



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

OCT 17 2016

Dear Mr. Chairman:

Enclosed is the Department of Defense (DoD) Force Health Protection Quality Assurance Program report for calendar year 2015, as required by section 1073b(a) of title 10, United States Code. This year's report details actions taken by the DoD to identify deployment-related occupational and environmental health risks, the evaluation or treatment of Military members potentially exposed to hazardous substances, and addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in central DoD databases. The Force Health Protection Quality Assurance program audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed Military members. This report documents the results of those audits. The 2015 audits examined 2014 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2014 deployments.

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 Chairman of the Committee on the Armed Services of the Senate.

Sincerely,

Peter Levine
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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cc:
The Honorable Jack Reed
Ranking Member



**Report to Committees on Armed Services
of the Senate and House of
Representatives
on the Calendar Year 2015 Activities of
the Force Health Protection
Quality Assurance Program of
the Department of Defense**

**Pursuant to Section 1073b(a) of Title 10,
United States Code**

The estimated cost of this report or study for the Department of
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Introduction

The Department of Defense reports annually to the Committees on Armed Services of the Senate and House of Representatives pursuant to section 1073b(a) of title 10, United States Code (U.S.C.) (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 repositories for deployed Military members. This report documents the results of those audits. The 2015 audits examine 2014 data to ensure complete data capture, accounting for the delay of deployment data for end of the year 2014 deployments. This report details action taken by the Department of Defense (DoD) to identify deployment-related occupational and environmental health risks and the evaluation or treatment of Military members potentially exposed to hazardous substances.

- **Blood Samples and Health Assessments**

The Armed Forces Health Surveillance Branch (AFHSB), Defense Health Agency, maintains the Defense Medical Surveillance System (DMSS). The DMSS is a central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are data from the Department of Defense Serum Repository (DoDSR) and the deployment health assessments. Collectively, for Military member deployments analyzed for the 2015 quality assurance review, the DMSS contained Pre-Deployment Health Assessment (Pre-DHA) forms on 90 percent of those Military members required to fill out this form, versus 89 percent in 2013. Ninety percent of those required to complete the Post-Deployment Health Assessment (PDHA) forms were completed, versus 89 percent in 2013; and 76 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) forms were completed, versus 76 percent in 2013. This represents an overall increase in the compliance of completing deployment health assessments. The individual Service summary results of the health assessment record audits are available in Table 1. FHPQA audits revealed that the Services provided blood samples to the DoDSR for 96 percent of Military members before deployment and 86 percent after deployment.

- **Responding to Expressed Health Concerns**

Chapter 2 summarizes the actions that the DoD has taken to identify, support, and contact individuals to address their concerns after deployment. The DoD continues to place effort on referral management and provider training programs that support Services members after they return from deployment.

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

Chapter 3 summarizes actions taken by the DoD to assess and mitigate occupational and environmental exposure concerns, and to evaluate or treat members of the Armed Forces possibly exposed to deployment occupational or environmental hazards. Efforts continue to address possible health effects of ambient particulate matter in theater and possible long-term respiratory effects related to deployment. The DoD coordinated with the Department of Veterans Affairs (VA) on the development, and the launch of VA's new "Airborne Hazards and Open Burn Pit Registry", in order to facilitate active duty participation in the voluntary registry.

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

Chapter 4 summarizes ongoing activities within Civilian Personnel Policy; the office that supports deploying DoD civilians.

- **FHPQA Program 2015 Findings, Activities, and 2016 Goals**

Chapter 5 details FHPQA audit findings and actions taken to support Component deployment health activities.

Chapter 1: Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S.C. (Reference (a)), directs the DoD to submit the results of audits conducted during the calendar year 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 calendar year (CY) 2015, 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 chapter, individual Service-specific audits results are listed in Table 1.

Audit activity improvements continued for 2015, including 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), managed by the DMDC, was used to identify deployers who returned from deployment during CY 2014. CY 2014 was chosen to allow enough time for deployers to complete the PDHRA. A qualifying deployment was a deployment to a country identified on the list generated by the Armed Forces Health Surveillance Branch and the Office of Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight (DASD(HRP&O)). Only Military members and DoD civilian employees who deployed greater than 30 days to a location with no fixed medical treatment facility were included in the audit analysis.

