York • Washington
U.S. Navy (USN)	All Components	• Florida • Washington
U.S. Air Force (USAF)	All Components	• Arizona • Maryland • Washington
U.S. Marine Corps (USMC)	All Components	• California • North Carolina
U.S. Coast Guard (USCG)	All Components	• Florida • Virginia

U.S. Army

The review study population were all Army deployers returning from OEF/OIF/OND who had an initial duty station in New York (n=8287) and Washington State (n=3,591) in 2011. Both the service-validated field and the pay-validated field needed to be validated by DMDC.

The location country field was from one of the pre-defined countries used by AFHSC and FHP&R and the Service member was reported as deployed greater than 30 days.
For the purpose of this analysis an expanded compliance/completion definition for the deployment health assessments was as described below:

- Pre-DHA: 90 days before or 30 days after deployment begin date
- PDHA: 60 days before or after deployment end date
- PDHRA: 60 to 210 days after deployment end date

The business rules for electronic analyses were reviewed to ensure that they were in alignment with FHP deployment health policy. The elements selected were based on what was required for reporting compliance in order to remain consistent with Force Health Protection deployment health policy. The Army relies on the Medical Protection System (MEDPROS) for data transfer to the required repositories at the AFHSC.

Discussions, Results and Recommendations

Table 2 provides a summary of the results of the electronic review for the Army (all components).

Table 2 Army (All Components) by State Detailed Final Results

	All				New York				Washington			
	DoD		Service		DoD		Service		DoD		Service	
Number of Records	11,878				8,287				3,591			
	#	%	#	%	#	%	#	%	#	%	#	%
Records with all Forms (Pre-DHA, PDHA, PDHRA) in the medical record	8,542	72%	5,964	50%	6,231	75%	4,579	55%	2,311	64%	1,385	39%
Pre-DHA	11,019	93%	8,048	68%	7,742	93%	5,972	72%	3,277	91%	2,076	58%
PDHA	10,656	90%	10,279	87%	7,688	93%	7,448	90%	2,968	83%	2,831	79%
PDHRA	9,187	77%	9,134	77%	6,719	81%	6,671	80%	2,468	69%	2,463	69%
Records with all vaccinations documented in the medical record	11,089	93%			7,618	92%			3,471	97%		
ANAM compliant	10,613	89%			7,445	90%			3,168	88%		
Pre-deployment serum	11,778	99%			8,232	99%			3,546	99%		
Post-deployment serum	10,484	88%			7,614	92%			2,870	80%		

The review and discussion focused on Table 2 and following questions:

1. Why was DoD compliance reporting so much higher than the Service for the health assessment data?

Army reported that it does not have a system to track for longitudinal data. MEDPROS provides data that is the most recent on an individual, so comparing a data query between DMSS and MEDPROS is not appropriate. In light of this information the Army shows consistency with the data accuracy goals, no further action is required.

2. What accounted for the lower post-deployment serum and health assessment rates as reported in Washington State? One reporting site had reduced reporting on the Post-deployment health reassessments in comparison with the other reporting site.

In previous reports, the FHP QA program has provided information only for Service members who had deployed and completed deployment health assessment requirements. Inclusive in this review were individuals who were excused (an electronic waiver sent to the AFHSC) from completing one or more immunizations.

Recommendation

DoD to develop business rules to ensure that the AFHSC captures individuals who were excused from specific deployment processing requirements for FHP QA compliance reporting.

U.S. Navy

The review study population were all Navy Active duty deployers returning from OEF/OIF/OND who had an initial duty station in Florida (n=423) and Washington State (n=140) in 2011. Both the service-validated field and the pay-validated field equaled 'Yes" in the provided data fields. The location country field was from one of the pre-defined countries used by AFHSC and FHP&R and the Service member was reported as deployed greater than 30 days. For the purpose of this analysis an expanded compliance/completion definition for the deployment health assessments was as described below:

- Pre-DHA: 90 days before or 30 days after deployment begin date
- PDHA: 60 days before or after deployment end date
- PDHRA: 60 to 210 days after deployment end date

The business rules for electronic analyses were reviewed to ensure that they were in alignment with FHP deployment health policy. The elements selected were based on what was required for reporting compliance in order to remain consistent with FHP deployment health policy. The Navy relies on the Electronic Deployment Health Assessment system (eDHA) for data transfer to the required repositories at the Armed Forces Health Surveillance Center.

Discussions, Results and Recommendations

Table 3 provides a summary of the results of the electronic review for the Navy (all components).

Table 3 Navy (All Components) by State Detailed Final Results

	All				Florida				Washington			
	DoD		Service		DoD		Service		DoD		Service	
Number of Records	563				423				140			
	#	%	#	%	#	%	#	%	#	%	#	%
Records with all Forms (Pre-DHA, PDHA, PDHRA) in the medical record	177	31%	189	34%	95	22%	101	24%	82	59%	88	63%
Pre-DHA	225	40%	244	43%	122	29%	135	32%	103	74%	109	78%
PDHA	334	59%	333	59%	223	53%	222	52%	111	79%	111	79%
PDHRA	346	61%	336	60%	250	59%	240	57%	96	69%	96	69%
Records with all vaccinations documented in the medical record	390	69%			290	69%			100	71%		
ANAM compliant	118	21%			80	19%			38	27%		
Pre-deployment serum	525	93%			389	92%			136	97%		
Post-deployment serum	298	53%			197	47%			101	72%		

The review and discussion focused on Table 3 and following questions and recommendations:

1. What accounted for the low neurocognitive assessments rates noted by DoD at both sites?

The Navy's eDHA (electronic deployment health assessment) system provided data to support this analysis. Navy representatives did not have enough information to concur with DoD immunization or neurocognitive reporting.

Recommendation 1: Navy to ensure capability to confirm DoD health data.

2. Why is DoD reporting higher compliance rates than the Service for the post deployment reassessment health assessment data?

In previous reports, the DoD has provided information only for individuals who have deployed, and completed deployment health assessment requirements, yet individuals sometimes return to deployment settings before the completion of all required forms are due, or are excused from completing one or more immunization. Inclusive in this review are those individuals who were excused (an electronic waiver sent to the AFHSC) from completing one or more immunizations.

Recommendation 2: DoD to develop business rules to ensure that the AFHSC captures individuals who were excused from specific deployment processing requirements for FHP QA compliance reporting.

U.S. Air Force

The review study population were all Air Force Active duty deployers returning from OEF/OIF/OND who had an initial duty station in Arizona (n=1788), Maryland (n=738) and Washington State (n=2174) in 2011. Both the service-validated field and the pay-validated field equaled 'Yes" in the provided data fields.

