



PERSONNEL AND
READINESS

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

JUL 10 2014

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) Force Health Protection Quality Assurance Program Report to Congress for Calendar Year 2013, 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 member 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.

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

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman



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WASHINGTON, DC 20301-4000

JUL 10 2014

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

Dear Mr. Chairman:

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Sincerely,

A handwritten signature in blue ink that reads "Jessica L. Wright". The signature is stylized and cursive.

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



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WASHINGTON, DC 20301-4000

JUL 10 2014

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

Dear Mr. Chairman:

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Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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

JUL 10 2014

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

Dear Mr. Chairman:

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Sincerely,



Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member



**Report to Congress
on the 2013 Activities of
the Force Health Protection
Quality Assurance Program of
the Department of Defense**

**Pursuant to section 739 of the
Ronald W. Reagan National Defense
Authorization Act
for Fiscal Year 2005**

The estimated cost of this report or study for the Department of Defense is approximately \$9,810 for the 2013 Fiscal Year. This includes \$0 in expenses and \$9,810 in DoD labor.

Generated on 2014Apr09

RefID: B-1671A46

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Introduction

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

Executive Summary

The Force Health Protection 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. The 2013 audits examine 2012 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2012 deployments. In addition, it reports actions taken by the Department of Defense (DoD) to identify deployment-related occupational and environmental health risks and the evaluation or treatment of Service members possibly exposed to hazardous substances. The Department reports on these actions annually covering the previous calendar year.

- **Blood Samples and Health Assessments**

The Armed Forces Health Surveillance Center maintains the Defense Medical Surveillance System (DMSS). DMSS is a central repository of medical surveillance data for the US Armed Forces. Included in the DMSS are data from the DoD Serum Repository (DoDSR) and the deployment health assessments. Collectively, for Service member deployments analyzed for the 2013 quality assurance review, the DMSS contained Pre-Deployment Health Assessment (Pre-DHA) forms on 85 percent of those Service members required to fill out this form (versus 86 percent in 2012), 85 percent of those required to complete the Post-Deployment Health Assessment (PDHA) forms (versus 87 percent in 2012), and 71 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) forms (versus 72 percent in 2012). This represents a slight decrease in deployment health assessment compliance. The individual Service results of the health assessment record audits are available in Appendix 1.

QA audits revealed that the Services provided blood samples to the DoDSR for 96 percent of Services members before deployment and 83 percent after deployment.

- **Responding to Expressed Health Concerns**

Service member health concerns after returning from deployment have generally decreased when comparing the most recent six months PDHRAs with those from the same period last year. Active and Reserve Component returnees reported good, very good, or excellent health 90 and 88 percent of the time, respectively (vs. 87 percent for the same period last year), having the same or better health upon return 81 and 77 percent of the time (vs. 76 and 74 percent last year), and residual health concerns 9 and 19 percent of the time (vs. 25 and 41 percent last year). The only health concern to increase was a potential for alcohol misuse. This concern has increased for both the Active and Reserve Component (40 and 38 percent as compared to last year 28 and 30 percent). The Services have continued to ramp up their efforts to track referrals and improve the Service member follow-through with those referrals.

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

Efforts continue to address possible long-term health effects resulting from the inhalation of airborne particulate matter in 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 were possibly exposed to radiation. Chapter 3 summarizes 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.

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

This year, the QA program continued its initiative to evaluate Service compliance with the administration of deployment related health assessments for DoD civilian employees when they deploy and return from deployment. At the end of 2012, 59 percent of DoD civilian employee Pre-DHAs, 40 percent of their PDHAs, and 26 percent of their PDHRAs were contained in the DMSS. The audit results indicated improvement in electronic submissions from the 2012 audit. The Office of the Deputy Assistant Secretary of Defense for Civilian Personnel Policy was provided this information to inform its efforts to improve the civilian deployment process.

DRAFT

Detailed Report

2013

Chapter 1: Blood Samples, Immunizations, and Health Assessments

Section 739 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 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' serum sample data are stored in the DoD Serum Repository (DoDSR). The deployment-related health assessment records are maintained in the Defense Medical Surveillance System (DMSS) electronic database. In calendar year (CY) 2013, members of 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 and the Defense Manpower Data Center (DMDC).

The audits assessed deployment health policy compliance and effectiveness, as directed by reference (b). Table 1 illustrates DoD's audit results for all Service members who met the audit criteria; individual Service-specific audits results are listed in Appendix 1.

Audit improvements implemented for 2013 included the review of country code changes that affected the reporting of individuals deployed to specific countries. Further clarification of the "Other" country category (i.e., the countries that were not linked with OPERATION ENDURING FREEDOM (OEF)/OPERATION IRAQI FREEDOM (OIF)/OPERATION NEW DAWN (OND)) was established with input from the Department. This allowed for better accounting of qualifying deployments that did not support OEF, OIF, or OND.

The Contingency Tracking System (CTS) was used to identify deployers that returned from deployment during CY 2012. CY 2012 was chosen to allow enough time to complete the Post Deployment Health Re-Assessment (PDHRA). A qualifying deployment was a deployment to one of the countries identified in the list generated by the Armed Forces Health Surveillance Center and the Office of Deputy Assistant Secretary of Defense for FHP&R, and the Service members and DoD civilians employees who deployed greater than 30 days to a location with no fixed medical treatment facility.

DoDI 6490.03, Deployment Health, requires Service members complete the Pre-Deployment Health Assessment (Pre-DHA) 60 days prior to the expected deployment date, the Post Deployment Health Assessment (PDHA) as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and not later than 30 days after redeployment, and the PDHRA within 90 to 180 days after return to home station. However, on occasion, the CTS roster included time away from their home station as part of their deployment, when in fact they were not yet deployed as defined by DoDI 6490.03. Therefore, to ensure complete capture of the health assessment forms in the DMSS the window for submission was widened. Thus, the following criteria were used for determining when DoD deployers complied with force health protection policy:

- Immunizations: Individuals deployed to United States Central Command areas (USCENTCOM) and/or the Korean Peninsula for 15 or more days were required to have

anthrax and smallpox vaccinations or a documented waiver on file; all other deployers were required to have current influenza vaccine on file

- Pre-DHA: given 120 days before to 30 days after deployment begin date
- PHDA: given 60 days before to 60 days after the deployment end date
- PDHRA: given 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

A small number of Service members may have exemptions from some immunizations; therefore, approved exemptions were included as compliant for this audit. During the audit review, DoD identified that previous immunization compliance rates for anthrax and smallpox vaccinations included all individuals on the CTS deployment roster when those personnel deploying to USCENTCOM and/or the Korean Peninsula for 15 or more days were actually required to have the vaccinations. As a result, DoD updated the audit immunization business rules to require compliance only for those who had a legitimate requirement for the immunizations. In addition, DoD identified that the previous methods for reporting anthrax compliance were not consistent with policy, so the audit business rules were modified to account for only those who had anthrax immunizations within 12 months of deploying. With this change, DoD realized a reduction in overall anthrax immunization compliance for deployers this year from 92% to 81%. Overall, compliance with anthrax is still better than compliance with smallpox (93% vs. 88%). 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, Immunizations, and Health Assessment Audit Results

2013 DoD Audit Results	Service member deployment health records extracted from DoD's DMSS
Number of records reviewed	249,593
Evidence of required immunizations	81%
Record contained all required deployment health assessments for individual for the deployment	60%
Pre-Deployment Health Assessments (Pre-DHA)	85%
Post-Deployment Health Assessments (PDHA)	85%
Post-Deployment Health Reassessments (PDHRA)	71%
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	83%

Data Source: Defense Medical Surveillance System (DMSS)
 Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Jan-2014

Chapter 2: Responding to Expressed Health Concerns

The DoD's policy requires that healthcare providers address Service members' concerns during the completion of a deployment health assessment, and when indicated provide specialty service referral. In 2013, the DoD tracked the number of deployment health care findings, trends, and referrals, after Service members were assessed by providers. See Appendix 2 for the types of medical referrals provided, and the types of concerns Service members reported on their PDHAs and PDHRAs.

