



PERSONNEL AND
READINESS

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

SEP 20 2022

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(a), which requires an annual report on the compliance by the Military Departments with applicable law and policies on the recording of health assessment data in military health records, is enclosed.

The report addresses specific quality assurance activities 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 enclosed 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, veterans, and families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



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

SEP 20 2022

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

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Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
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(a)

September 2022

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$1,970 for the 2022 Fiscal Year. This includes \$460 in expenses and \$1,510 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(a), as amended (Reference (a)).

Executive Summary

The Force Health Protection Quality Assurance (FHPQA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in 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) 2021.

The Armed Forces Health Surveillance Division (AFHSD), Defense Health Agency, maintains the Defense Medical Surveillance System (DMSS). The DMSS is the central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are blood sampling data from the Department of Defense Serum Repository (DODSR), immunizations data, and the completed deployment health assessments. Additionally, the Military Services maintain copies of immunizations and deployment health assessments in each military member's medical record and the Military Service-specific medical readiness reporting system.

For military members returning from a deployment in 2021, the DMSS data indicate the following:

- Pre-Deployment Health Assessment (Pre-DHA) forms on 75 percent of those military required to complete the form; 61 percent of those required to complete the Post-Deployment Health Assessment (PDHA) form; and 39 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) form.
- Blood samples taken for 91 percent of military members before deployment and 55 percent after deployment.

Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S. Code, (Reference (a)), 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 2021, members of the FHPQA 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 military members who met specific audit criteria outlined in this section.

The Contingency Tracking System (CTS), managed by the DMDC, was used to identify deployed DoD Service members who returned from deployment during CY 2021. A September CY 2022 report date was included to allow enough time for deployed DoD Service members to complete the PDHRA. A qualifying deployment was a deployment to one of the countries as identified in the DMDC CTS deployment file. Only military members who deployed greater than 30 days were included in the audit analysis.

Department of Defense Instruction (DoDI) 6490.03, "Deployment Health," June 19, 2019 (Reference (c)), requires military members to complete the Pre-DHA 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 included time away from home station as part of deployment when, in fact, the individual had not yet deployed. Therefore, the window for submission was widened to ensure complete capture of the deployment health assessment forms in the DMSS.

Thus, the following criteria determined deployed DoD Service members' compliance with force health protection policy:

- Immunizations: Individuals deployed to United States Central Command areas for more than 30 days were required to have anthrax vaccination and influenza vaccination or documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
 - Pre-DHA: 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 60 to 210 days after deployment end date.
- Serum Collection:
 - Pre-Serum: Serum drawn within 365 days prior to 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.

It is the Department's policy to promote, conserve, and restore the mental and physical well-being of our military members at all times. The Military Departments assess all military members annually for medical readiness to ensure they are medically ready. Starting in March 2020, the worldwide impact of the coronavirus disease 2019 (COVID-19) pandemic presented a challenge for assessing or measuring Individual Medical Readiness (IMR) and deployment health compliance rates. For the first several months of the pandemic, there was very limited

capacity due to specific Service policy, military medical treatment facility, and DoD clinic availability. Additionally, civilian medical/dental clinics were often either closed or not available for routine appointments.

A small number of military members may have had exemptions from some immunizations; therefore, Component-approved exemptions were included as compliant for this audit. DoD overall immunization compliance for deployed DoD Service members this year was 79 percent, which was a decrease from 87 percent in 2020, and 87 percent in 2019. Results of the electronic review are in Table 1.

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

Audit Results for Military members returning from a deployment in CY 2021 (and previous years for comparison)	% Completed		
	CY 2021 * (data as of July 22, 2022)	CY 2020 * (data as of July 22, 2022)	CY 2019 * (data as of July 22, 2022)
Number of service members returning from deployment during CY	82,437	94,214	119,766
Immunizations	79%	87%	87%
Pre-DHA	75%	84%	79%
PDHA	61%	74%	69%
PDHRA	39%	40%	39%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	91%	93%	92%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	55%	61%	62%

Data Source: DMSS

Prepared by Defense Health Agency AFHSD, as of July 22, 2022

Conclusion

A key component of force health protection includes completing and documenting immunizations and health assessments for all deployed DoD Service members and ensuring accessibility of deployment-related blood samples.

During the COVID-19 pandemic starting in early 2020 and into 2021, the implementation of needed preventive public health measures limited our ability to fully complete deployment-related health assessments across the DoD. Some COVID-19 disease transmission mitigation and force health protection strategies restricted DoD medical facility operations, which were needed for key IMR elements. This included decreased access and scheduling for IMR and deployment related appointments, restriction of movement policies, and limited staffing to support immunizations, dental assessment/treatment, laboratory tests, deployment health assessments, and annual Periodic Health Assessments (PHA). Despite this, the Department was successful in achieving PHA completion rates of 94 percent and 92 percent for the Active and Reserve Components respectively (2020-2021). The low CY2021 completion rates for PDHAs and PDHRAs are due to multiple variables, which are being worked to more accurately and reliably meet defined requirements. Given the high PHA completion rates, its ability to assess the highest percentage of military members, both Active and Reserve Component, on an annual basis, and its capacity to include specific post-deployment health assessment components, the Department considers it as one of the principal health assessment instrument for the military population, and the most reliable method to meet all force health protection and medical readiness requirements.

The Military Services each established processes intended to minimize the negative effect of the pandemic on the medical readiness status of Service members. Where appropriate and feasible, medical readiness requirements were completed using virtual resources by expanding virtual medicine in the areas of PHAs, Deployment Health Assessment Program examinations, duty-limitation profiles, and electronic health records updates. These efforts were complemented with efficient referrals to in-person appointments when indicated.

The DoD continues to conduct annual quality assurance audits to determine compliance with policy requirements, and identify ways to improve completion rates, documentation in medical records, surveillance repositories, and accessibility of the data to health care providers, epidemiologists, and other medical professionals. The processes to improve compliance across the Military Departments included more frequent Service compliance reporting reviews. The Department developed an Operational Flowchart for deployment health assessment compliance reporting, and a standardized list of countries requiring deployment health assessment completion, with the objective to improve the accuracy of deployment data used to verify Service member deployment location. Additional quality assurance and compliance mechanisms included technology improvements to medical reporting systems electronic recording and accessibility to immunization and health assessment data for health care providers.

Acronyms, Terms, and References

Acronym	Term
AFHSD	Armed Forces Health Surveillance Division
COVID-19	Coronavirus Disease
CTS	Contingency Tracking System
CY	Calendar Year
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDI	Department of Defense Instruction
DODSR	Department of Defense Serum Repository
FHPQA	Force Health Protection Quality Assurance Program
IMR	Individual Medical Readiness
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
PHA	Periodic Health Assessments
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
U.S.C.	United States Code

References

- (a) Section 1073b of title 10, U.S. Code.
- (b) DoDI 6200.05, “Force Health Protection (FHP) Quality Assurance (QA) Program,” December 21, 2017.
- (c) DoDI 6490.03, “Deployment Health,” June 19, 2019.