The location country field was from one of the pre-defined countries used by AFHSC and FHP&R and the Service member was reported as deployed greater than 30 days.
For the purpose of this analysis an expanded compliance/completion definition for the deployment health assessments was as described below:

- Pre-DHA: 90 days before or 30 days after deployment begin date
- PDHA: 60 days before or after deployment end date
- PDHRA: 60 to 210 days after deployment end date

The business rules for electronic analyses were reviewed to ensure that they were in alignment with FHP deployment health policy. The Air Force relies on the AF Aeromedical Services Information, Management Systems (ASIMS) database for data transfer to the required repositories at the Armed Forces Health Surveillance Center.

Discussions, Results and Recommendations

Table 4 provides a summary of the results of the electronic review for the Air Force (all components).

Table 4 Air Force (All Components) by State Detailed Final Results

	All				Arizona				Maryland				Washington			
	DoD		Service		DoD		Service		DoD		Service		DoD		Service	
Number of Records	4,700				1,788				738				2,174			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Records with all Forms (Pre-DHA, PDHA, PDHRA) in the medical record	2,581	55%	2,507	53%	880	49%	866	48%	343	46%	317	43%	1,358	62%	1,324	61%
Pre-DHA	4,352	93%	4,189	89%	1,691	95%	1,663	93%	624	85%	586	79%	2,037	94%	1,940	89%
PDHA	4,405	94%	4,396	94%	1,711	96%	1,711	96%	630	85%	628	85%	2,064	95%	2,057	95%
PDHRA	2,910	62%	2,907	62%	965	54%	966	54%	432	59%	416	56%	1,513	70%	1,525	70%
Records with all vaccinations documented in the medical record	4,594	98%			1,750	98%			702	95%			2,142	99%		
ANAM compliant	3,784	81%			1,424	80%			532	72%			1,828	84%		
Pre-deployment serum	4,657	99%			1,771	99%			726	98%			2,160	99%		
Post-deployment serum	4,415	94%			1,721	96%			652	88%			2,042	94%		

The review and discussion focused on Table 4 and following questions:

1. What can account for the higher Pre-Deployment Health Assessments rates noted by DoD at all sites?

The Air Force's ASIMS database system provided data to support this analysis. Air Force representatives reported that Air Force had only accounted for personnel who had completed both the Pre-deployment Health Assessment and Mental Health Assessment evaluations as meeting the requirement for pre-deployment assessment evaluations, which may have resulted in lower Service reporting.

Recommendation 1: Air Force to ensure capability to confirm that DoD reporting for those individuals identified as deployed greater than 30 days accurately represents Air Force deployment health data.

2. What could account for overall lower neurocognitive rates in one particular region (Maryland) for all components?

The Air Force did not have enough information to concur with DoD neurocognitive reporting.

3. How can DoD account for personnel excused from deployment health processing requirements?

In previous reports, the DoD has provided information only for individuals who have deployed, and completed deployment health assessment requirements, yet individuals sometimes return to deployment settings before the completion of all required forms are due, or are excused from completing one or more immunization. Inclusive in this review are those individuals who were excused (an electronic waiver sent to the AFHSC) from completing one or more immunizations.

Recommendation 2: DoD to develop business rules to ensure that the AFHSC captures individuals who were excused from specific deployment processing requirements for FHP QA compliance reporting.

U.S. Marine Corps

The review study population were all Marine Corps deployers returning from OEF/OIF/OND in Calendar Year (CY) 2011 who began deployment from an initial duty station in California (n=12,734) or North Carolina (n=17,973). Both the service-validated field and the pay-validated field equaled "Yes" in the provided data fields.

The location country field was from one of the pre-defined countries used by AFHSC and FHP&R and the Service member was reported as deployed greater than 30 days.
For the purpose of this analysis, an expanded compliance definition for the deployment health assessments was used as described below:

- Pre-DHA: certified by provider up to 90 days before or 30 days after deployment begin date
- PDHA: certified by provider up to 60 days before or after deployment end date
- PDHRA: certified by a provider between 60 to 210 days after deployment end date

The business rules for electronic analyses were reviewed to ensure that they were in alignment with FHP deployment health policy. The elements selected were based on what was required for reporting compliance in order to remain consistent with FHP deployment health policy. The Marine Corps relies on the Electronic Deployment Health Assessment system (eDHA) for data transfer to the required repositories at the Armed Forces Health Surveillance Center. Marine Corps representatives acknowledged that the immunizations and serum data appeared consistent with what they have seen in other reports; however, that data is neither collected nor stored at the Marine Corps.

Discussions, Results and Recommendations

Table 5 provides a summary of the results of the electronic review for the Marine Corps (both components).

Table 5 Marine Corps (Both Components) by State Detailed Final Results

	All				California				North Carolina			
	DoD		Service		DoD		Service		DoD		Service	
Number of Records	30,707				12,734				17,973			
	#	%	#	%	#	%	#	%	#	%	#	%
Records with all Forms (Pre-DHA, PDHA, PDHRA) in the medical record	10,722	35%	12,092	39%	3,986	31%	4,687	37%	6,736	37%	7,405	41%
Pre-DHA	18,186	59%	20,169	66%	7,759	61%	8,937	70%	10,427	58%	11,232	62%
PDHA	26,464	86%	26,618	87%	11,080	87%	11,166	88%	15,384	86%	15,452	86%
PDHRA	19,434	63%	19,823	65%	6,971	55%	7,146	56%	12,463	69%	12,677	71%
Records with all vaccinations documented in the medical record	25,717	84%			10,878	85%			14,839	83%		
ANAM compliant	27,169	88%			11,528	91%			15,641	87%		
Pre-deployment serum	26,225	85%			10,540	83%			15,685	87%		
Post-deployment serum	25,008	81%			10,066	79%			14,942	83%		

The review and discussion focused on Table 5 and following questions:

1. The Marine Corps data appears to be slightly higher for Pre-Deployment Health Assessment data than the DMSS. What could account for the difference?

The Marine Corps utilized the Navy's eDHA (electronic deployment health assessment) system to support the analysis. AFHSC representative reported that there appeared to be specific periods whereas complete Marine Corps deployment health assessment data did not transfer from NMCPHC to AFHSC. Additionally, Marines in some remote areas may be continuing to complete the assessment forms by hand, sending the forms to be entered later so that the information is forwarded electronically to the DMSS.

Recommendation 1: Marine Corps to ensure capability to confirm that DoD reporting for those individuals identified as deployed greater than 30 days accurately represents Marine Corps deployment health data.