The Reserve Health Readiness Program (RHRP) provides PDHRAs to the National Guard, Reserve Component Service members, and remotely located Active Duty Service members of the Army and Coast Guard. Thirty days after a Reserve Component Service member receives a referral, the RHRP staff attempts to contact the Service member to determine if the member had been able to obtain an appointment to address the condition specified by the referral. In 2013, 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 information about Service members who have been provided with referrals for tracking purposes. For Service members who identified behavioral health concerns, providers offered recommended sources of assistance even when referrals for specialty care were not required.

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

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 members of the Armed Forces with exposures to deployment occupational or environmental hazards. Efforts continue to address possible health effects of burn pit emissions and ambient particulate matter (PM), and possible long-term respiratory effects related to deployment to Iraq and Afghanistan. Following the Japanese earthquake and release of radiation at the Fukushima Nuclear Power Plant in 2011, the DoD embarked on the construction of an exposure registry to include radiation dose estimates for all members of the DoD community who were possibly exposed to radiation. The construction of that registry is complete.

Periodic Occupational and Environmental Monitoring Summaries

Periodic Occupational and Environmental Monitoring Summaries (POEMS) are developed for most permanent and semi-permanent basing locations in Iraq and Afghanistan to summarize the historical results of environmental health surveillance, and to identify present and possible long-term health risks at these locations. Completed POEMS are available 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), to better inform the medical care and assist in disability benefits determination processes. As of April 1, 2014, 51 POEMS evaluating approximately 196 base camps in Iraq and Afghanistan are completed and stored at the U.S. Army Public Health Command (USAPHC), and 25 additional POEMS have been initiated via coordination with USCENTCOM. It is expected that 71 POEMS, covering 335 base camps in Iraq and Afghanistan, will be completed by the end of FY 2014.

Ambient Air Quality Monitoring

The USAPHC's Army Institute of Public Health (AIPH) conducted an ambient air surveillance study on Bagram Airfield (BAF) in September 2013. The pollutants monitored included polycyclic aromatic hydrocarbons, semivolatile organic compounds, dioxins/furans, volatile organic compounds, black carbon, PM less than 2.5 micrometers in aerodynamic diameter (PM_{2.5}), and metals associated with PM. Although some of the chemicals sampled were carcinogens, the exposure levels for the BAF population were within the range that the U.S. Environmental Protection Agency considers acceptable for excess lifetime cancer risk. However, the measurements did indicate the potential for short-term, reversible respiratory irritation due to a combination of chemicals, primarily acrolein; but long-term health effects from these exposures are not expected. The operational health risk estimate was low based on comparison to the long-term Military Exposure Guidelines. The AIPH sent preventive medicine assets to BAF and Kandahar Airfield to conduct additional ambient air quality studies. A report is expected to be completed in 2014.

Burn Pit Emissions and Airborne Hazards

As of December 31, 2013, only one burn pit remained open in Afghanistan, and it is scheduled to close during spring 2014. However, DoD continues its effort to investigate the possible health effects to Service members and veterans related to the use of this method of disposal, as well as the presence of other possible airborne hazards in theater, such as urban pollutants and other particulate matter. Following the publication of the Institute of Medicine's (IOM) 2011 report, "Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan," the DoD and the Department of Veterans Affairs (VA) developed the "VA/DoD Deployment Health Working Group Airborne Hazards Joint Action Plan" to coordinate efforts to identify the relationship between airborne exposures and respiratory symptoms in some Service members following deployment. The IOM was unable to identify a long-term health risk associated specifically with exposure to burn pit smoke emissions, and focused its attention on airborne particulate matter, in general, and local industry as possible health risks. The DoD and VA have incorporated the following research goals into the Joint Action Plan, which was approved in December 2013:

- Conduct post-deployment case finding for shortness of breath with exertion;
- Conduct a long-term cohort study on post-deployment respiratory health effect;
- Develop joint DoD/VA clinical protocols for diagnosis and treatment of respiratory disease due to inhalational exposures;
- Improve the understanding by health care providers of possible health effects of inhalational exposures; and
- Develop validated exposure assessment tools.

In concert with these research efforts, the Under Secretary of Defense for Personnel and Readiness tasked the Defense Health Board (DHB) to review evidence relevant to deployment-related respiratory disease in Service members, and to develop a comprehensive approach to its assessment and prevention, including the identification of reliable screening and clinical diagnostic tools, and a direction for future research and surveillance. The DHB's evaluation may address physical, toxic, infectious, and immunologic factors and their influence on pulmonary health, clinical protocols that should be used for diagnosing symptomatic individuals in the future, and approaches to tracking individuals with pulmonary symptoms. The DHB analysis is in progress, and a report of the recommendations is anticipated in late 2014.

DoD Medical Follow-up for the VA Airborne Hazards and Open Burn Pit Registry

Following passage of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012, Public Law No. 112-260, which required the VA to establish a voluntary "Open Burn Pit Registry," the VA expanded the registry to include all deployment-related airborne hazards, and deployment to a contingency operation in Southwest Asia any time on or after August 2, 1990, or Afghanistan or Djibouti on or after September 11, 2001, and renamed it the "Airborne Hazards and Open Burn Pit Registry." DoD made a commitment to the VA to support active duty participation in the registry, and provide necessary medical follow-up to symptomatic Service members who may have been exposed to airborne hazards during deployments. In

November 2013, the Assistant Secretary of Defense for Health Affairs tasked the Army, working in coordination with the Air Force and Navy, to develop a DoD-wide medical follow-up program to enable Service members, upon request, to participate in the VA's registry and receive an appropriate clinical assessment through the Military Health System (MHS), in parallel with VA efforts. The VA registry is expected to go live in late spring or early summer 2014.

Operation Tomodachi Registry:

Following the devastating 2011 earthquake and tsunami in Japan, which damaged the Fukushima Nuclear Power Plant, the DoD provided humanitarian assistance to the Government of Japan. Following this response effort, DoD created the Operation Tomodachi Registry (OTR) to create a record of radiation dose estimates for 75,000 members of the DoD-affiliated population, including Service members, DoD civilians, their family members, and DoD contractors, who were on the island of Honshu, or adjacent waters, between March 12, 2011, and May 11, 2011.

