Statement by

Ms. Ellen P. Embrey

Deputy Assistant Secretary of Defense (Force Health Protection and Readiness)

Before the U.S. House of Representatives

Committee on Government Reform

February 17, 2005

Mr. Chairman. and distinguished members of this committee. thank you for the opportunity today to discuss the Department of Defense's (DoD's) force health protection programs and how they impact the care provided to wounded service members. The Department is firmly committed to protecting the health of our active and reserve component members. before deployment. while they are deployed and upon their return. I am pleased to join my colleagues on this panel today to address your concerns regarding care for soldiers injured in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

Today. I will outline the Department's current management practices, technological advances. and initiatives underway to address this very important issue, with a particular focus on the Army Reserve Components (RC).

Since September 11. 2001. approximately 475.000 RC members have been mobilized to support the Global War on Terrorism. Of those mobilized. 376.000. or 79 percent were Army RC soldiers. This unprecedented and sustained mobilization stressed vital Service and Departmental support systems and processes. and brought attention to the need for emphasis on achieving and sustaining medical readiness throughout the total force.

During the initial call-up of RC personnel for OIF and OEF there was no consistently reliable method of capturing and monitoring the health status and medical readiness of active component (AC) and RC members. Of the 158.381 Army RC members mobilized early in OIF/OEF (Dec 2002 thru Oct 2003). more than 4.850 were identified as not meeting medical readiness standards for deployment and were placed into medical hold

status. Although this represented only 3 percent of the Army RC members initially mobilized. it still created significant medical processing and management challenges.

In response to these challenges. the Army effected several changes to its RC mobilization procedures and successfully reduced the percent of its RC soldiers entering active duty with deployment limiting medical conditions. Many of these changes were designed specifically to improve individual and commander emphasis on achieving individual medical readiness and health status reporting.

Medical readiness is assessed by determining the extent to which individual service members are free from health-related conditions that could limit their ability to participate in military operations. Historically. the Army monitored reserve component member medical readiness by requiring a medical evaluation every five years. supplemented by an annual health certification from reserve component members that no significant health status changes had occurred. In order to gain better visibility of individual medical readiness across the force. we established Individual Medical Readiness (IMR) standards and required the Services to provide quarterly reports on the extent to which the total force meets those standards across the following six elements:

- Dental Readiness: Applying DoD's existing dental classification system. measures if individual service member is in category 1 or 2 of dental readiness.
- Immunization Status: Measures if individual service member has received all required vaccinations. including those specific to the operation at hand.

- Medical Readiness Labs: Measures if individual service member has undergone required HIV testing. DNA sampling. and other required labwork.
- Absence of Deployment Limiting Medical Conditions: Applying Service-specific and occupation-specific medical standards for retention and worldwide qualification. measures if individual service member has no deployment limiting medical conditions.
- Periodic Health Assessments: Measures if individual service member has fulfilled required periodic health assessments.
- Medical Equipment: Measures if individual service member has universal and occupationally-specific protective equipment. such as eyeglasses. gas mask inserts. hearing protection. laser eye protection. etc.

Based on the above elements. the status of each individual is classified using the following system:

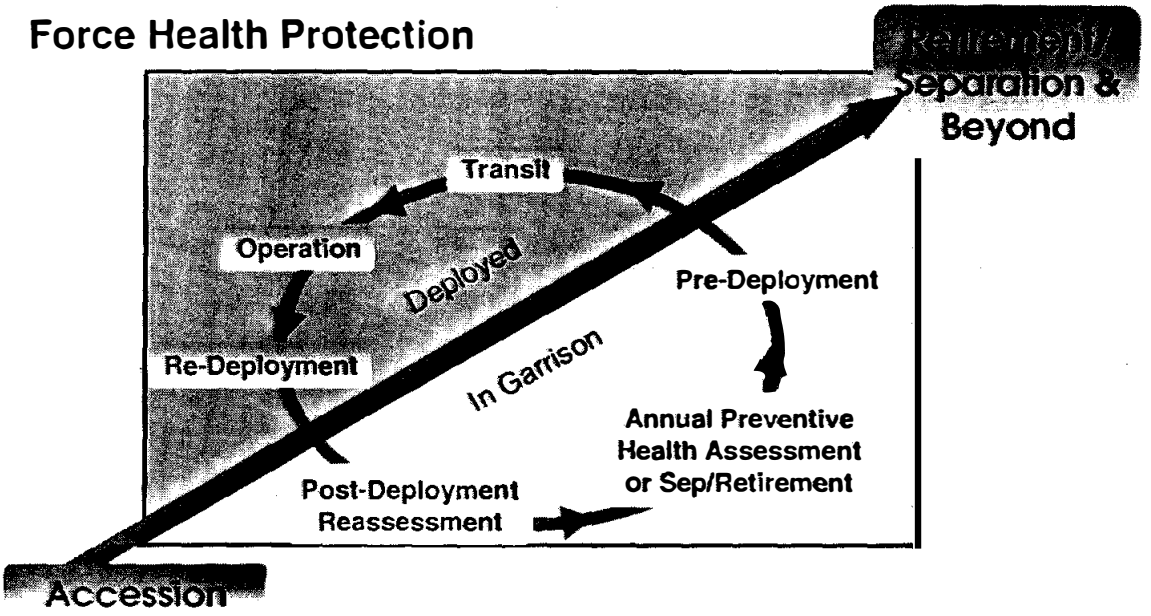
- Fully Medically Ready: current for all elements.
- Partially Medically Ready: lacking only items that can be obtained relatively easily near the time of deployment. such as immunizations. readiness labs. or medical equipment.
- Not Medically Ready: a deployment limiting condition exists. including hospitalization or convalescence due to serious illness or injury.
- Medical Readiness Indeterminate: unable to determine health status because of missing health records or an overdue periodic health or dental assessment.