2. What could account for the higher PDHRA, and pre and post serum compliance in North Carolina?

The Marine Corps has realized separate outcomes within their PDHRA program. The hospital-based program at Camp Pendleton, California, may allow more flexibility for the hospital Commander, yet GS providers who perform the PDHRA may be pulled to perform other tasks at the Commander's discretion. At Pendleton, only one of the four positions/billets available has been filled, leaving the deployment health clinic at just 25 percent staffed. Contrarily, Camp Lejeune, North Carolina, has a PDHRA program which utilized contracted providers and the language in the contract set PDHRA screening and certification as a priority. These contracted providers are dedicated PDHRA personnel and not assigned to or moveable at the hospital Commander's discretion. Additionally, there are eight provider positions/billets at the Lejeune DHC, all of which are filled, resulting in the DHC being fully-staffed. Finally, both the Lejeune military and hospital leadership fully support the PDHRA program and have outfitted a mobile PDHRA unit truck to transport providers and equipment's to the unit sites, decreasing travel time of the units, the time away from training, and the no show rate for appointments.

3. How can DoD account for personnel excused from deployment health processing requirements?

In previous reports, the DoD has provided information only for individuals who have deployed and completed deployment health assessment requirements, yet individuals sometimes return to deployment settings before the completion of all required forms are due or are excused from completing one or more immunizations. Inclusive in this review are those individuals who were excused (an electronic waiver sent to the AFHSC) from completing one or more immunizations. Continued reviews and more frequent collaboration between AFHSC, DMDC, NMCPHC, and the Marine Corps will help to ensure greater accuracy in the CTS rosters and reports in general as well as provide faster identification of incomplete records transmissions or missing data.

Recommendation 2: DoD to develop business rules to ensure that the AFHSC captures individuals who were excused from specific deployment processing requirements for FHP QA compliance reporting.

U.S. Coast Guard

The review study population were all Coast Guard Active duty deployers returning from OEF/OIF/OND who had an initial duty station in Virginia or Florida (n=63). Both the service-validated field and the pay-validated field equaled 'Yes" in the provided data fields.
The location country field was from one of the pre-defined countries used by AFHSC and FHP&R and the Service member was reported as deployed greater than 30 days.
For the purpose of this analysis an expanded compliance/completion definition for the deployment health assessments was as described below:

- Pre-DHA: 90 days before or 30 days after deployment begin date
- PDHA: 60 days before or after deployment end date
- PDHRA: 60 to 210 days after deployment end date

The business rules for electronic analyses were reviewed to ensure that they were in alignment with FHP deployment health policy. The elements selected were based on what was required for reporting compliance in order to remain consistent with Force Health Protection deployment health policy. The Coast Guard relies on the US Navy's deployment readiness systems for transfer to the required repositories at the Armed Forces Health Surveillance Center.

Discussions, Results and Recommendations

Table 6 provides a summary of the results of the electronic review for the Coast Guard (both components).

Table 6 Coast Guard (Both Components) by State Detailed Final Results

	All				Florida				Virginia			
	DoD		Service		DoD		Service		DoD		Service	
Number of Records	63				49				14			
	#	%	#	%	#	%	#	%	#	%	#	%
Records with all Forms (Pre-DHA, PDHA, PDHRA) in the medical record	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Pre-DHA	35	56%	36	57%	31	63%	31	63%	4	29%	5	36%
PDHA	37	59%	38	60%	33	67%	34	69%	4	29%	4	29%
PDHRA	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Records with all vaccinations documented in the medical record	58	92%			44	90%			14	100%		
ANAM compliant	34	54%			24	49%			10	71%		
Pre-deployment serum	53	84%			44	90%			9	64%		
Post-deployment serum	44	70%			36	73%			8	57%		

The review, subsequent meetings, and discussions focused on Table 6 and following questions.

1. How a Coast Guard member may have been given credit for a 2-month deployment yet was at a deployment location for less than 30 days.

Utilizing pay only records for quality assurance verification may not provide an accurate snapshot of start and end dates of deployment, because if an individual began the deployment at

the end of one month and ended the deployment at the beginning of the subsequent month, the individual might have received 60-day deployment pay credit. FHP policy requires deployment health processing for individuals deployed greater than thirty days, yet this individual, although given a 60 day deployment with start and end dates at the beginning of one month and the end of the next, may have only been in a deployment location for a few days.

Recommendation 1: Evaluate personnel records for those individuals identified as deployed greater than 30 days to determine if deployment dates reported were accurate.

2. Why one reporting site had reduced reporting on the Pre-deployment health assessments and the Post-deployment health reassessments in comparison with the other reporting site?

The Coast Guard performs deployment processing at the Health, Safety, and Work-Life Regional Practice Portsmouth., VA for all active duty members prior to on-site training. Members are determined medically ready to deploy prior to pre-deployment training. The period defined for this analysis was for Pre-deployment assessments completed no earlier than 90 days before or 30 days after the deployment date. Pre-deployment training may have accounted for a portion of the lower Pre-deployment health assessment values for the Virginia members.

Recommendation 2: Evaluate DoD policy for Pre-deployment assessment timeframes.

3. What could have accounted for lower deployment health assessment compliance,

Due to the Base Realignment and Closing efforts, many of the military treatment facilities have become joint Service installations. All components and Services need to ensure that medical personnel have access to the health records of Service members from other components. The Coast Guard may need to develop internal policies for joint component deployment health processing. Coast Guard members that did not complete deployment health assessments, or may need to provide education regarding deployment health assessment requirements may not receive necessary follow-up.

Recommendation 3: Ensure that individuals who deploy with other components adhere to deployment health policy, and that information is transferred to the DMSS as required, when completed elsewhere. The Coast Guard may need to evaluate the feasibility of joint deployment processing.

4. What could account for the lower immunization values for specific reporting sites?

In previous reports, the FHP QA program has provided information only for individuals who have deployed and completed deployment health assessment requirements. Inclusive in this review are those individuals who were excused (an electronic waiver sent to the AFHSC) from completing one or more immunizations.

Recommendation 4: Develop business rules to ensure that the AFHSC captures individuals who were excused from specific deployment processing requirements for FHP QA compliance reporting.

Appendix 2

Deployment Health Assessments, US Armed Forces

Deployment Health Assessments

U.S. Armed Forces

January 2013

(Data through December 2012)

Armed Forces Health Surveillance Center

Report Date: January 9, 2013

Update: Deployment Health Assessments, U.S. Armed Forces, January 2013

Since January 2003, peaks and troughs in the numbers of pre- and post-deployment health assessment forms transmitted to the Armed Forces Health Surveillance Center generally corresponded to times of departure and return of large numbers of deployers. Between April 2006 and December 2012, the number of post-deployment reassessment (PDHRA) forms per month ranged from 15,309 to 36,845 (Table 1, Figure 1).

