

Hearing Date: July 9, 2003
Committee: House Committee on Veterans' Affairs
Member: Rep. Buyer
Witness: Dr. William Winkenwerder
Question # 1

Question: What measures are being taken to ensure that early-deploying Army reserve component personnel are receiving physical examinations on a regular basis (every five years for those under the age of forty, and every two years for those over the age of forty)?

Answer: As you know, the Army is required by law to monitor the health and dental status of early-deploying reservists. The Army's two Reserve Components have undertaken several initiatives to ensure that regular physical examinations are performed. In March 2001, the Army Reserve created an innovative program called the Federal Strategic Health Alliance, or FEDS_HEAL. FEDS_HEAL joins the medical resources of the Department of Veterans Affairs (VA) with those of the Department of Health and Human Service's Division of Federal Occupational Health (FOH) to bring required medical and dental readiness services within 50 miles of the reserve member. A broad panel of civilian providers augments these Federal assets to offer near universal access.

The success of the FEDS_HEAL program can be measured by its performance during the two and a half months leading up to the war in Iraq. During this period, FEDS_HEAL reviewed over 85,000 reserve health records and provided more than 48,000 physical examinations, 31,000 dental examinations, and treated some 3,213 soldiers requiring dental work. The Army National Guard has recently offered the FEDS_HEAL option to the states and territories. Currently there is a pilot program in which fifteen states are using the FEDS_HEAL option to meet medical/dental assessments and requirements. This augments the internal State Area Command (STARC) Medical Detachments. The Army National Guard also uses local contracts with civilian providers as well as VA agreements to insure the medical/dental readiness of their force.

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Question # 2

Question: What measures are being taken to ensure that incoming reserve component personnel meet the minimum physical fitness standards to be considered able to perform on active duty?

Answer: The medical and physical standards for people entering the military services are identical for active duty and Reserve component personnel and are designed to recruit and retain people whose physical and mental status are sufficient for them to withstand the rigors of deployment. During recruitment, every prospective recruit undergoes a medical history, physical examination, and selected laboratory tests. If an applicant for military service meets the accession physical and medical standards, the new recruit is re-evaluated during initial entry training. That evaluation includes not only medical screening but also the challenges of the military training itself. The physical and psychological rigors of this introduction to military service frequently provoke health problems. Often such problems cannot be treated or cured and they prove to be the basis for disqualification from further military service. Attrition during the first year of service is relatively high because of some recruits' inability to meet the standards of retention. The result is a group of trained Service members who have proven to be even healthier than those initially recruited.

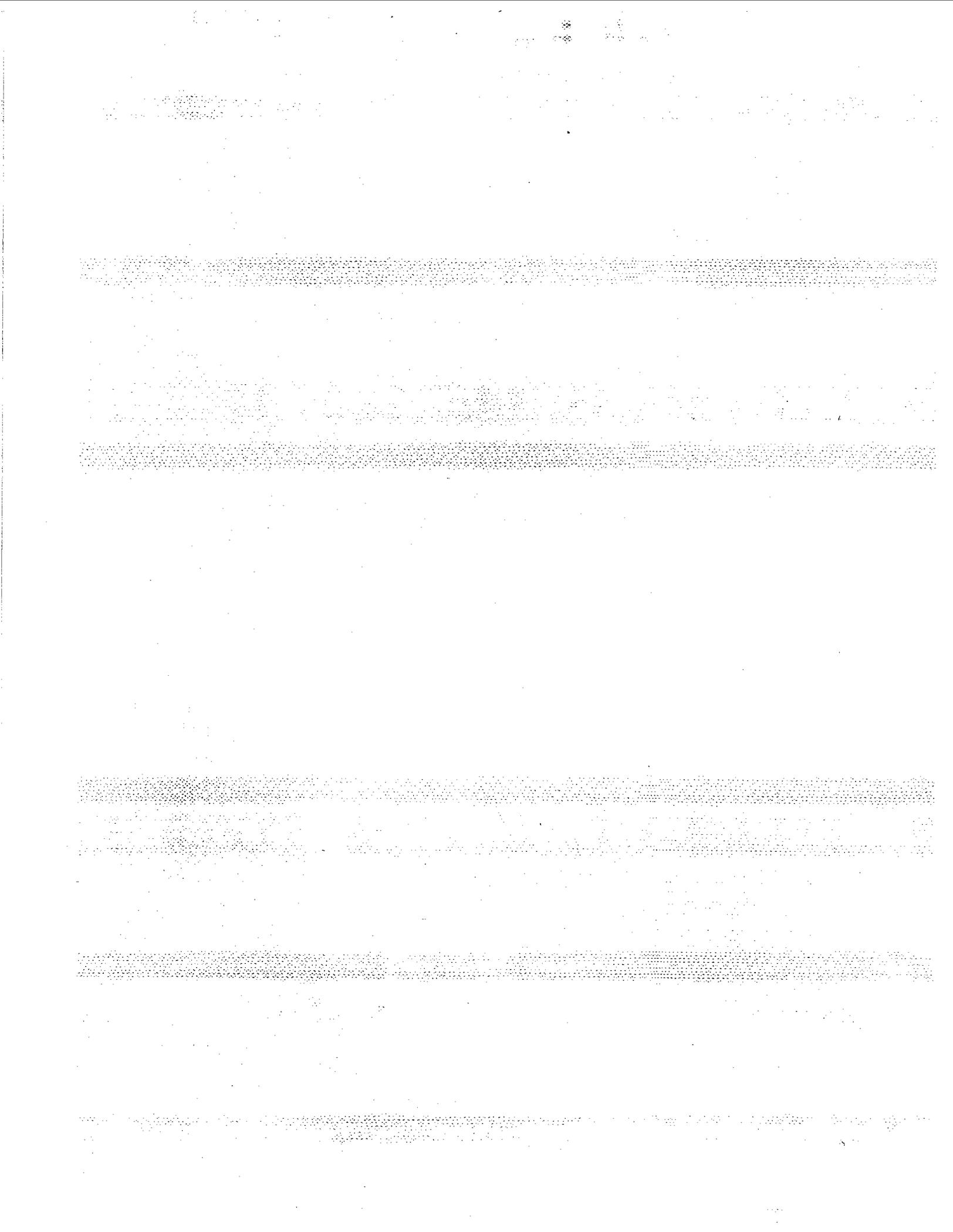
After basic training, the most effective tool for assuring that the military is not maintaining reservists who are not deployable is the assessment provided by periodic physical examinations, augmented by the required annual certification of medical conditions. Full implementation of the existing DoD policy that all Reserve members receive annual dental examinations will reduce the incidence of non-deployable members.