Department of Defense Instruction (DoDI) 6490.03, "Deployment Health," 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, to ensure complete capture of the deployment 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 deployers were required to have current influenza vaccine on file.
 - Pre-DHA: given 120 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
- 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

A small number of Military members may have exemptions from some immunizations, therefore, Component-approved exemptions were included as compliant for this audit. As in the 2014 audit, DoD identified smallpox immunization compliance rates for those personnel deploying to USCENTCOM and/or the Korean Peninsula for 15 or more days, and anthrax compliance for only those who had anthrax immunizations within 12 months of deploying. Using these methods, DoD realized overall immunization compliance for deployers this year of 80 percent, which is similar to previous years. Vaccine compliance with anthrax is better than compliance with smallpox (93 percent vs. 86 percent). Results of the electronic review can be found in Table 1.

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

2015 DoD Audit Results	Military member deployment health records extracted from DoD's DMSS
Number of records reviewed	124,738
Evidence of required immunizations	80%
Record contained all required deployment health assessments for individual for the deployment	69%
Pre-DHA	90%
PDHA	90%
PDHRA	76%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	96%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	86%

Data Source: DMSS
 Prepared by AFHSB, as of September 2, 2015

Chapter 2: Responding to Expressed Health Concerns

Military members who returned from qualifying deployments of longer than 30 days duration are required to complete different standardized questionnaires designed to assess their state of health, and to identify concerns they may have about the impact of the deployment experience on their health. The PDHA questionnaire should be completed within 30 days of the Military member's return from deployment. The PDHRA questionnaire should be completed 90-180 days after return from deployment. The Mental Health Assessment offers healthcare providers an opportunity to address behavioral health combat stress and substance abuse-related concerns. DoD policy requires that healthcare providers address Military members' concerns during the completion of a health assessment, and, if indicated, recommend a referral.

As shown in Table 2, the DoD tracked deployment health care concerns and recommended referrals prior to and after Military members were assessed by providers, and then provided these quarterly to the Military Services. The Military Services, in turn, provided the actions that they took to address concerns to the Director, Defense Health Agency, and the DASD(HRP&O) in quarterly reports.

Table 2: Percentage of Military members who Endorsed Selected Questions and Received Referrals on Health Assessments

Deployment Health Assessments, U.S. Armed Forces, January - December 2015						
	Pre-deployment		Post-deployment		Reassessment	
	Active Component	Reserve Component	Active Component	Reserve Component	Active Component	Reserve Component
	n=161,145	n=35,560	n=99,418	n=27,330	n=190,526	n=48,332
Health worse now than before deployed	Not applicable	Not applicable	67.3	69.2	37.8	46.3
Exposure concerns	Not applicable	Not applicable	11.4	17.6	6.7	12.1
Post-Traumatic Stress Disorder (PTSD) concerns	0	0	4.1	5.3	4.6	8.5
Depression	0	0	15.4	15.8	11.8	16.4
Referral indicated	6.9	3.9	17.7	25.0	13.8	26.0
Mental health referral indicated ^a	1.7	0.6	2.6	3.2	11.3	25.0
Medical visit following referral ^b	97.5	81.5	95.9	93.6	97	48.2

^a Includes behavioral health, combat stress and substance abuse referrals,

^b Record of inpatient or outpatient visit within 6 months after referral.

Source: DMSS January 7, 2016

The Reserve Health Readiness Program (RHRP), managed by DoD, provides PDHRAs to Military members from the Reserve Components as well as remotely located Active Duty Service members. Thirty days after a Reserve Component Military member receives a recommended referral, the RHRP staff attempts to contact the Military member to determine if

the member had been able to obtain an appointment to address the condition or concerns specified by the recommended referral.

As noted in Table 3, the RHRP was able to contact 61 percent of these Military members and found that 40 percent of them had not yet made their appointments in order to address their concerns. This constitutes a 2 percent improvement from 2014 when 42 percent of Military members reported no appointment in those respective years. Nearly 90 percent of the remainder still desired an appointment, but the majority (58 percent) indicated that they had not had time to make the appointment. For tracking purposes, the Service Components were provided information about Military members who had not utilized their referrals. For Military members who identified behavioral health concerns, providers offered recommended sources of assistance, even when referrals for specialty care were not required.

Table 3: Reserve Health Readiness Program 30-day Follow-up Response - PDHRAs (All Service n=8,003)

Reserve Health Readiness Program PDHRA 30-Day Follow-Up	
Total Percentage Contacted for 30-day Follow-up	61%
Total Percentage Not Yet Made appointment	39.8%
Service Member Referral Rate	39.1%
Dual (Physical and Behavior) Referral rate	11.7%
Physical Only Referral Rate	26%
Behavioral Health Only Referral rate	1.3%
Percent still desiring to make an appointment	89.6%
Reason no appointment was made (Time)	58%
Reason no appointment was made (Don't know next step)	13.4%
Reason no appointment was made (Other)	28.4%

Source: RHRP II Deliverable; January 1 - December 31, 2015

Chapter 3: Actions Taken to Address Deployment Occupational and Environmental Health Surveillance Concerns