Although the initial phase of the OTR included only shore-based estimates of radiation exposures, in September 2013 the Defense Threat Reduction Agency completed its review of radiation dose estimates for about 17,000 sailors who served aboard 25 ships. Recently, DoD electronically entered both the shore- and fleet-based radiation dose estimates into MHS beneficiaries' medical records, in addition to updating the registry, and is modifying communication products to include the fleet-based information. Importantly, there continues to be no indication that any members of the DoD-affiliated population were exposed to radiation levels that would result in long-term adverse health effects, including cancer.

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

During CY 2013, the Office of the Under Secretary of Defense for Personnel and Readiness, through the Deputy Assistant Secretary of Defense for Civilian Personnel Policy (CPP), worked to implement FHP policies for DoD civilians who deployed. The QA program manager communicated specifically with the Civilian Expeditionary Workforce (CEW) Program Office to confirm that force health protection policies supported those DoD civilian employees called upon to deploy for contingency operations. To effectively implement pre- and post-deployment health assessment policies and process, the CEW Program Office published its CEW business rules, which served as consolidated guidance for Services and Components regarding health care and associated deployment requirements. These business rules established guidelines to require DoD civilian employees who serve multiple deployment tours to receive updated health assessments on a regular and recurring basis, and in accordance with theater-established medical requirements.

The DoD chartered CEW working group drafted a Department-level instruction for deploying civilians. The group included civilian deployment stakeholders from across the Department with key working group leadership provided by the Department's Health Affairs community. After meeting regularly, the group produced a proposed memorandum that will clarify health requirements for deploying DoD civilian employees. Publication is expected in CY 2014.

The CEW office reported its continued reliance on contract medical and administrative staff at the National Deployment Center, Camp Atterbury, Indiana, to guide civilian deployers through the pre-deployment and post-deployment processing phases. The CEW office maintained and honed its internal injury compensation process to provide support, administrative guidance, and continued assistance to injured or ill civilians upon their return to their command/agency or home.

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 civilian employees who returned from deployment and who completed deployment health assessments and their recommended referrals is available at Table 2. This audit report includes only those civilian employee deployment health assessment forms that were received electronically for DoD civilians that returned from deployment in 2012. Deployment health assessment forms continue to be stored outside the DMSS. The QA Program will continue to advise the CPP CEW on quality assurance initiatives.

Table 2: DoD Civilian Deployment Health Assessment Audit Results

Deployment End Date		Number returned from deployment ¹	DD2795 ²		DD2796 ³		DD2900 ⁴		Recommended referral on DD2796 ⁵		Recommended referral on DD2900 ⁶	
Year	Calendar Quarter	n	n	%	n	%	n	%	n	%	n	%
2012	Q1	1,502	885	59%	537	36%	415	28%	129	24%	75	18%
2012	Q2	1,606	850	53%	549	34%	419	26%	162	30%	83	20%
2012	Q3	1,390	841	61%	539	39%	382	27%	135	25%	82	21%
2012	Q4	1,137	669	59%	455	40%	293	26%	121	27%	67	23%

¹ Deployment is defined as > 30 days to known contingency operations, or other contingency operation except Haiti.

² Qualifying DD2795's are those completed within 90 days prior and 30 days after deployment start (through June 2012) and within 120 days prior and 30 days after deployment start (after June 2012).

³ Qualifying DD2796 are those completed within 60 days prior and 60 days after deployment end.

⁴ Qualifying DD2900's are those completed within 60 and 210 days from deployment end unless there is evidence of redeployment based on a completed DD2795 within 180 days from deployment return.

⁵ Civilians recommended for ANY referral on qualifying DD2796

⁶ Civilians recommended for ANY referral on qualifying DD2900

Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 22-Nov-2013

Chapter 5: FHP QA Program Findings and 2014 Goals

For the past decade, the DoD deployment health assessment compliance reporting has focused on individuals deployed to OIF/OEF/OND, so deployments outside of these operations were not included in the reports. As the wars in Iraq and Afghanistan draw down, the AFHSC reported that approximately 30% of deployment health assessment forms are now from deployments that cannot be directly linked to OEF, OIF, and OND. The Department worked with the Services to identify what the other deployments were and if they should be included in the deployment roster. Audit reporting actions taken in 2013 focused on including those identified deployments when applicable.

Investigations in 2013 included a review for data transfer inconsistencies that the Department had identified in reports accomplished over the past 7 years. As reported in Chapter 1 of this report, electronic health data collection has improved and includes health assessment data from the respective Service-specific readiness systems and deployments identified by the DMDC CTS and the AFHSC.

Over the past year, the Services, the DMDC, and the AFHSC collaborated and successfully identified other deployments to include in the deployment roster. During the electronic data review it was discovered that there are inconsistencies in how DoD had accounted and reported immunization compliance. The methods of accounting and reporting have been revised and are now aligned with policy as explained in Chapter 1. This alignment supports all deployments and components.

FHP QA program has provided the Services electronic reviews, deployment health metric development, oversight support, and electronic monitoring over the past 8 years. The accuracy of accounting has improved and the Services have developed robust deployment health programs that are now integrating DoD deployment health policy.

For CY 2014, DoD will continue to clearly define deployment health in line with compliance reporting and business rules. Efforts will focus to consistently interpret and implement policy.

Acronyms, Terms, and References

Acronym	Term
AFHSC	Armed Forces Health Surveillance Center
AIPH	Army Institute of Public Health
BAF	Bagram Airfield
USCENTCOM	United States Central Command
CEW	Civilian Expeditionary Workforce
CPP	Civilian Personnel Policy
CTS	Contingency Tracking System
CY	Calendar Year
DASD	Deputy Assistant Secretary of Defense
DHB	Defense Health Board
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDSR	Department of Defense Serum Repository
FHP&R	Force Health Protection and Readiness
FY	Fiscal Year
IOM	Institute of Medicine
MHS	Military Health System
OEF	OPERATION ENDURING FREEDOM
OIF	OPERATION IRAQI FREEDOM
OND	OPERATION NEW DAWN
OTR	Operation Tomodaci Registry
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
PM	Particulate Matter
POEMS	Periodic Occupational and Environmental Monitoring Summaries
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
QA	Quality Assurance
RHRP	Reserve Health Readiness Program
USAPHC	United States Army Public Health Command
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
- (c) DoDI 6490.03, “Deployment Health”, August 11, 2006

DRAFT

Appendix 1 – DoD Audit Results

HA(AR)2255-1

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

	Deployment End Date	Component	Number returned from deployment ¹	DD2795 ²		DD2796 ³		DD2900 ⁴		Pre-Deployment Serum ⁵		Post-Deployment Serum ⁶		Immunizations ⁷	
	Year			n	%	n	%	n	%	n	%	n	%	n	%
Army	2012	Active	98,135	88,535	90%	87,274	89%	77,352	79%	95,690	98%	86,316	88%	78,482	80%
	2012	Guard	29,207	27,260	93%	25,878	89%	22,924	78%	28,872	99%	25,553	87%	26,079	93%
	2012	Reserve	11,082	10,015	90%	9,497	86%	7,501	68%	10,866	98%	9,137	82%	9,723	88%
Coast Guard			n	n	%	n	%	n	%	n	%	n	%	n	%
	2012	Active	297	242	81%	247	83%	49	16%	289	97%	213	72%	265	89%
	2012	Reserve	183	160	87%	173	95%	21	11%	169	92%	171	93%	155	85%
Air Force			n	n	%	n	%	n	%	n	%	n	%	n	%
	2012	Active	44,091	42,380	96%	40,181	91%	28,700	65%	43,748	99%	39,439	89%	39,108	89%
	2012	Guard	9,991	9,732	97%	9,120	91%	7,020	70%	9,137	91%	8,122	81%	8,345	84%
Marine Corps			n	n	%	n	%	n	%	n	%	n	%	n	%
	2012	Active	28,362	20,781	73%	25,186	89%	18,291	64%	25,548	90%	21,708	77%	22,309	79%
	2012	Reserve	2,017	1,022	51%	1,787	89%	1,254	62%	1,776	88%	1,743	86%	1,493	74%
Navy			n	n	%	n	%	n	%	n	%	n	%	n	%
	2012	Active	18,135	7,637	42%	8,238	45%	9,663	53%	15,629	86%	8,761	48%	9,279	54%
	2012	Reserve	3,653	1,685	46%	1,735	47%	1,981	54%	3,259	89%	1,771	48%	2,056	56%

¹ Deployment is defined as > 30 days to known contingency operations, or other contingency operation except Haiti.

