



PERSONNEL AND  
READINESS

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

**NOV 13 2023**

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

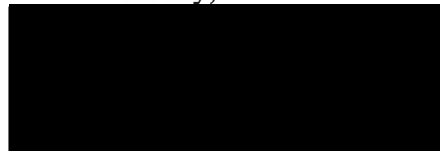
Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1073b, requesting that the Secretary of Defense provide an annual report on the compliance by the Military Departments with applicable laws and policies on the recording of health assessment data in military health records, is enclosed. This report addresses specific quality assurance activities during Calendar Year 2022 that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

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

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the House Armed Services Committee.

Sincerely,



Ashish S. Vazirani  
Acting

Enclosure:  
As stated

cc:  
The Honorable Roger F. Wicker  
Ranking Member



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

The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

**NOV 13 2023**

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Sincerely,



Ashish S. Vazirani  
Acting

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# **Report to the Committees on Armed Services of the Senate and the House of Representatives**



## **Annual Report on Recording of Health Assessment Data in Military Health Records Pursuant to 10 U.S.C. § 1073b**

**November 2023**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$2,000 for the 2022 Fiscal Year. This includes \$500 in expenses and \$1,500 in DoD labor.

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## **Introduction**

The Department of Defense (DoD) reports annually to the Committees on Armed Services of the Senate and the House of Representatives pursuant to 10 U.S.C. § 1073b, as amended.

## **Executive Summary**

The Force Health Protection Quality Assurance (FHPQA) program audits the collection of blood samples, administration of specific immunizations, and documentation of deployment health assessments by reviewing the electronic medical repositories for deployed military members. This report documents the results of those audits for military members returning from a deployment in Calendar Year (CY) 2022.

The information for this report is collected through the Defense Health Agency's (DHA) Armed Forces Health Surveillance Division (AFHSD), the Defense Manpower Data Center (DMDC) and the Military Departments (MILDEPs). AFHSD maintains the Defense Medical Surveillance System (DMSS) as the central repository for medical surveillance data for the U.S. Armed Forces. DMSS includes blood sampling data from the Department of Defense Serum Repository (DoDSR), immunizations data, and the completed deployment health assessment forms.

DMDC collates different types of data including, personnel, manpower, training, financial, history and other to supplement the MILDEPs' deployment submissions. This effort provides support to the information management needs of the Office of the Under Secretary of Defense for Personnel and Readiness. Additionally, the MILDEPs maintain copies of immunizations and deployment health assessments in each military member's medical record and the Military Service-specific medical readiness reporting system.

## **Blood Samples, Immunizations, and Health Assessments**

Section 1073b of title 10, U.S Code, directs the DoD to submit the results of audits conducted during the CY documenting to what extent deployed military members' serum sample data are stored in the DoDSR. The deployment-related health assessment records are maintained in the DMSS electronic database. In CY 2022, members of the FHPQA program and representatives of the MILDEPs jointly planned, coordinated, and conducted audits electronically using data from the DMSS and DMDC. The audits assessed deployment health policy compliance and effectiveness as directed by Department of Defense Instruction (DoDI) 6200.05, "Force Health Protection Quality Assurance (FHPQA) Program," June 16, 2016, as amended. Table 1. illustrates DoD's audit results for all deployed military members in CY 2022 who met specific audit criteria outlined in this section.

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

<b>Audit results for Service members deployed in CY22</b>	<b>CY 2022</b>	<b>CY 2021</b>	<b>CY 2020</b>
Number of returning service members from deployment	61,356	82,437	94,214
Immunizations Required per DoDI 6205.02	75%	79%	87%
Health Assessment Completion (Goal > 95%, DoDI 6200.05)			
Pre-Deployment Health Assessment	71%	75%	84%
Post-Deployment Health Assessment (PDHA)	59%	61%	74%
Post-Deployment Health Reassessment (PDHRA)	38%	39%	40%
Blood Samples Collected			
Pre-deployment Blood Samples	89%	91%	93%
Post-deployment Blood Samples	52%	55%	61%

Data Source: DMSS, Prepared by Defense Health Agency AFHSD, as of July 26, 2023

The Contingency Tracking System (CTS), managed by DMDC, includes deployment information used to identify deployed DoD Service members who returned from deployment during CY 2022. This audit data includes completed PDHRA forms through July 26, 2023. Military members were included if they deployed greater than 30 days to an identified country (i.e., deployments to unknown locations or bodies of water were excluded).

DoDI 6490.03, “Deployment Health,” June 19, 2019, requires Service members to complete the Pre-Deployment Health Assessment 120 days prior to the expected deployment date, the PDHA as close to the return-from-deployment date as possible, but not earlier than 30 days before the expected return-from-deployment date, and not later than 30 days after return from deployment, and the PDHRA within 90 to 180 days after return to home station. However, on occasion, the CTS roster includes time away from home station as part of deployment when, in fact, the individual has not yet deployed.

The window period for submission was widened as indicated in the description below to ensure complete capture of the deployment health assessment forms in the DMSS. As an example, the PDHA window was modified from not earlier than 30 days before expected return, to not earlier than 60 days before expected return, and from not later than 30 days after return, to not later than 60 days after return.

The following are the compliance criteria used for deployed DoD Service members:

- Blood Sample – Blood-derived Serum Collection:
  - Pre-deployment Blood-derived serum specimen sample drawn within 365 days prior to and 30 days after the deployment begin date.
  - Post-deployment Blood-derived serum specimen sample drawn between 30 days prior to and 60 days after the deployment end date.
- Immunizations: Individuals deployed to United States Central Command area of operation for more than 30 days were required to have Anthrax and Influenza vaccinations or documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
  - Pre-Deployment Health Assessment: Given 150 days before to 30 days after deployment begin date.
  - PDHA: Given 60 days before to 60 days after the deployment end date.
  - PDHRA: Given 90 to 210 days after deployment end date.

## **Conclusion**

The compliance data presented in this report is trending downward. DMDC's CTS roster was used along with the DMSS data as the single source for deployment health-related data. This data was affected by a discrepancy between the MILDEPs and the historic CTS data collection methodologies. Deployment roster data differs between medical readiness and personnel systems since there is no policy for these systems to be integrated. This leads to discrepancies between what is being tracked by health care teams and the deployments that are included in this report.

The MILDEPs identified challenges that contributed to the downward trend in compliance rates and requested DMDC update the CTS roster to ensure the inclusion of Country Codes and affiliated contingencies. Additionally, there were recommendations to develop a new database to improve the tracking and reporting of real-time deployment dates which could mitigate existing issues. Currently, the MILDEPs utilize three different readiness systems to complete, track, and report deployment health data.

Previous DoD efforts to improve compliance included discussions with DMDC concerning additional quality assurance and compliance mechanisms to ensure technology improvements aligned with deployment reporting systems. Additionally, some Service-specific policies were updated to better align with DoD-level deployment health policy. DMDC also took actions to improve deployment tracking data to ensure the CTS roster would better reflect accurate data and metrics.

One factor that cannot be dismissed is the effect the coronavirus disease (COVID-19) pandemic had on DoD programs in CY 2022 as COVID-19 restrictions were still on-going and did impact some areas of readiness. Currently, as of the 4th quarter CY 2022, the Total Force Medical Readiness Rate is 92.4 percent (DoD policy goal is 90 percent).

DHA will continue to conduct annual quality assurance comparison audits to monitor, analyze and report findings for the deployment health program and force health protection processes.