Periodic Occupational and Environmental Monitoring Summaries

The DoD established a goal to increase access to the most current and applicable Periodic Occupational and Environmental Monitoring Summaries (POEMS) for Military members (Active Duty, National Guard and Reserves), and their providers; military, VA, as well as private sector, for use when addressing post-deployment health concerns. The POEMS initially included camps in Iraq and Afghanistan, and have expanded to include Jordan, Saudi Arabia, Kuwait, Kyrgyzstan, Oman, Qatar, United Arab Emirates, and Uzbekistan. The POEMS describe overall occupational and environmental hazards and population-based health risks; they were not developed for inclusion in the medical records because they do not describe any specific person's unique exposures. However, if deployment environmental hazards and conditions are relevant to an individual's concern or health condition, a provider may use POEMS information when evaluating or treating an individual.

The DoD released POEMS for the public on an Army Public Health Center (Provisional) website at: <https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/POEMS.aspx>. The URL was added to Pre-DHA and PDHRA forms to facilitate access to these summaries of environmental hazards and conditions by Active Duty, retired, and separated Service members; current and former DoD civilians; their medical providers, and VA claims adjudicators.

DoD Participation in the VA Airborne Hazards and Open Burn Pit Registry

The DoD continued to coordinate with the VA to facilitate active duty participation in the VA's voluntary Airborne Hazards and Open Burn Pit Registry, and facilitated follow-up assessments of military personnel self-reporting health concerns via completion of the registry questionnaire. The DoD assisted the VA with efforts to increase Service member and veteran awareness of the registry. The Defense Health Agency enabled DoD health care provider access to completed questionnaires through the DoD electronic health records system.

Radiation Exposures for the DoD-affiliated Population during Operation Tomodachi

The DoD created and maintains the Operation Tomodachi Registry to document radiation dose estimates for 75,000 members of the DoD-affiliated population following the devastating 2011 earthquake, tsunami, and release of radioactivity from the damaged Fukushima Nuclear Power Plant in Japan. The DoD determined that none, including those serving on the USS RONALD REAGAN, were exposed to radiation levels that would result in long-term adverse health effects. During 2015, 284 inquiries were received from DoD affiliate personnel, mainly to confirm they were included in the registry, and that no further action was necessary.

Response to Possible Exposures to Chemical Warfare Agents during Deployment to Iraq

By the end of 2015, more than 7,000 Service members and Veterans were included in the effort to identify, contact, and evaluate those who may have been possibly exposed to chemical warfare

agents during their deployment in Iraq from 2004-2008. The effort encompasses medical record reviews, structured interviews and, for those determined to have a confirmed or likely symptomatic exposure, a referral to Walter Reed National Military Medical Center for a clinical assessment. Individuals from all Services were identified through the media, unit, and operational records, and from responses on PDHA and PDHRA forms.

Information regarding incidents and possibly exposed individuals was collected and entered into the Defense Occupational and Environmental Health Readiness System – Industrial Hygiene – Incident Module. Medical data for active duty Military members was entered into the DoD electronic medical record. The DoD coordinated with the VA on the transfer of data for Veterans and members of the Reserve Component who sought medical follow-up through the VA. More than 7,000 medical records were screened, resulting in 6,439 individuals with no evidence of a symptomatic exposure. To date, effects among confirmed and likely cases of exposures appear to have been resolved, and there have been no significant long-term findings clearly associated with chemical warfare agent exposures. The program will continue until all individuals have moved through the process, which is expected to be completed in the 4th of quarter 2016.

Long-term Surveillance for Individuals Possibly Exposed to Sodium Dichromate at the Qarmat Ali Water Treatment Plant, 2003

Notifications for routine re-evaluation are underway for DoD personnel who rotated through Qarmat Ali, a water treatment facility in Iraq, from April through September 2003. These individuals may have been exposed to a known carcinogen, hexavalent chromium, which was present at the site. The joint VA and DoD voluntary medical surveillance program, consisting of evaluations every five years to monitor for potential long-term effects among the approximately 912 DoD personnel who rotated through Qarmat Ali, was last conducted in 2011-2012.

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 (DASD(CPP)), worked to implement FHP policies for DoD civilians who deployed. The FHPQA program manager communicated specifically with the Civilian Expeditionary Workforce (CEW) Program Office, now known as International/Expeditionary Policy (I/EP), to confirm that force health protection policies supported those DoD civilian employees called upon to deploy for contingency operations. To implement pre- and post-deployment health assessment policies, the I/EP published its I/EP business rules in December 2013, 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.