² Qualifying DD2795's are those completed within 90 days prior and 30 days after deployment start (through June 2012) and within 120 days prior and 30 days after deployment start (after June 2012).

³ Qualifying DD2796 are those completed within 60 days prior and 60 days after deployment end.

⁴ Qualifying DD2900's are those completed within 60 and 210 days from deployment end unless there is evidence of returning to theater based on a completed DD2795 within 180 days from deployment return.

⁵ Qualifying pre-deployment sera are those drawn within 365 days prior and 30 days after deployment start dates.

⁶ Qualifying post-deployment sera are those drawn within 30 days prior and 60 days after deployment return.

⁷ Qualifying immunizations are one Anthrax within 1 year of deployment, one Smallpox prior to deployment, and one influenza within 1 year of deployment or documentation of an exemption for a required vaccine. Immunization compliance applies to OEF,OIF and OND only; other operations are excluded from this metric.

Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Jan-2014

Appendix 2 - Deployment Health Assessments, US Armed Forces

Deployment Health Assessments

U.S. Armed Forces

January 2014

(Data through December 2013)

Armed Forces Health Surveillance Center

Report Date: 04 January, 2014

Update: Deployment Health Assessments, U.S. Armed Forces, January 2014

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 2013, the number of post-deployment reassessment (PDHRA) forms per month ranged from 15,114 to 45,768 (Table 1, Figure 1).

During the past 12 months, the proportions of returned deployers who rated their health as "fair" or "poor" were 6-10 percent on post-deployment health assessment questionnaires and 8-12 percent on PDHRA questionnaires (Figure 2). The proportion of pre-deployment service members who rated their health as "fair" or "poor" increased from approximately 2 percent to 4 percent during the past 12-months.

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). Active and reserve component Marines and reserve component members of the Army 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 and reserve 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 except the Air Force 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 (Figure 3).

Table 1. Deployment-related health assessment forms, by month, U.S. Armed Forces, January 2013-December 2013

	Pre-deployment assessment DD2795		Post-deployment assessment DD2796		Post-deployment reassessment DD2900	
	No.	%	No.	%	No.	%
Total	572,517	100	243,985	100	256,488	100
2013						
January	40,787	7.1	23,642	9.7	28,846	11.2
February	40,338	7.0	16,778	6.9	23,377	9.1
March	52,792	9.2	16,612	6.8	21,405	8.3
April	60,786	10.6	20,764	8.5	20,885	8.1
May	50,426	8.8	19,729	8.1	25,184	9.8
June	48,648	8.5	15,614	6.4	19,029	7.4
July	49,542	8.7	22,424	9.2	18,622	7.3
August	53,418	9.3	20,485	8.4	19,242	7.5
September	53,186	9.3	22,226	9.1	19,737	7.7
October	42,500	7.4	24,497	10.0	21,899	8.5
November	41,838	7.3	20,688	8.5	18,335	7.1
December	38,256	6.7	20,526	8.4	19,927	7.8

Figure 2. Proportion of deployment health assessment forms with self-assessed health status as "fair" or "poor," U.S. Armed Forces, January 2013-December 2013

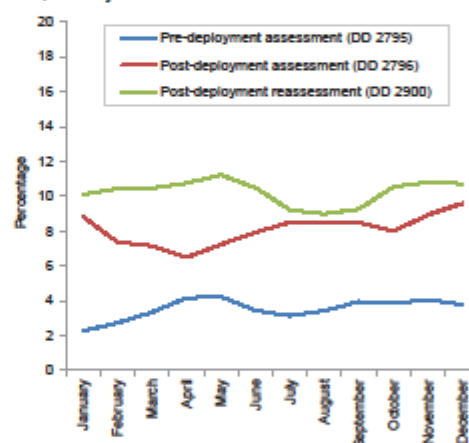
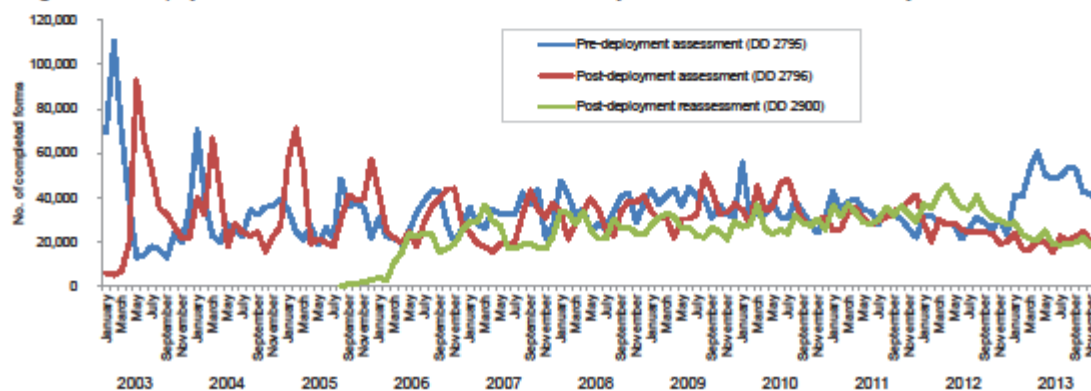


Figure 1. Total deployment health assessment and reassessment forms, by month, U.S. Armed Forces, January 2003-December 2013



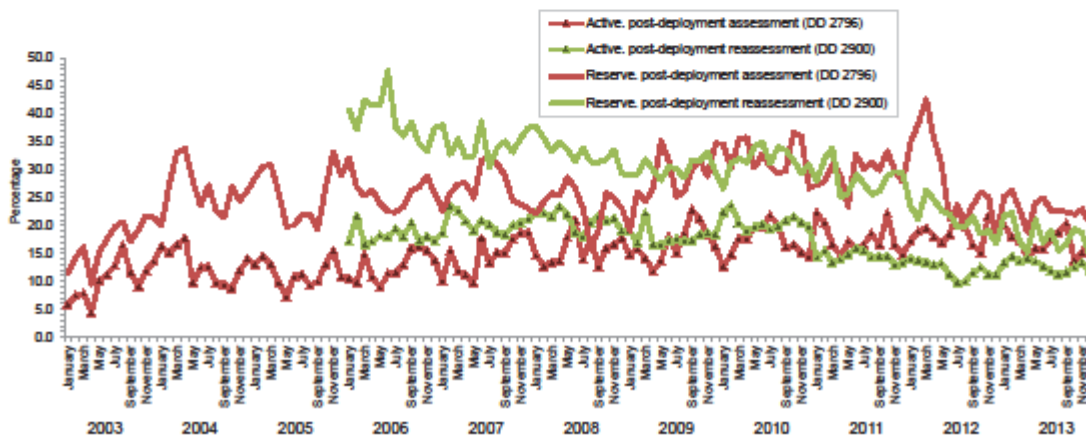
Data Source: Defense Medical Surveillance System