These categories and elements provide a mechanism for commanders to monitor the medical readiness of their troops and units. The quarterly reports provide a mechanism to ensure routine focus on medical readiness matters needing attention for each individual. The IMR standards and reporting system was established in May 2003. The Military Departments are required to measure against these standards and report on the medical readiness of the force.

Achieving medical readiness requires a strong partnership involving the individual soldier, their commander, and the medical and personnel communities. Maintaining individual medical readiness to deploy is a condition of continued employment in the armed forces. Commanders must visibly support existing standards and policies, and provide a supportive environment that ensures accurate reporting of health status by the troops. The medical community monitors individual medical readiness data, provides summary reports to commanders, and serves as a liaison between the individuals, commanders, and the personnel system. The personnel community provides advice and assistance regarding personal entitlements and benefits and is responsible for determining whether a service member remains suited for military service after significant changes in health status.

Each service member is responsible for meeting health and fitness standards by employing appropriate physical exercise and nutrition guidelines. He or she is required to immediately inform the commander and medical staff of any new medical diagnosis, serious injury, hospitalization, or major surgery (requiring anesthesia). Additional opportunities for updating their health status are available during the periodic health

assessments. pre- and post-deployment health assessments. and planned post-deployment reassessments. The figure below depicts a simplified career experience of a service member and what events during that career that trigger health promotion, prevention. health screening and health assessments.



Periodic health assessments occur annually. Another health assessment occurs just prior to deployment using the DD Form 2795. Pre-deployment Health Assessment questionnaire following a medical screening process. This gives health care providers a chance to screen for any deployment-limiting conditions that may have surfaced since the last periodic health assessment. A service member's final military assessment occurs at the time of separation or retirement.

At the time of redeployment the service member is required to complete. as part of the redeployment process. a DD Form 2796 Post-deployment Health Assessment questionnaire. This process and questionnaire provide each service member an

opportunity to document in detail their views about how their deployment has affected their health. This assessment includes a face-to-face meeting with a health care provider to raise any concerns they may have, including possible hazardous exposures during the deployment. The service member may be referred for further medical follow-up by the provider based on this process.

Last month we announced a new policy that requires all redeploying service members to undergo, during the period 90-180 days after returning home, an additional assessment to evaluate their health and identify any delayed physical or behavioral health problems that may be associated with their most recent deployment.

My office carefully tracks Service execution of the Pre- and Post-deployment Health Assessment program. Since January 2003, active and reserve service member's have completed a total of 573,799 pre-deployment health assessment questionnaires and 510,146 post-deployment health assessment questionnaires. Approximately 5 percent of all deployed service members were found to need a medical referral during the pre-deployment screening process. As of February 7, 2005, referrals from post-deployment assessments were more common among reservists, 23 % versus 16% among active duty members.

Post-deployment questionnaires completed by Army Reservists received between January 1, 2003 and February 7, 2005, indicated the following:

- 168,609 Army Reservists submitted a post-deployment questionnaire

- 89 percent indicated that their general health was "good" or "excellent"
- 78 percent did not indicate any health concerns
- 25 percent received a referral and 77 percent of those visited a military medical provider within six months after their redeployment

Some referrals identified conditions that require the members to enter into Medical Hold status. RC members most often enter into medical hold status because they have sustained injuries and/or illnesses during deployment that require a recovery time that exceeds the termination date of their orders to active duty.

Total RC members in Operation Noble Eagle (ONE)/OEF/OIF include (as of January 31. 2005):

Currently Mobilized:	180.250
Demobilized to Date:	294.504
Total Mobilized to Date:	474.754

The Military Departments routinely provide reports to my office which detail the number of personnel. both AC and RC. who are in various categories of Medical Hold. As of January 21. 2005. there were 6.640 total service members in these categories. Army personnel make up 89 percent of that total – with 15 percent of the Army cohort from the AC and 85 percent from the RC. As part of the Medical Hold process. some service members will be identified as needing a Medical Evaluation Board (MEB). leading to a Physical Evaluation Board (PEB).

A MEB and PEB – are the Department's formal mechanisms to assess an individual's ability to continue in military service following a serious illness or injury. These are convened as appropriate, on a case by case basis.