During the past 12 months, the proportions of returned deployers who rated their health as "fair" or "poor" were 7-10 percent on post-deployment health assessment questionnaires and 10-13 percent on PDHRA questionnaires (Figure 2).

In general, on post-deployment assessments and reassessments, deployers in reserve components were more likely than their respective counterparts to report health and exposure-related concerns (Table 2, Figure 3). In general, active and reserve component members were more likely to report exposure concerns three to six months after, compared to the time of return from deployment (Table 2).

At the time of return from deployment, soldiers serving in the active component of the Army were the most likely of all deployers to receive mental health referrals; three to six months after returning, reservists in all services were more likely than their active component counterparts to receive mental health referrals (Table 2).

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

Table 1. Deployment-related health assessment forms, by month, U.S. Armed Forces, January 2012-December 2012

	Pre-deployment assessment DD2795		Post-deployment assessment DD2796		Post-deployment reassessment DD2900	
	No.	%	No.	%	No.	%
Total	323,014	100	293,146	100	277,272	100
2012						
January	32,293	10.0	28,126	9.6	27,634	10.0
February	31,483	9.7	26,278	8.9	25,473	9.5
March	29,310	9.1	30,125	10.3	31,818	11.5
April	28,275	8.8	27,609	9.4	33,923	12.2
May	28,173	8.7	28,583	9.8	25,136	9.4
June	21,430	6.6	25,526	8.7	20,601	7.4
July	26,346	8.2	24,501	8.4	18,219	6.6
August	31,203	9.7	24,779	8.5	22,170	8.0
September	28,616	8.9	24,262	8.3	20,652	7.5
October	25,516	7.9	23,953	8.2	18,652	6.7
November	27,330	8.5	18,657	6.4	17,045	6.1
December	13,040	4.0	16,777	5.7	13,907	5.0

Figure 2. Proportion of deployment health assessment forms with self-assessed health status as "fair" or "poor," U.S. Armed Forces, January 2012-December 2012

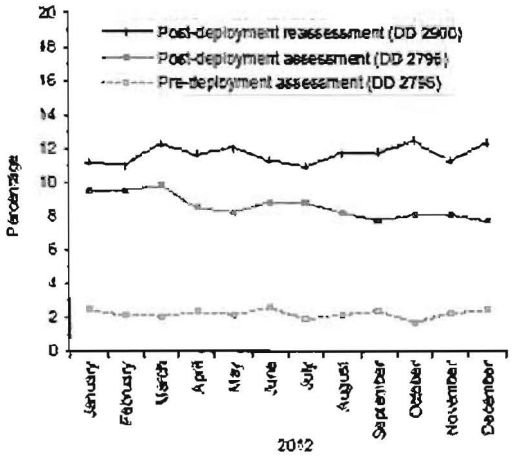
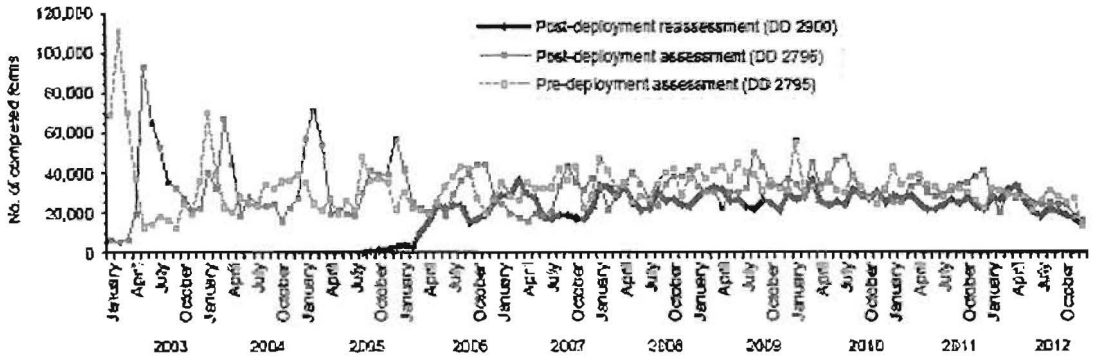


Figure 1. Total deployment health assessment and reassessment forms, by month, U.S. Armed Forces, January 2003-December 2012



Data Source: Defense Medical Surveillance System

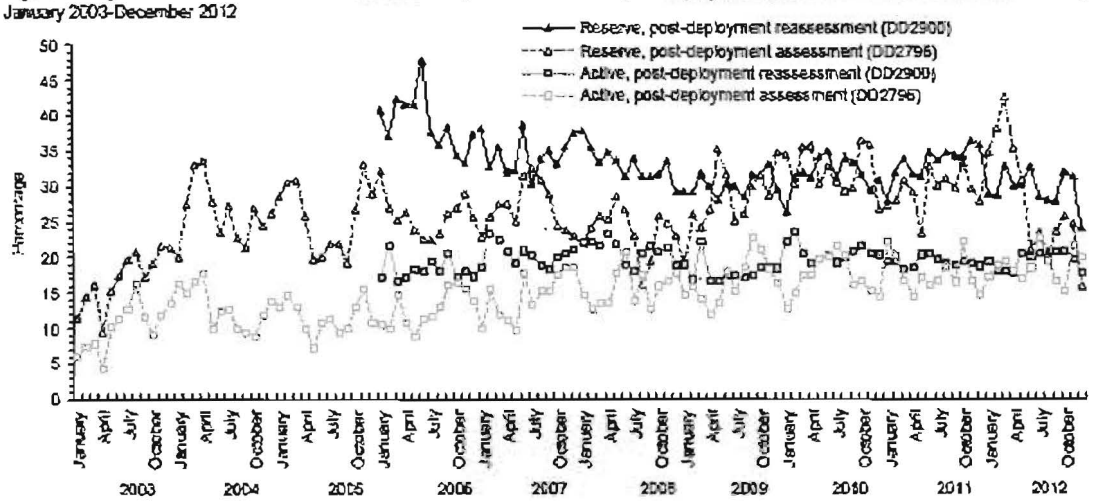
Table 2. Percentage of service members who endorsed selected questions/received referrals on health assessment forms, U.S. Armed Forces, January 2012-December 2012