Table 2. Percentage of service members who endorsed selected questions/received referrals on health assessment forms, U.S. Armed Forces, January 2013-December 2013

	Army			Navy			Air Force			Marine Corps			All service members		
	Pre-deploy DD2796 n	Post-deploy DD2796 n	Reassessment DD2900 n	Pre-deploy DD2796 n	Post-deploy DD2796 n	Reassessment DD2900 n	Pre-deploy DD2796 n	Post-deploy DD2796 n	Reassessment DD2900 n	Pre-deploy DD2796 n	Post-deploy DD2796 n	Reassessment DD2900 n	Pre-deploy DD2796 n	Post-deploy DD2796 n	Reassessment DD2900 n
Active component	124,027	91,183	83,741	10,042	10,241	12,940	48,778	43,273	64,250	24,908	24,284	23,180	207,753	168,961	154,111
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	5.4	10.2	13.7	1.5	4.5	5.7	1.2	2.7	1.7	2.6	6.1	9.7	3.9	7.3	8.5
Health concerns, not wound or injury	7.2	22.0	19.6	3.1	10.9	9.1	2.9	8.2	5.5	3.7	10.0	9.5	5.6	16.1	12.7
Health worse now than before deployed	na	63.4	69.8	na	67.9	73.8	na	59.9	38.7	na	70.8	79.1	na	63.8	60.4
Exposure concerns	na	18.6	16.2	na	18.5	17.1	na	14.5	5.5	na	15.6	20.9	na	17.1	13.1
PTSD symptoms (2 or more)	na	10.4	13.2	na	5.0	7.8	na	2.5	3.1	na	5.0	10.8	na	7.3	9.0
Depression symptoms (any)	na	26.8	27.8	na	16.0	19.7	na	8.2	8.3	na	19.5	24.9	na	20.3	20.1
Referral indicated by provider (any)	10.2	32.4	23.0	10.3	30.6	21.7	4.7	20.7	9.8	5.1	36.4	23.4	8.3	29.8	18.3
Mental health referral indicated*	3.6	6.7	17.6	1.1	3.7	16.7	0.6	1.7	8.1	0.9	2.9	19.9	2.4	4.7	14.5
Medical visit following referral ^b	99.4	99.8	98.8	84.3	90.6	90.8	99.8	98.8	99.7	74.5	89.0	90.8	96.4	97.0	96.7
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Reserve component	31,849	38,833	34,540	3,801	4,149	3,808	11,088	9,509	19,101	798	1,043	1,527	47,512	51,534	58,978
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
General health "fair" or "poor"	1.0	11.2	14.5	0.4	10.7	10.0	0.6	3.9	1.8	1.0	9.7	10.6	0.9	9.8	10.0
Health concerns, not wound or injury	4.9	23.5	24.7	1.2	36.7	13.6	1.1	9.1	3.4	1.9	24.4	16.0	3.7	21.9	16.8
Health worse now than before deployed	na	66.6	68.6	na	74.3	76.6	na	66.6	35.4	na	73.8	78.1	na	67.4	58.6
Exposure concerns	na	22.5	23.9	na	35.6	30.1	na	18.9	5.9	na	24.3	26.5	na	22.9	18.5
PTSD symptoms (2 or more)	na	9.2	15.2	na	8.7	13.0	na	2.0	2.8	na	7.4	17.0	na	7.8	11.1
Depression symptoms (any)	na	23.4	25.2	na	20.4	25.3	na	7.9	7.6	na	19.7	28.2	na	20.2	19.6
Referral indicated by provider (any)	5.3	37.0	47.9	5.0	53.7	39.6	2.1	19.7	7.7	4.6	55.7	43.4	4.5	35.5	34.2
Mental health referral indicated*	1.1	7.5	41.6	0.2	5.0	37.9	0.2	1.2	7.3	0.8	6.1	38.8	0.8	6.1	30.2
Medical visit following referral ^b	83.8	98.9	46.1	97.6	98.6	58.0	61.8	69.1	52.2	83.3	76.6	36.6	82.7	94.2	47.0
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

*Includes behavioral health, combat stress and substance abuse referrals.
^bRecord 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 2013



Data Source: Defense Medical Surveillance System

Appendix 3 - Deployment Health Assessment Compliance Reports

Armed Forces Deployment Health Compliance QA Report																									RCS Number HA(AR)2255-1	
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		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	%	Number
2012	Q2	Active	52,974	44,584	84%	50,754	96%	45,448	86%	36,688	69%	44,214	83%	18,424	41%	16,356	89%	4,588	10%	8,220	22%	7,607	93%	2,676	7%	
		Reserve	5,213	3,877	74%	4,905	94%	4,161	80%	3,320	64%	4,072	78%	1,957	47%	1,739	89%	334	8%	1,372	41%	553	40%	541	16%	
		Guard	9,659	8,930	92%	9,338	97%	8,145	84%	7,317	76%	7,900	82%	4,088	50%	3,510	86%	473	6%	3,269	45%	1,045	32%	1,176	16%	
	Q3	Active	44,763	37,515	84%	42,459	95%	38,065	85%	31,345	70%	35,567	79%	13,194	35%	11,338	86%	2,732	7%	6,184	20%	5,553	90%	1,646	5%	
		Reserve	5,149	4,204	82%	4,919	96%	4,139	80%	3,174	62%	4,109	80%	1,775	43%	1,559	88%	365	9%	1,331	42%	528	40%	504	16%	
		Guard	11,357	10,952	96%	11,165	98%	10,529	93%	9,117	80%	10,190	90%	4,169	40%	3,969	95%	899	9%	3,775	41%	1,297	34%	1,446	16%	
	Q4	Active	41,361	36,287	88%	39,915	97%	36,222	88%	31,453	76%	34,527	83%	12,572	35%	11,268	90%	2,722	8%	7,223	23%	6,801	94%	1,979	6%	
		Reserve	4,606	3,941	86%	4,434	96%	3,766	82%	3,045	66%	3,598	78%	1,542	41%	1,387	90%	265	7%	1,318	43%	492	37%	410	13%	
		Guard	8,776	8,526	97%	8,519	97%	7,994	91%	6,692	76%	7,690	88%	2,533	32%	2,208	87%	379	5%	2,152	32%	872	41%	696	10%	
	2013	Q1	Active	39,882	33,198	83%	38,346	96%	32,837	82%	27,604	69%	31,731	80%	12,383	38%	10,973	89%	2,076	6%	5,271	19%	4,950	94%	1,418	5%
			Reserve	4,233	3,640	86%	4,075	96%	3,661	86%	2,880	68%	3,492	82%	1,707	47%	1,529	90%	287	8%	1,196	42%	423	35%	368	13%
			Guard	4,806	4,601	96%	4,687	98%	4,395	91%	3,689	77%	3,710	77%	1,693	39%	1,515	89%	287	7%	1,456	39%	495	34%	497	13%
Q2		Active	33,690	30,394	90%	32,706	97%	30,522	91%	25,261	75%	29,042	86%	10,721	35%	8,661	81%	1,427	5%	4,623	18%	4,330	94%	1,095	4%	
		Reserve	2,992	2,537	85%	2,877	96%	2,750	92%	2,018	67%	2,640	88%	1,266	46%	1,129	89%	223	8%	810	40%	323	40%	218	11%	
		Guard	8,944	8,733	98%	8,656	97%	8,015	90%	6,696	75%	7,546	84%	2,811	35%	2,644	94%	534	7%	2,951	44%	1,032	35%	937	14%	
Q3		Active	35,710	31,079	87%	34,031	95%	30,278	85%	25,411	71%	29,491	83%	10,359	34%	9,543	92%	1,915	6%	5,012	20%	4,582	91%	1,299	5%	
		Reserve	5,133	4,436	86%	4,976	97%	4,374	85%	3,279	64%	4,184	82%	1,861	43%	1,767	95%	311	7%	1,472	45%	320	22%	428	13%	
		Guard	7,663	7,082	92%	7,510	98%	6,497	85%	5,682	74%	6,219	81%	2,032	31%	1,946	96%	380	6%	2,380	42%	521	22%	674	12%	
Q4		Active	37,953	33,200	87%	36,175	95%	34,051	90%	11,712	31%	32,171	85%	10,722	31%	9,379	87%	2,397	7%	2,065	18%	1,645	80%	536	5%	
		Reserve	2,871	2,353	82%	2,700	94%	2,403	84%	730	25%	2,255	79%	1,007	42%	950	94%	163	7%	296	41%	42	14%	75	10%	
		Guard	7,018	6,599	94%	6,797	97%	6,659	95%	1,178	17%	6,267	89%	2,111	32%	2,071	98%	461	7%	406	34%	25	6%	84	7%	