Medical standards for service suitability are service-specific. The most stringent standards are for accession into military service and designed to exclude individuals with known medical conditions that would limit their ability to serve fully on active duty. Once an individual has entered into military service, there are separate standards that apply to retention, reflecting the reality that humans develop medical conditions and suffer injuries as part of life, but they may still be able to serve their country honorably in some capacity.

When a military member is diagnosed with a new medical condition or suffers a serious injury, a military health care provider is required to review the applicable standards to determine if the individual's ability to serve fully as required by their job may be diminished. If so, a physical profile is generated and sent to the individual's commander and the personnel system to alert them that the condition exists, and should be monitored.

A MEB may not be immediately initiated, allowing the service member time for the normal healing and rehabilitation process. This is especially important after serious injuries when considerable time may be needed before determining the level of individual health after rehabilitation. A premature MEB may negatively impact the individual's ability to continue serving. Such actions are not taken lightly, and military medical

providers allow individuals the fullest opportunity to recover before making such determinations. Currently, this period of observation or "time to heal" for OEF and OIF soldiers averages 121 days, but varies considerably depending on the medical condition and healing process.

However, once there is a determination that the expected final level of capability will fall short of published standards, a formal MEB process begins. Physicians at a military treatment facility meet to review all available medical information and make a determination as to the capability of a patient to return to full duty. The board reviews the condition and prognosis, and compares them to the prevailing standard. The board then recommends that the case be referred to a PEB for final disposition (this is the most common result), recommends additional evaluation or a longer period of observation, or recommends returning the individual to full duty. Current DoD guidance stipulates a peacetime standard of completion within 30 days. From November 1, 2003 to February 2, 2005, a total 15,485 Army soldiers in Medical Hold have been medically evaluated for retention in the military. Of these 15,485 soldiers, 65 percent were retained while 35 percent were released from the military. Army MEBs are currently taking up to 67 days to complete.

The PEB is a decision making body convened to make personnel decisions based on input from the MEB. This board is convened as needed within each Service's personnel community and makes determinations on whether to reclassify and retain a service member, or to separate them from military service. DoD guidance stipulates a peacetime

standard for completing PEBs is within 40 days. The average PEB completion time since OIF/OEF began ranges between 87-280 days.

The Global War on Terrorism is the largest ongoing mobilization of the reserve component since WWII. Many rules and procedures that worked well for smaller mobilizations of shorter durations are unsuited for the large and prolonged mobilizations we are currently conducting. The Department and the Services recognized shortfalls and undertook several initiatives to improve the medical readiness of the force overall, and the reserve components in particular. These include:

- Establishing a Deployment Health Quality Assurance Program in 2003 to monitor Service compliance with Department policies governing the administration of the Pre- and Post-Deployment Health Assessments and the documentation of health care received during deployments. In 2004, the program was expanded to encompass all major areas of DoD's Force Health Protection Program.

- Establishing IMR standards and quarterly reporting requirements in May 2003 and continuing to aggressively monitor improvements in the capture and reporting of IMR data forcewide.

- Refining and expanding the Post-Deployment Health Assessment process and questionnaire in May 2003, to capture servicemember exposure and mental health concerns. In January 2005, the Department announced a

new policy requiring a follow-up post-deployment health reassessment within 90 to 180 days of redeployment to proactively screen all returning service members for health problems that do not present immediately upon redeployment.

- Establishing the capability to electronically capture and store Pre- and Post-Deployment Health Assessments was introduced by the Army in January 2004. Since then, the Army has aggressively implemented this capability and as a result, more than 90% of all Army pre- and post-deployment questionnaires are being completed electronically. This allows pre and post assessment data to be made available to physicians' use during follow-on care encounters as well as providing a link for such data to service members' electronic medical records.

- Since November 2003, my office has been routinely reporting the changes in status of DoD-wide servicemembers in medical hold to Under Secretary of Defense (Personnel and Readiness). The Army, with the majority of the total mobilized force, has taken very seriously its responsibility to provide world class care for the Army's sick and injured combat veterans. They recently have taken the initiative to enable RC soldiers in a medical hold status to receive treatment and recuperate at or near their homes, when appropriate care is available locally.

These ongoing efforts have resulted in significant improvement, but we recognize that we still have much work to do. We are exploring new initiatives to further enhance medical readiness, and to ensure timely and effective care of deployment-related illnesses and injuries. These include:

- Establishing a standard annual periodic health assessment program, applicable to the Total Force.

- In conjunction with the Department of Veterans Affairs (VA), identifying ways to better leverage VA specialty care capabilities to support service members' medical needs, especially Reservists.

- Investigating options to enhance awareness of the longitudinal health status of reserve component members over time.

- Exploring ways to improve VA's access to the medical records of reserve component service members who are eligible for care in the VA, and are continuing their service to the military.

- Working to streamline the cumbersome Line of Duty determination process to provide separated RC service members easier access to care for illnesses and injuries sustained while on active duty.

Mr. Chairman. once again. thank you for the opportunity to provide you and members of the Committee with an overview of the Department's programs. policies and initiatives to improve medical readiness. enhance our ability to diagnose and treat deployment related injuries and illnesses. and better support our service members in recovery and rehabilitation.