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Question: Why doesn't the Army have an automated system for maintaining accurate and complete medical information on early-deploying reservists?

Answer: The Army does, in fact, have state-of-the-art programs for monitoring medical information on early deploying reservists, as well as for all soldiers. The Medical Protection System (MEDPROS) is a web-enabled application developed by the Office of the Surgeon General for monitoring all of the DoD-mandated Individual Medical Readiness (IMR) indicators. MEDPROS, which includes an automated immunization record, is accessible to all three components – Active, Guard and Reserve – and to all Army units world-wide via the internet or by modem through the Pentagon enterprise server and links to other DoD systems through the Defense Enrollment Eligibility System (DEERS) and DEERS Immunization Compliance Reporting System (ICRS).

MEDPROS is not yet operating at its full potential, which will require the input of a tremendous amount of data currently residing in manual records. This is being aggressively pursued. For example, the records review performed by the FEDS_HEAL program on behalf of the Army Reserve in preparation for Operation Iraqi Freedom includes loading of information into MEDPROS. As of July 9, 2003, some 104,000 such records have been transcribed into MEDPROS. In addition, the FEDS_HEAL Program Office tracks services provided to Reserve Component members and is able to both input data and retrieve digital copies of services previously performed.



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Question # 6

Question: In 1992, eligibility for VA class II dental treatment was contingent upon DoD's certification that all necessary dental treatment was provided before discharge. The GAO recommended that eligibility be determined by the VA without the legislative requirement from DoD. Has this recommendation been implemented?

Answer: Department of Veterans Affairs officials report that the VA continues to use DoD's certification to determine eligibility for class II dental treatment. The DoD discharge form (DD 214) carries a statement that a dental examination (including dental radiographs) and all dental treatment have been completed at least 90 days prior to release from active duty. That line contains two boxes – one for "yes" and one for "no." If "yes" is marked, the veteran would not be eligible for VA dental care. The VA believes that, regardless of GAO recommendations, legislation would be required to change or repeal the certification requirement. However, DoD personnel routinely check the "no" box, allowing individuals to apply for dental care and be examined by the VA.

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Question: Please list all ongoing programs that are underway to electronically track all immunizations and to centralize collection of immunization data for surveillance and research purposes.

Answer: Each of the Services fields an electronic immunization tracking system that reaches to medical facilities around the world. The Army uses the Medical Protection System (MEDPROS) Immunization Tracking Module, which is part of the Medical Occupational Data System (MODS). The Air Force system is called the Air Force Complete Immunization Tracking Application (AF-CITA). The Navy, Marine Corps and Coast Guard employ the Shipboard Automated Medical System (SAMS). Additionally, the Preventive Health Care Application (PHCA) also contains an immunization tracking module known as the Record Management System (RMS). It is currently available for use at 55 sites and can store both uniformed members' data as well as beneficiary/dependent immunization data.

All of these systems have the capability to transmit key immunization data on uniformed Service members to the Defense Manpower Data Center's Defense Enrollment Eligibility Requirements System (DEERS) central immunization repository. Personnel with appropriate access can query this data repository for status reports on their military unit via the Immunization Compliance Reporting System (ICRS) web site.

The Service specific systems will eventually be replaced with one DoD immunization tracking system when Composite Health Care System II (CHCS II) and the Theater Medical Information Program (TMIP) are fully fielded.

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Question: Given the possible serious side effects of the drug Larium, as well as other pharmaceutical products, what measures have been taken to monitor the Service members who have been prescribed such medications?

Answer: All Service members who receive drugs like the malaria pre-treatment Larium are screened as part of their mobilization processing for deployment. Their current medications are reviewed as well as any symptoms. Contraindications for any Service member to be placed on any particular medication are noted on their records. Medications dispensed to soldiers are documented in MEDPROS with the medication appropriately packaged and labeled and the soldier is provided a medication information sheet.

Medications like malaria drugs and other deployment-specific drugs are annotated on the pre-deployment health assessment form, and again on the post-deployment health assessment form. The post-deployment health assessment includes a face-to-face individual assessment with a licensed health care provider. These assessments include a review of medications issued, in addition to a review of potentially harmful exposures and a psychological assessment. Any health issues raised during the assessment result in a review of deployment health records and appropriate referral for follow-up medical evaluation, testing and care.