Deployment is defined as > 30 days to known contingency operations, or other contingency operation except Haiti.

All deployment dates (start and end) are received from the Defense Manpower Data Center (DMDC) Contingency Tracking System (CTS) for OEF, OIF, OND and OTHER, except for Haiti (OUR).

180 days from deployment return AND with *provider certification dates* within this compliance period also fulfills the DD2900 compliance requirement. Grey shading indicates incomplete data for the two most recent calendar quarters.

Deployment forms used in this analysis are those received by the Defense Medical Surveillance System (DMSS) from each Service data systems.

1 For DD2795 with deployment end dates **through June 2012**, qualifying DD2795 are those completed within the compliance period of **90 days prior** and **30 days after** deployment start dates AND with *provider certification dates* within the compliance period.

For DD2795 with deployment end dates **after June 2012**, qualifying DD2795 are those completed within the compliance period of **120 days prior** and **30 days after** deployment start dates AND with *provider certification dates* within the compliance period.

2 Qualifying sera are those drawn within **365 days prior** and **30 days after** deployment start dates.

3 Qualifying DD2796 are those completed within the compliance period of **60 days prior** and **60 days after** deployment return AND with *provider certification dates* within the compliance period.

4 Qualifying DD2900 are those completed within the compliance period of **60-210 days** from deployment return AND with *provider certification dates* within this compliance period. For SMs who are due to redeploy, completed DD2795 within

5 Qualifying sera are those drawn within **30 days prior** and **60 days after** deployment return.

6 If a SM has more than one qualifying form with referral, then the most recent qualifying form with referral is used in the analysis.

7 Numerator = any inpatient or outpatient visit (direct or network care) within 60-days from *provider certification dates* on qualifying forms. Denominator = number of "Recommended Referral" on DD2796 or DD2900.

Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014

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		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	%	Number
ARMY	2012	Q2	Active	27,371	24,104	88%	26,750	98%	24,513	90%	21,894	80%	24,381	89%	13,676	56%	13,458	98%	4,139	17%	6,009	28%	5,809	97%	1,940	9%
			Guard	7,380	6,725	91%	7,279	99%	6,028	82%	5,825	79%	6,017	82%	3,461	57%	3,245	94%	452	7%	3,100	54%	980	32%	1,132	20%
			Reserve	2,592	2,216	85%	2,540	98%	2,111	81%	1,700	66%	2,044	79%	1,177	56%	1,123	95%	255	12%	878	53%	339	39%	356	21%
	Q3	Active	23,447	20,985	89%	22,570	96%	20,776	89%	18,268	78%	20,179	86%	9,420	45%	9,117	97%	2,375	11%	3,638	20%	3,340	92%	1,035	6%	
		Guard	9,235	8,855	96%	9,164	99%	8,620	93%	7,663	83%	8,525	92%	3,884	45%	3,826	99%	890	10%	3,601	47%	1,214	34%	1,415	19%	
		Reserve	2,794	2,540	91%	2,739	98%	2,377	85%	1,821	65%	2,396	86%	1,215	51%	1,184	97%	312	13%	900	51%	335	37%	388	22%	
	Q4	Active	21,374	20,047	94%	20,929	98%	19,559	92%	17,205	80%	18,906	88%	8,571	44%	8,458	99%	2,384	12%	4,567	27%	4,476	98%	1,405	8%	
		Guard	5,395	5,204	96%	5,342	99%	4,919	91%	4,035	75%	4,881	90%	1,945	40%	1,937	100%	361	7%	1,875	47%	735	39%	662	17%	
		Reserve	2,608	2,435	93%	2,549	98%	2,407	92%	1,875	72%	2,299	88%	1,106	46%	1,069	97%	229	10%	931	50%	324	35%	311	17%	
	2013	Q1	Active	22,605	20,828	92%	22,248	98%	20,425	90%	17,470	77%	20,101	89%	7,971	39%	7,938	100%	1,691	8%	3,728	22%	3,569	96%	1,025	6%
			Guard	3,384	3,208	95%	3,341	99%	3,047	90%	2,607	77%	2,842	84%	1,390	46%	1,369	98%	275	9%	1,344	52%	442	33%	487	19%
			Reserve	2,503	2,367	95%	2,441	98%	2,336	93%	1,669	67%	2,309	92%	1,164	50%	1,137	98%	236	10%	805	49%	274	34%	245	15%
Q2		Active	16,232	15,015	93%	15,994	99%	14,704	91%	11,930	73%	14,407	89%	5,670	39%	5,623	99%	1,109	8%	2,732	23%	2,609	95%	644	5%	
		Guard	7,334	7,171	98%	7,256	99%	6,467	88%	5,563	76%	6,227	85%	2,496	39%	2,481	99%	527	8%	2,800	51%	956	34%	923	17%	
		Reserve	1,787	1,716	96%	1,766	99%	1,665	93%	1,133	63%	1,635	91%	819	49%	793	97%	180	11%	553	50%	203	37%	159	14%	
Q3		Active	22,656	20,982	93%	22,217	98%	19,936	88%	16,887	75%	19,559	86%	7,941	40%	7,626	96%	1,686	8%	3,736	22%	3,471	93%	983	6%	
		Guard	6,199	5,702	92%	6,128	99%	5,091	82%	4,438	72%	5,009	81%	1,868	37%	1,857	99%	373	7%	2,198	50%	443	20%	652	15%	
		Reserve	3,115	2,938	94%	3,062	98%	2,716	87%	1,841	59%	2,690	86%	1,183	44%	1,165	98%	266	10%	944	52%	197	21%	300	17%	
Q4		Active	21,786	20,110	92%	21,496	99%	20,461	94%	5,499	25%	20,119	92%	7,825	38%	7,690	98%	2,058	10%	1,120	21%	932	83%	320	6%	
		Guard	5,837	5,466	94%	5,731	98%	5,508	94%	643	11%	5,405	93%	2,014	37%	2,009	100%	457	8%	317	51%	16	5%	74	12%	
		Reserve	1,479	1,390	94%	1,455	98%	1,270	86%	274	19%	1,252	85%	521	41%	510	98%	118	9%	136	52%	12	9%	39	15%	

Deployment is defined as > 30 days to known contingency operations, or other contingency operation except Haiti.