In 2015, I/EP began drafting a Department-level Instruction, DoDI 1404.10, “DoD Expeditionary Civilians,” for deploying civilians. The draft DoDI incorporates the information from the CEW Business Rules, mentioned in the first paragraph. It assigns responsibility for establishing requirements for civilian pre- and post-deployment health procedures. The Department estimates this DoDI will be published in 2017.

The DoD Components utilized contract medical and administrative staff at the National Deployment Center, Camp Atterbury, Indiana, as an essential element to guide civilian deployers through the pre-deployment and post-deployment processing phases that included pre- and post-deployment health assessments. Through the DASD(CPP), the I/EP office and the Benefits Work Life Programs Division provided administrative support to civilians and their owning command or agency for filing Worker’s Compensation Claims to the Department of Labor for illness and injury sustained during deployment, and upon return from deployment to their command, agency, or home.

The employee’s organization of record is responsible for tracking and monitoring the pre- and post-deployment health of those assessments. Deployment health assessment forms continue to be stored outside the DMSS, with the exception of those DoD Component agencies that have electronic record transfer capability to the DMSS. This year, however, during a DoD Civilian Deployment Health Assessment QA program audit, it was noted that no DoD civilian records were available due to a DMDC files problem.

Chapter 5: FHPQA Program Findings, Conclusions and Goals

Program Findings

During our FHPQA review at the beginning of 2015, a variance was observed in DoD civilian deployment data. Investigations included a review of data available at the AFHSB and discussions with DMDC. The DMDC confirmed that it was unable to validate deployed DoD civilians due to recent system process changes. The DMDC agreed to provide quarterly updates on its progress to correct the issues, and requested points of contacts for assistance. AFHSB, Defense Civilian Personnel Defense System, and I/EP points of contacts were provided. Throughout 2015, DoD civilian deployment data were not available. The FHPQA program facilitated meetings with the DMDC, AFHSB, and the Military Departments to ensure work continued, updated DoD leadership and Civilian Agencies, and determined actions required to rectify reporting issues. The DMDC reported that it found the resolutions for the problem and will provide data to DoD Components by October 2016.

Program actions in 2015 included a review of metrics that the Services confirmed require continued FHPQA monitoring. One particular metric required collaborating with the VA to determine if Military members had a mental health encounter at VA facilities after a PDHRA referral. Mental health encounters are appointments within 90 days of a referral to behavioral health in primary or specialty care after screening positive on the PDHRA for PTSD, alcohol misuse, and/or depression after a qualifying deployment. VA appointment information data have been included with purchase care and military medical treatment facility care for Active Duty and Reserve Component Members, as summarized in Table 4.

Table 4: Percentage of Military Members who indicated a Mental Health Concern and were seen at DoD (including through TRICARE), VA, or both after a PDHRA Recommended Referral for Mental Health.

	Mental Health Recommended referral (DD2900 encounters)				
	Number of referrals	Seen by DoD	Seen by VA	Seen by Both	No Follow up
Active Component	1542	71%	0%	2%	27%
Reserve Component	1273	14%	35%	6%	45%

The Services, the DMDC, the AFHSB, and the VA have collaborated to identify Military members who have had a mental health appointment after a recommended referral, but the DoD must comply with the mental health assessments required one and two years post-deployment. Two electronic data reviews performed last year revealed inconsistencies in how DoD accounted for and reported those mental health assessments.

Conclusions and Goals

The FHPQA program has provided the Services electronic reviews, deployment health metric development, oversight support, and electronic monitoring over the past 10 years. The accuracy of accounting has improved, and the Services have developed robust deployment health programs. For 2016, DoD will formalize a FHPQA procedural instruction as directed by a revised DoDI 6200.05, "Force Health Protection Quality Assurance Program."

Acronyms, Terms, and References

Acronym	Term
AFHSB	Armed Forces Health Surveillance Branch
CEW	Civilian Expeditionary Workforce
CTS	Contingency Tracking System
CY	Calendar Year
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
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
I/EP	International/Expeditionary Policy
OEF	Operation ENDURING FREEDOM
OIF	Operation IRAQI FREEDOM
OND	Operation NEW DAWN
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
POEMS	Periodic Occupational and Environmental Monitoring Summaries
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
PTSD	Post-Traumatic Stress Disorder
RHRP	Reserve Health Readiness Program
U.S.C.	United States Code
USCENTCOM	United States Central Command
VA	Department of Veterans Affairs

References

- (a) Section 1073b(a) of title 10, United States Code.
- (b) DoDI 6200.05, “Force Health Protection (FHP) Quality Assurance (QA) Program”, February 16, 2007.
- (c) DoDI 6490.03, “Deployment Health”, August 11, 2006.