	Army			Navy			Air Force			Marine Corps			All service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900
Active component	n= 132,578	n= 88,162	n= 117,385	n= 10,946	n= 12,958	n= 15,462	n= 45,335	n= 42,548	n= 35,244	n= 25,402	n= 34,349	n= 35,208	n= 214,261	n= 187,985	n= 203,279
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	3.5	10.2	14.3	0.9	4.5	6.2	0.5	3.3	3.7	1.3	6.6	10.0	2.5	7.6	11.1
Health concerns, not wound or injury	13.5	26.0	24.9	2.5	13.4	16.3	2.3	6.5	11.1	2.3	14.9	20.3	9.2	18.8	21.1
Health worse now than before deployed	8.8	22.7	26.6	na	12.0	14.2	na	8.8	9.6	na	15.5	21.1	na	17.8	21.6
Exposure concerns	8.8	19.2	16.8	na	17.7	24.4	na	21.1	15.2	na	15.8	29.8	na	18.9	19.4
PTSD symptoms (2 or more)	8.8	12.1	14.3	na	5.9	9.1	na	2.5	3.0	na	6.3	11.5	na	8.5	11.5
Depression symptoms (any)	8.8	25.5	32.3	na	20.8	27.8	na	11.2	11.9	na	25.3	32.0	na	23.5	28.4
Referral indicated by provider (any)	4.7	40.1	23.5	2.3	22.8	16.4	1.8	19.4	9.0	2.5	25.5	21.1	3.7	31.5	20.2
Mental health referral indicated*	1.8	10.3	7.9	0.4	3.2	6.2	0.3	1.6	2.9	0.3	2.5	7.8	1.2	6.4	6.7
Medical visit following referral†	99.4	99.8	98.5	93.0	94.5	92.7	98.7	99.1	99.3	68.5	85.7	89.4	96.7	97.1	96.5

	Army			Navy			Air Force			Marine Corps			All service members		
	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900	Pre-deploy DD2795	Post-deploy DD2796	Reassessment DD2900
Reserve component	n= 43,912	n= 47,166	n= 66,750	n= 3,624	n= 3,219	n= 4,384	n= 12,760	n= 12,844	n= 11,419	n= 1,588	n= 2,338	n= 3,805	n= 58,073	n= 64,569	n= 70,147
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	0.8	11.2	14.9	0.2	6.7	9.6	0.3	5.1	4.8	0.7	8.8	12.6	0.6	9.7	12.8
Health concerns, not wound or injury	10.1	29.4	40.3	1.1	37.6	35.1	0.7	9.4	17.3	1.8	27.3	43.1	7.2	26.6	36.3
Health worse now than before deployed	8.0	24.9	30.0	na	21.9	23.8	na	13.2	11.7	na	25.7	30.9	na	22.4	26.7
Exposure concerns	8.0	28.5	30.0	na	36.3	37.2	na	29.1	22.3	na	27.2	38.1	na	28.9	29.6
PTSD symptoms (2 or more)	8.0	9.5	17.1	na	7.5	12.2	na	2.5	3.2	na	7.4	19.7	na	7.5	14.7
Depression symptoms (any)	8.0	26.4	31.6	na	24.4	31.1	na	12.7	13.3	na	29.8	36.5	na	23.8	28.5
Referral indicated by provider (any)	3.1	43.9	50.4	1.9	37.9	36.7	0.8	22.8	13.9	1.4	44.6	46.5	2.5	39.4	43.3
Mental health referral indicated*	0.5	7.2	21.5	0.3	5.1	14.4	0.1	1.3	3.7	0.3	4.4	21.0	0.4	5.8	16.4
Medical visit following referral†	82.0	97.3	48.7	57.6	97.2	52.6	57.8	68.6	53.8	79.4	91.9	50.5	80.6	93.5	47.6

*Includes behavioral health, combat stress and substance abuse referrals
†Record of inpatient or outpatient visit within 6 months after referral

Figure 3. Proportion of service members who endorsed exposure concerns on post-deployment health assessments, U.S. Armed Forces, January 2003-December 2012



Data Source: Defense Medical Surveillance System

Appendix 3

Deployment Health Assessment Compliance Reports

Armed Forces Deployment Health Compliance QA Report

Armed Forces

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Recommended Mental Health Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Recommended Mental Health Referral on DD2900[6]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2011	Q2	Active	65,749	52,680	80%	62,701	95%	55,922	85%	44,566	68%	55,012	84%	20,472	37%	17,692	86%	4,891	9%	10,204	23%	9,700	95%	3,357	8%
		Reserve	7,795	6,561	84%	7,467	96%	5,939	76%	4,577	59%	5,487	70%	2,630	44%	2,395	91%	417	7%	1,981	43%	664	34%	809	18%
		Guard	5,950	5,520	93%	5,666	95%	5,335	90%	4,425	74%	4,863	82%	2,125	40%	1,929	91%	322	6%	1,929	44%	689	36%	720	16%
	Q3	Active	47,322	38,054	80%	45,408	96%	38,616	82%	31,595	67%	37,421	79%	13,500	35%	12,026	89%	3,246	8%	7,438	24%	7,040	95%	2,523	8%
		Reserve	7,394	5,886	80%	7,055	95%	5,716	77%	4,376	59%	5,363	73%	2,790	49%	2,540	91%	582	10%	2,075	47%	664	32%	952	22%
		Guard	12,936	12,265	95%	12,571	97%	11,928	92%	10,738	83%	11,342	88%	5,368	45%	5,136	96%	921	8%	5,445	51%	1,758	32%	1,840	17%
	Q4	Active	75,488	63,427	84%	71,927	95%	65,603	87%	55,980	74%	64,601	86%	23,668	36%	20,786	88%	5,667	9%	11,689	21%	10,783	92%	3,930	7%
		Reserve	8,288	6,901	83%	7,936	96%	6,984	84%	5,732	69%	6,815	82%	3,322	48%	2,902	87%	601	9%	2,635	46%	1,010	38%	1,081	19%
		Guard	14,049	13,086	93%	13,473	96%	11,985	85%	11,058	79%	11,155	79%	5,096	43%	4,790	94%	902	8%	5,081	46%	1,746	34%	2,098	19%
2012	Q1	Active	47,820	39,991	84%	45,946	96%	40,253	84%	32,728	68%	40,918	86%	14,939	37%	13,241	89%	3,395	8%	6,541	20%	5,941	91%	1,860	6%
		Reserve	5,910	4,772	81%	5,655	96%	4,941	84%	3,995	68%	4,642	79%	2,309	47%	2,089	90%	398	8%	1,836	46%	676	37%	754	19%
		Guard	8,364	7,962	95%	7,990	96%	7,656	92%	6,247	75%	7,259	87%	4,044	53%	3,692	91%	475	6%	2,725	44%	1,017	37%	1,207	19%
	Q2	Active	51,692	43,849	85%	49,561	96%	44,670	86%	35,459	69%	43,117	83%	18316	41%	16144	88%	4,547	10%	8317	23%	7680	92%	2,671	8%
		Reserve	5,198	3,953	76%	4,903	94%	4,229	81%	3,335	64%	4,108	79%	2025	48%	1799	89%	355	8%	1463	44%	569	39%	585	18%
		Guard	9,597	8,870	92%	9,310	97%	7,818	81%	7,192	75%	7,602	79%	4049	52%	3488	86%	468	6%	3368	47%	1056	31%	1,234	17%
	Q3	Active	45,089	38,263	85%	42,868	95%	38,676	86%	29,712	66%	35,775	79%	13,722	35%	11,555	84%	2,799	7%	6,133	21%	5,272	86%	1,215	4%
		Reserve	4,970	4,159	84%	4,754	96%	4,092	82%	2,918	59%	4,032	81%	1,785	44%	1,576	88%	367	9%	1,271	44%	344	27%	413	14%
		Guard	10,853	10,530	97%	10,693	99%	10,040	93%	8,547	79%	9,724	90%	4,097	41%	3,909	95%	886	9%	3,638	43%	774	21%	1,341	16%
	Q4	Active	39,058	34,598	89%	37,773	97%	34,241	88%	10,258	26%	32,565	83%	12,338	36%	11,017	89%	2,691	8%	2,585	25%	2,122	82%	141	1%
		Reserve	3,776	3,355	89%	3,644	97%	3,342	89%	1,100	29%	3,203	85%	1,418	42%	1,282	90%	262	8%	469	43%	63	13%	70	6%
		Guard	7,040	6,792	96%	6,798	97%	6,213	88%	2,928	42%	5,971	85%	1,939	31%	1,655	85%	321	5%	893	30%	87	10%	178	6%