All deployment dates (start and end) are received from the Defense Manpower Data Center (DMDC) Contingency Tracking System (CTS) for OEF, OIF, OND and OTHER, except for Haiti (OUR).

180 days from deployment return AND with *provider certification dates* within this compliance period also fulfills the DD2900 compliance requirement. Grey shading indicates incomplete data for the two most recent calendar quarters.

Deployment forms used in this analysis are those received by the Defense Medical Surveillance System (DMSS) from each Service data systems.

1 For DD2795 with deployment end dates **through June 2012**, qualifying DD2795 are those completed within the compliance period of **90 days prior** and **30 days after** deployment start dates AND with *provider certification dates* within the compliance period.

For DD2795 with deployment end dates **after June 2012**, qualifying DD2795 are those completed within the compliance period of **120 days prior** and **30 days after** deployment start dates AND with *provider certification dates* within the compliance period.

2 Qualifying sera are those drawn within **365 days prior** and **30 days after** deployment start dates.

3 Qualifying DD2796 are those completed within the compliance period of **60 days prior** and **60 days after** deployment return AND with *provider certification dates* within the compliance period.

4 Qualifying DD2900 are those completed within the compliance period of **60-210 days** from deployment return AND with *provider certification dates* within this compliance period. For SMs who are due to redeploy, completed DD2795 within

5 Qualifying sera are those drawn within **30 days prior** and **60 days after** deployment return.

6 If a SM has more than one qualifying form with referral, then the most recent qualifying form with referral is used in the analysis.

7 Numerator = any inpatient or outpatient visit (direct or network care) within 60-days from *provider certification dates* on qualifying forms. Denominator = number of "Recommended Referral" on DD2796 or DD2900.

Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014

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 DD2796 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	%
NAVY	2012 Q2	Active	4,430	1,888	43%	3,800	86%	1,764	40%	2,140	48%	1,912	43%	536	30%	302	56%	57	3%	420	20%	322	77%	160	8%
		Reserve	803	353	44%	714	89%	371	46%	433	54%	373	46%	188	51%	175	93%	26	7%	207	50%	96	46%	79	19%
	Q3	Active	4,897	2,075	42%	4,204	86%	2,232	46%	2,661	54%	2,317	47%	614	28%	358	58%	59	3%	630	24%	507	80%	172	7%
		Reserve	912	391	43%	791	87%	424	46%	499	55%	438	48%	174	41%	160	92%	26	6%	218	45%	105	48%	70	14%
	Q4	Active	3,846	1,688	44%	3,344	87%	1,749	45%	2,287	59%	1,578	41%	366	21%	276	75%	57	3%	567	26%	449	79%	145	7%
		Reserve	1,045	626	60%	958	92%	496	47%	564	54%	486	47%	173	35%	155	90%	16	3%	248	45%	108	44%	64	12%
	2013 Q1	Active	5,379	2,010	37%	4,629	86%	1,689	31%	2,064	38%	1,773	33%	659	39%	457	69%	93	6%	456	22%	371	81%	115	6%
		Reserve	706	466	66%	650	92%	361	51%	448	63%	394	56%	194	54%	182	94%	26	7%	191	43%	82	43%	66	15%
	Q2	Active	1,335	525	39%	1,124	84%	854%	64%	971	73%	727	54%	480	56%	242	50%	40	5%	195	20%	157	81%	57	6%
		Reserve	395	121	31%	341	86%	312%	79%	325	82%	318	81%	188	60%	164	87%	22	7%	145	45%	63	43%	40	13%
	Q3	Active	3,288	1,090	33%	2,547	77%	1,298	39%	1,371	42%	1,265	38%	432	33%	347	80%	45	3%	277	21%	196	71%	78	6%
		Reserve	1,314	827	63%	1,234	94%	987	75%	904	69%	928	71%	582	59%	544	93%	36	4%	414	47%	87	21%	118	13%
	Q4	Active	2,767	1,176	43%	2,171	78%	1,296	47%	548	20%	927	34%	515	40%	289	56%	56	4%	121	23%	58	48%	35	7%
		Reserve	715	401	56%	659	92%	542	76%	228	32%	497	70%	295	54%	277	94%	16	3%	103	47%	17	17%	26	12%

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For DD2795 with deployment end dates after June 2012, qualifying DD2795 are those completed within the compliance period of 120 days prior and 30 days after deployment start dates AND with provider certification dates within the compliance period.

2 Qualifying sera are those drawn within 365 days prior and 30 days after deployment start dates.

3 Qualifying DD2796 are those completed within the compliance period of 60 days prior and 60 days after deployment return AND with provider certification dates within the compliance period.

4 Qualifying DD2900 are those completed within the compliance period of 60-210 days from deployment return AND with provider certification dates within this compliance period. For SMs who are due to redeploy, completed DD2795 within

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Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014

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 DD2796 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	%	Number
AIR FORCE	2012 Q2	Active	12,962	12,452	96%	12,860	99%	11,988	92%	7,392	57%	11,781	91%	2,332	19%	1,834	79%	185	2%	690	10%	681	99%	222	3%	
		Guard	2,279	2,205	97%	2,059	90%	2,117	93%	1,492	65%	1,883	83%	627	30%	265	42%	21	1%	169	12%	65	38%	44	3%	
		Reserve	1,222	1,183	97%	1,187	97%	1,166	95%	824	67%	1,125	92%	320	27%	200	63%	17	1%	117	14%	65	56%	27	3%	
	Q3	Active	8,582	8,326	97%	8,518	99%	7,922	92%	5,758	67%	7,870	92%	1,454	18%	1,212	83%	115	1%	720	14%	712	99%	158	3%	
		Guard	2,122	2,097	99%	2,001	94%	1,909	90%	1,454	69%	1,665	78%	285	15%	143	50%	9	0%	174	12%	83	48%	31	2%	
		Reserve	838	816	97%	829	99%	786	94%	563	67%	724	86%	212	27%	127	60%	10	1%	90	17%	53	59%	17	3%	
	Q4	Active	10,967	10,713	98%	10,901	99%	10,393	95%	8,573	78%	10,101	92%	2,185	21%	1,811	83%	144	1%	1,155	14%	1,140	99%	263	3%	
		Guard	3,381	3,322	98%	3,177	94%	3,075	91%	2,657	79%	2,809	83%	588	19%	271	46%	18	1%	277	11%	137	49%	34	1%	
		Reserve	758	736	97%	746	98%	715	94%	501	66%	662	87%	194	27%	140	72%	13	2%	85	18%	48	56%	16	3%	
	2013	Q1	Active	7,950	7,527	95%	7,810	98%	7,337	92%	6,343	80%	7,029	88%	2,332	32%	1,877	80%	142	2%	715	12%	704	98%	170	3%
			Guard	1,422	1,393	98%	1,346	95%	1,348	95%	1,082	76%	868	61%	303	22%	146	48%	12	1%	112	11%	53	47%	10	1%
			Reserve	671	661	99%	649	97%	646	96%	529	79%	483	72%	236	37%	126	53%	17	3%	81	16%	32	40%	11	2%
Q2		Active	11,435	11,281	99%	11,392	100%	11,053	97%	9,448	83%	10,731	94%	2,763	25%	2,230	81%	172	2%	1,177	13%	1,166	99%	243	3%	
		Guard	1,610	1,562	97%	1,400	87%	1,548	96%	1,133	70%	1,319	82%	315	20%	163	52%	7	0%	151	14%	76	50%	14	1%	
		Reserve	698	634	91%	667	96%	685	98%	501	72%	614	88%	202	29%	133	66%	50	2%	91	19%	45	49%	15	3%	
Q3		Active	6,415	6,124	95%	6,311	98%	6,141	96%	5,218	81%	5,907	92%	841	14%	717	85%	107	2%	643	13%	629	98%	131	3%	
		Guard	1,464	1,380	94%	1,382	94%	1,406	96%	1,244	85%	1,210	83%	164	12%	89	54%	7	0%	182	15%	78	43%	22	2%	
		Reserve	651	634	97%	635	98%	635	98%	527	81%	526	81%	81	13%	49	60%	6	1%	111	22%	35	32%	8	2%	
Q4		Active	7,785	7,361	95%	7,700	99%	7,417	95%	3,520	45%	7,387	95%	774	10%	686	89%	94	1%	481	14%	470	98%	93	3%	
		Guard	1,181	1,133	96%	1,066	90%	1,151	97%	535	45%	862	73%	97	8%	62	64%	4	0%	89	18%	9	10%	10	2%	
		Reserve	441	424	96%	395	90%	410	93%	223	51%	356	81%	81	20%	54	67%	11	3%	56	26%	13	23%	10	5%	

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3 Qualifying DD2796 are those completed within the compliance period of 60 days prior and 60 days after deployment return AND with provider certification dates within the compliance period.

4 Qualifying DD2900 are those completed within the compliance period of 60-210 days from deployment return AND with provider certification dates within this compliance period. For SMs who are due to redeploy, completed DD2795 within

5 Qualifying sera are those drawn within 30 days prior and 60 days after deployment return.

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Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014

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 DD2796 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	%	Number
MARINES	2012 Q2	Active	8,055	6,017	75%	7,188	89%	7,041	87%	5,233	65%	5,989	74%	1,859	26%	742	40%	206	3%	1,099	21%	795	72%	354	7%	
		Reserve	590	121	21%	459	78%	509	86%	361	61%	528	89%	272	53%	241	89%	36	7%	169	47%	52	31%	78	22%	
	Q3	Active	7,804	6,097	78%	7,135	91%	7,107	91%	4,655	60%	5,173	66%	1,701	24%	646	38%	183	3%	1,196	26%	994	83%	281	6%	
		Reserve	543	397	73%	499	92%	496	91%	273	50%	491	90%	160	32%	74	46%	16	3%	118	43%	31	26%	29	11%	
	Q4	Active	5,105	3,773	74%	4,673	92%	4,457	87%	3,373	66%	3,925	77%	1,434	32%	707	49%	137	3%	934	28%	736	79%	166	5%	
		Reserve	194	144	74%	180	93%	147	76%	105	54%	150	77%	69	47%	23	33%	7	5%	54	52%	12	22%	19	18%	
	2013	Q1	Active	3,836	2,752	72%	3,548	92%	3,372	88%	1,723	45%	2,803	73%	1,418	42%	698	49%	150	4%	370	22%	304	82%	108	6%
			Reserve	353	146	41%	335	95%	318	90%	234	66%	306	87%	113	36%	84	74%	8	3%	119	52%	35	29%	46	20%
		Q2	Active	4,686	3,573	76%	4,194	90%	3,909	83%	2,912	62%	3,175	68%	1,808	46%	566	31%	106	3%	519	18%	398	77%	151	5%
			Reserve	108	63	58%	99	92%	88	81%	59	55%	73	68%	57	65%	39	68%	6	7%	21	37%	12	57%	4	7%
		Q3	Active	3,317	2,882	87%	2,924	88%	2,873	87%	1,927	58%	2,755	83%	1,133	39%	841	74%	76	3%	352	18%	283	80%	106	6%
			Reserve	53	37	70%	45	85%	36	68%	7	13%	40	75%	15	42%	9	60%	3	8%	3	50%	1	33%	2	33%
Q4	Active	5,588	4,542	81%	4,784	86%	4,853	87%	2,145	38%	3,733	67%	1,603	33%	709	44%	188	4%	343	17%	185	54%	88	4%		
	Reserve	236	138	58%	191	81%	181	77%	5	2%	150	64%	110	61%	109	99%	18	10%	1	20%	0	0%	0	0%		

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Data Source: Defense Medical Surveillance System (DMSS)

Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014

COAST GUARD Deployment Health Compliance QA Report																											
COAST GUARD	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		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	%	Number
	COAST GUARD	2012	Q2	Active	156	123	79%	156	100%	142	91%	29	19%	151	97%	21	15%	20	95%	1	1%	2	7%	0	0%	0	0%
Reserve				6	4	67%	5	83%	4	67%	2	33%	2	33%	0	0%	0	0%	0	0%	1	50%	1	100%	1	50%	
		Q3	Active	33	32	97%	32	97%	28	85%	3	9%	28	85%	5	18%	5	100%	0	0%	0	0%	0	0%	0	0%	
			Reserve	62	60	97%	61	98%	56	90%	18	29%	60	97%	14	25%	14	100%	1	2%	5	28%	4	80%	0	0%	
		Q4	Active	69	66	96%	68	99%	64	93%	15	22%	17	25%	16	25%	16	100%	0	0%	0	0%	0	0%	0	0%	
			Reserve	1	0	0%	1	100%	1	100%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
2013		Q1	Active	112	81	72%	111	99%	14	13%	4	4%	25	22%	3	21%	3	100%	0	0%	2	50%	2	100%	0	0%	
			Reserve	0	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
			Q2	Active	2	0	0%	2	100%	2	100%	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
				Reserve	4	3	75%	4	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
			Q3	Active	34	1	3%	32	94%	30	88%	8	24%	5	15%	12	40%	12	100%	1	3%	4	50%	3	75%	1	13%
				Reserve	0	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Q4	Active	27	11	41%	24	89%	24	89%	0	0%	5	19%	5	21%	5	100%	1	4%	0	0%	0	0%	0	0%	
			Reserve	0	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	

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Prepared by Armed Forces Health Surveillance Center (AFHSC), as of 07-Mar-2014