All deployment start and end dates are established by the Defense Manpower Data Center (DMDC) Contingency Tracking System (CTS) for OEF/OIF/OND.
Deployment defined as > 30 days.
"Received" deployment forms are those that have been received by DMSS from each of the Service data systems.
The date of form is determined by "Provider Certification Date" as recorded on the last page of each health assessment.

1 DD2795: If the deployment end date is through June 2012 then the DD2795 provider certification date is between 90 days prior to and 30 days after the start of the deployment.
If the deployment end date is after June 2012 then the DD2795 provider certification date is between 120 days prior to and 30 days after the start of the deployment.
2 Serum drawn within 365 prior and 30 days after the start of deployment
3 DD2796 dated between 60 days prior to and 60 days after the end of the deployment.
4 DD2900 dated within 60-210 days from the end of the deployment. Results considered incomplete/not applicable (grey shading) for the two most recent calendar quarters.
5 Serum drawn between 30 days prior to and 60 days after the end of the deployment.
6 If a Service member has more than one form with a referral noted in DMSS, the most recently completed form (based on "Provider Certification Date") with a referral noted within compliance period was referenced.
7 Numerator: any inpatient or outpatient visit (direct or network care) within 60-days from "Provider Certification Date". Denominator: number of 'Recommended Referrals' on DD2796 or DD2900.

Data Source: Defense Medical Surveillance System (DMSS)
Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 14-Mar-2013

ARMY Deployment Health Compliance QA Report

	Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After DD2796 Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Mental Health Recommended Referral on DD2900[6]	
	Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
ARMY	2011	Q2	Active	37,707	34,050	90%	37,038	98%	32,698	87%	27,701	73%	32,523	86%	15,477	47%	14,942	97%	4,376	13%	7,408	27%	7,234	98%	2,560	9%
			Reserve	4,479	4,118	92%	4,391	98%	3,041	68%	2,338	52%	2,892	65%	1,764	58%	1,740	99%	322	11%	1,280	55%	440	34%	521	22%
			Guard	4,271	3,938	92%	4,193	98%	3,729	87%	3,211	75%	3,623	85%	1,781	48%	1,769	99%	304	8%	1,727	54%	605	35%	668	21%
		Q3	Active	25,259	22,388	89%	24,711	98%	20,554	81%	17,694	70%	20,154	80%	9,653	47%	9,601	99%	2,811	14%	5,117	29%	4,971	97%	1,812	10%
			Reserve	4,576	4,187	91%	4,477	98%	3,417	75%	2,629	57%	3,165	69%	2,075	61%	2,046	99%	508	15%	1,465	56%	462	32%	650	25%
			Guard	11,465	10,900	95%	11,340	99%	10,627	93%	9,623	84%	10,271	90%	5,071	48%	4,996	99%	898	8%	5,312	55%	1,693	32%	1,793	19%
		Q4	Active	45,557	40,436	89%	44,488	98%	40,961	90%	36,023	79%	40,276	88%	17,808	43%	17,682	99%	4,761	12%	8,296	23%	7,850	95%	2,983	8%
			Reserve	5,128	4,681	91%	5,035	98%	4,523	88%	3,419	67%	4,355	85%	2,446	54%	2,376	97%	491	11%	1,799	53%	639	36%	734	21%
			Guard	11,881	11,088	93%	11,664	98%	10,059	85%	9,479	80%	9,531	80%	4,627	46%	4,581	99%	843	8%	4,837	51%	1,641	34%	2,027	21%
	2012	Q1	Active	25,833	23,433	91%	25,398	98%	22,397	87%	19,629	76%	22,771	88%	10,799	48%	10,712	99%	2,952	13%	4,525	23%	4,169	92%	1,252	6%
			Reserve	3,113	2,838	91%	3,059	98%	2,570	83%	2,098	67%	2,361	76%	1,457	57%	1,430	98%	317	12%	1,196	57%	428	36%	508	24%
			Guard	6,371	6,059	95%	6,300	99%	5,835	92%	5,020	79%	5,667	89%	3,551	61%	3,487	98%	448	8%	2,543	51%	953	37%	1,157	23%
		Q2	Active	27,048	23,874	88%	26,448	98%	24,157	89%	21,255	79%	23,985	89%	13499	56%	13281	98%	4,101	17%	5932	28%	5740	97%	1,926	9%
			Reserve	2,601	2,243	86%	2,544	98%	2,063	79%	1,642	63%	1,991	77%	1148	56%	1097	96%	259	13%	872	53%	321	37%	355	22%
			Guard	7,632	6,980	91%	7,526	99%	6,022	79%	5,947	78%	6,013	79%	3461	57%	3244	94%	451	7%	3215	54%	998	31%	1,192	20%
		Q3	Active	23,783	21,319	90%	22,903	96%	21,124	89%	17,702	74%	20,225	85%	9,570	45%	9,260	97%	2,413	11%	3,596	20%	3,194	89%	959	5%
			Reserve	2,896	2,609	90%	2,831	98%	2,428	84%	1,724	60%	2,412	83%	1,235	51%	1,204	97%	315	13%	874	51%	230	26%	360	21%
			Guard	9,091	8,793	97%	9,024	99%	8,466	93%	7,353	81%	8,395	92%	3,837	45%	3,777	98%	877	10%	3,484	47%	715	21%	1,322	18%
		Q4	Active	21,232	19,815	93%	20,763	98%	19,294	91%	5,676	27%	18,749	88%	8,543	44%	8,423	99%	2,380	12%	1,523	27%	1,347	88%	139	2%
			Reserve	2,606	2,426	93%	2,544	98%	2,404	92%	694	27%	2,296	88%	1,103	46%	1,068	97%	228	9%	325	47%	40	12%	67	10%
			Guard	4,255	4,045	95%	4,195	99%	3,693	87%	1,542	36%	3,665	86%	1,443	39%	1,437	100%	308	8%	755	49%	67	9%	178	12%

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Data Source: Defense Medical Surveillance System (DMSS)
Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 14-Mar-2013

NAVY Deployment Health Compliance QA Report

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Mental Health Recommended Referral on DD2900[6]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2011	Q2	Active	4,466	1,614	36%	3,862	86%	2,263	51%	1,845	41%	2,430	54%	524	23%	426	81%	47	2%	306	17%	270	88%	113	6%
		Reserve	1,835	1,229	67%	1,745	95%	1,548	84%	1,236	67%	1,449	79%	498	32%	454	91%	52	3%	448	36%	129	29%	189	15%
	Q3	Active	4,112	1,701	41%	3,596	87%	2,101	51%	1,915	47%	2,163	53%	565	27%	448	79%	65	3%	447	23%	377	84%	140	7%
		Reserve	989	423	43%	893	90%	608	61%	532	54%	572	58%	239	39%	217	91%	23	4%	176	33%	61	35%	84	16%
	Q4	Active	5,162	2,246	44%	4,471	87%	2,531	49%	2,696	52%	3,007	58%	589	23%	432	73%	72	3%	560	21%	474	85%	138	5%
		Reserve	1,044	585	56%	982	94%	801	77%	748	72%	696	67%	316	39%	284	90%	35	4%	255	34%	104	41%	100	13%
2012	Q1	Active	4,284	1,938	45%	3,780	88%	2,411	56%	2,374	55%	2,815	66%	680	28%	452	66%	102	4%	422	18%	348	82%	136	6%
		Reserve	940	467	50%	857	91%	661	70%	648	69%	667	71%	275	42%	261	95%	29	4%	271	42%	100	37%	125	19%
	Q2	Active	3,635	1,785	49%	3,155	87%	1632%	45%	1,984	55%	1,743	48%	448	27%	297	66%	51	3%	420	21%	331	79%	150	8%
		Reserve	841	484	58%	771	92%	567%	67%	565	67%	539	64%	287	51%	269	94%	41	7%	284	50%	117	41%	111	20%
	Q3	Active	4,079	2,028	50%	3,603	88%	2,148	53%	2,270	56%	2,266	56%	607	28%	360	59%	54	3%	518	23%	386	75%	69	3%
		Reserve	728	384	53%	631	87%	435	60%	462	63%	453	62%	172	40%	163	95%	26	6%	201	44%	65	32%	28	6%
	Q4	Active	2,825	1,466	52%	2,526	89%	1,494	53%	583	21%	1,262	45%	278	19%	199	72%	37	2%	214	37%	132	62%	0	0%
		Reserve	422	250	59%	379	90%	291	69%	185	44%	290	69%	93	32%	81	87%	16	5%	88	48%	15	17%	2	1%

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Data Source: Defense Medical Surveillance System (DMSS)
Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 14-Mar-2013

AIR FORCE Deployment Health Compliance QA Report

	Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Mental Health Recommended Referral on DD2900[6]	
	Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
AIR FORCE	2011	Q2	Active	12,389	11,100	90%	12,247	99%	11,449	92%	8,754	71%	11,356	92%	2,162	19%	1,645	76%	161	1%	967	11%	939	97%	309	4%
			Reserve	1,062	1,002	94%	949	89%	999	94%	731	69%	788	74%	212	21%	105	50%	16	2%	129	18%	55	43%	24	3%
			Guard	1,679	1,582	94%	1,473	88%	1,606	96%	1,214	72%	1,240	74%	344	21%	160	47%	18	1%	202	17%	84	42%	52	4%
		Q3	Active	10,823	9,692	90%	10,700	99%	9,956	92%	7,617	70%	9,946	92%	1,924	19%	1,576	82%	209	2%	752	10%	732	97%	234	3%
			Reserve	867	803	93%	770	89%	797	92%	570	66%	740	85%	229	29%	142	62%	12	2%	107	19%	49	46%	41	7%
			Guard	1,471	1,365	93%	1,231	84%	1,301	88%	1,115	76%	1,071	73%	297	23%	140	47%	23	2%	133	12%	65	49%	47	4%
		Q4	Active	13,771	13,205	96%	13,674	99%	12,436	90%	9,569	69%	12,457	90%	2,623	21%	2,048	78%	519	4%	882	9%	867	98%	285	3%
			Reserve	690	661	96%	636	92%	596	86%	505	73%	555	80%	189	32%	133	70%	22	4%	68	13%	27	40%	18	4%
			Guard	2,168	1,998	92%	1,809	83%	1,926	89%	1,579	73%	1,624	75%	469	24%	209	45%	59	3%	244	15%	105	43%	71	4%
	2012	Q1	Active	10,249	9,686	95%	10,166	99%	8,830	86%	5,711	56%	8,671	85%	1,701	19%	1,423	84%	170	2%	589	10%	578	98%	203	4%
			Reserve	1,053	1,010	96%	999	95%	963	91%	737	70%	932	89%	336	35%	204	61%	27	3%	142	19%	62	44%	30	4%
			Guard	1,993	1,903	95%	1,690	85%	1,821	91%	1,227	62%	1,592	80%	493	27%	205	42%	27	1%	182	15%	64	35%	50	4%
		Q2	Active	11,183	10,700	96%	11,096	99%	10,212	91%	5,857	52%	10,045	90%	2,109	21%	1,664	79%	163	2%	623	11%	616	99%	174	3%
			Reserve	1,079	1,047	97%	1,047	97%	1,023	95%	727	67%	989	92%	288	28%	182	63%	17	2%	112	15%	63	56%	26	4%
			Guard	1,965	1,890	96%	1,784	91%	1,796	91%	1,245	63%	1,589	81%	588	33%	244	41%	17	1%	153	12%	58	38%	42	3%
		Q3	Active	7,430	7,162	96%	7,370	99%	6,656	90%	4,258	57%	6,593	89%	1,351	20%	1,126	83%	111	2%	644	15%	633	98%	53	1%
			Reserve	717	693	97%	710	99%	665	93%	438	61%	615	86%	198	30%	116	59%	9	1%	71	16%	26	37%	5	1%
			Guard	1,762	1,737	99%	1,669	95%	1,574	89%	1,194	68%	1,329	75%	260	17%	132	51%	9	1%	154	13%	59	38%	19	2%
		Q4	Active	9,630	9,359	97%	9,573	99%	8,883	92%	3,044	32%	8,579	89%	2,038	23%	1,669	82%	133	1%	518	17%	482	93%	0	0%
			Reserve	545	528	97%	534	98%	498	91%	174	32%	465	85%	151	30%	110	73%	11	2%	32	18%	6	19%	1	1%
			Guard	2,785	2,747	99%	2,603	93%	2,520	90%	1,386	50%	2,306	83%	495	20%	218	44%	13	1%	138	10%	20	14%	0	0%

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Data Source: Defense Medical Surveillance System (DMSS)
Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 14-Mar-2013

MARINES

MARINE CORPS Deployment Health Compliance QA Report

Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Recommended Mental Health Referral on DD2900[6]	
Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
2011	Q2	Active	11,079	5,839	53%	9,452	85%	9,419	85%	6,266	57%	8,603	78%	2,296	24%	666	29%	305	3%	1,523	24%	1,257	83%	375	6%
		Reserve	416	210	50%	379	91%	351	84%	272	65%	356	86%	156	44%	96	62%	27	8%	124	46%	40	32%	75	28%
	Q3	Active	7,060	4,240	60%	6,347	90%	5,973	85%	4,369	62%	5,118	72%	1,355	23%	398	29%	160	3%	1,122	26%	960	86%	337	8%
		Reserve	846	469	55%	807	95%	783	93%	644	76%	778	92%	212	27%	100	47%	38	5%	327	51%	92	28%	177	27%
	Q4	Active	10,889	7,472	69%	9,195	84%	9,603	88%	7,691	71%	8,784	81%	2,636	27%	614	23%	315	3%	1,951	25%	1,592	82%	524	7%
		Reserve	1,412	967	68%	1,271	90%	1,059	75%	1,060	75%	1,205	85%	368	35%	106	29%	53	5%	513	48%	240	47%	229	22%
2012	Q1	Active	7,426	4,920	66%	6,578	89%	6,606	89%	5,014	68%	6,647	90%	1,758	27%	653	37%	171	3%	1,005	20%	846	84%	269	5%
		Reserve	690	360	52%	638	92%	635	92%	512	74%	574	83%	221	35%	174	79%	23	4%	227	44%	86	38%	91	18%
	Q2	Active	9,670	7,368	76%	8,706	90%	8,527	88%	6,335	66%	7,193	74%	2,239	26%	882	39%	231	3%	1,340	21%	993	74%	421	7%
		Reserve	671	175	26%	536	80%	572	85%	400	60%	588	88%	301	53%	250	83%	37	6%	194	49%	68	35%	92	23%
	Q3	Active	9,762	7,720	79%	8,958	92%	8,719	89%	5,479	56%	6,662	68%	2,188	25%	803	37%	221	3%	1,375	25%	1,059	77%	134	2%
		Reserve	581	425	73%	534	92%	517	89%	280	48%	505	87%	167	32%	80	48%	16	3%	120	43%	19	16%	20	7%
	Q4	Active	5,287	3,878	73%	4,829	91%	4,502	85%	954	18%	3,953	75%	1,462	32%	709	48%	141	3%	330	35%	161	49%	2	0%
		Reserve	202	150	74%	186	92%	149	74%	47	23%	152	75%	71	48%	23	32%	7	5%	24	51%	2	8%	0	0%

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Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 14-Mar-2013

COAST GUARD Deployment Health Compliance QA Report

	Deployment End Date		Component	Number returned from deployment	DD2795[1]		Pre-Deployment Serum[2]		DD2796[3]		DD2900[4]		Post-Deployment Serum[5]		Recommended Referral on DD2796[6]		Medical Visit After Recommended Referral[7]		Mental Health Recommended Referral on DD2796[6]		Recommended Referral on DD2900[6]		Medical Visit After DD2900 Recommended Referral[7]		Recommended Mental Health Referral on DD2900[6]	
	Year	Calendar Quarter			Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
COAST GUARD	2011	Q2	Active	108	77	71%	102	94%	93	86%	0	0%	100	93%	13	14%	13	100%	2	2%	0	0%	0	0%	0	0%
			Reserve	3	2	67%	3	100%	0	0%	0	0%	2	67%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Q3	Active	68	33	49%	54	79%	32	47%	0	0%	40	59%	3	9%	3	100%	1	3%	0	0%	0	0%	0	0%
			Reserve	116	4	3%	108	93%	111	96%	1	1%	108	93%	35	32%	35	100%	1	1%	0	0%	0	0%	0	0%
		Q4	Active	109	68	62%	99	91%	72	66%	1	1%	77	71%	12	17%	10	83%	0	0%	0	0%	0	0%	0	0%
			Reserve	14	7	50%	12	86%	5	36%	0	0%	4	29%	3	60%	3	100%	0	0%	0	0%	0	0%	0	0%
	2012	Q1	Active	28	14	50%	24	86%	9	32%	0	0%	14	50%	1	11%	1	100%	0	0%	0	0%	0	0%	0	0%
			Reserve	114	97	85%	102	89%	112	98%	0	0%	108	95%	20	18%	20	100%	2	2%	0	0%	0	0%	0	0%
		Q2	Active	156	122	78%	156	100%	142	91%	28	18%	151	97%	21	15%	20	95%	1	1%	2	7%	0	0%	0	0%
			Reserve	6	4	67%	5	83%	4	67%	1	17%	1	17%	1	25%	1	100%	1	25%	1	100%	0	0%	1	100%
		Q3	Active	35	34	97%	34	97%	29	83%	3	9%	29	83%	6	21%	6	100%	0	0%	0	0%	0	0%	0	0%
			Reserve	48	48	100%	48	100%	47	98%	14	29%	47	98%	13	28%	13	100%	1	2%	5	36%	4	80%	0	0%
		Q4	Active	84	80	95%	82	98%	68	81%	1	1%	22	26%	17	25%	17	100%	0	0%	0	0%	0	0%	0	0%
			Reserve	1	1	100%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

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