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VA AND DOD HEALTH CARE

Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military



G A O

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Highlights of [GAO-05-64](#), a report to congressional requesters

Why GAO Did This Study

Servicemembers who leave the military and file disability claims with the Department of Veterans Affairs (VA) may be subject to potentially duplicative physical exams in order to meet requirements of both the Department of Defense's (DOD) military services and VA. To streamline the process for these servicemembers, the military services and VA have attempted to coordinate their physical exam requirements by developing a single separation exam program. In 1998, VA and DOD signed a memorandum of understanding (MOU) instructing local units to establish single separation exam programs. This report examines (1) VA's and the military services' efforts to establish single separation exam programs, and (2) the challenges to establishing single separation exam programs. To obtain this information, GAO interviewed VA and military service officials about establishing the program; evaluated existing programs at selected military installations; and visited selected installations that did not have programs.

What GAO Recommends

GAO is recommending that the Secretaries of VA and Defense develop systems to monitor and track the progress of VA regional offices and military installations in implementing single separation exam programs. VA and DOD concurred with GAO's findings and recommendation.

www.gao.gov/cgi-bin/getrpt?GAO-05-64.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Marcia Crosse at (202) 512-7119.

VA AND DOD HEALTH CARE

Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military

What GAO Found

Since 1998, VA and the military services have collaborated to establish single separation exam programs. However, while we were able to verify that the program was being delivered at some military installations, DOD, its military services, and VA either could not provide information on program locations or provided us with inaccurate information. As of May 2004, VA reported that 28 military installations had single separation exam programs that used one of five basic approaches to deliver an exam that met both VA's and the military services' requirements. However, when we evaluated 8 of the 28 installations, we found that 4 of the installations did not actually have programs in place. Nonetheless, VA and DOD leadership continue to encourage the establishment of single separation exam programs and have recently drafted a new memorandum of agreement (MOA) that is intended to replace the 1998 MOU. Like the original MOU, the draft MOA delegates responsibility for establishing single separation exam programs to local VA and military installations, depending on available resources. However, the draft MOA also contains a specific implementation goal that selected military installations should have single separation exam programs in place by December 31, 2004. This would require implementation at 139 installations—an ambitious plan given the seemingly low rate of program implementation since 1998 and the lack of accurate information on existing programs.

Several challenges impede the establishment of single separation exam programs. The predominant challenge is that the military services may not benefit from a program designed to eliminate the need for two separate physical exams because they usually do not require that servicemembers receive a separation exam. As of August 2004, only the Army had a general separation exam requirement for retiring servicemembers. The other military services primarily require separation exams when the servicemember's last physical exam or medical assessment received during active duty is no longer considered current. In fiscal year 2003, only an estimated 13 percent of servicemembers who left the military received a separation exam. Consequently, the military services may not realize resource savings by eliminating or sharing responsibility for this exam. According to some military officials, another challenge to establishing single separation exam programs is that resources, such as facility space and medical personnel, are needed for other priorities, such as ensuring that active duty servicemembers are healthy enough to perform their duties. Additionally, because single separation exam programs require coordination between personnel from both VA and the military services, military staff changes, including those due to routine rotations, can make it difficult to maintain existing programs.

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Abbreviations

AFEB	Armed Forces Epidemiology Board
BDD	Benefits Delivery at Discharge
C&P	compensation and pension
DMDC	Defense Manpower Data Center
DOD	Department of Defense
MOA	memorandum of agreement
MOU	memorandum of understanding
PHA	preventive health assessment
VA	Department of Veterans Affairs

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United States Government Accountability Office
Washington, DC 20548

November 12, 2004

The Honorable Duncan Hunter
Chairman
Committee on Armed Services
House of Representatives

The Honorable Christopher H. Smith
Chairman
Committee on Veterans' Affairs
House of Representatives

Servicemembers who leave the military and file disability claims with the Department of Veterans Affairs (VA) may be subject to potentially duplicative physical exams in order to meet requirements of both the Department of Defense's (DOD) military services and VA.¹ VA requires servicemembers applying for service-connected disability compensation to undergo a physical exam, known as a compensation and pension (C&P) exam, in order to determine the degree of their disability. During fiscal year 2003, about 55,500 veterans submitted disability claims to VA within their first year of leaving the military. Similarly, to document any potential service-related health conditions or complaints of servicemembers leaving the military, each of the military services requires a medical assessment, which consists of a questionnaire and in some cases may include a physical exam. Moreover, each military service has additional medical requirements servicemembers must meet when they leave the military—requirements that in some cases include a physical exam, also known as a separation exam. In fiscal year 2003, about 176,000 servicemembers left the military and were subject to applicable requirements.

Although the purpose and scope of the physical exams administered by the military services differ from those administered by VA, the military services and VA developed a way to coordinate their physical exam requirements, prevent duplication, and streamline the process for servicemembers who are leaving the military and filing disability claims. In 1994, VA and the Army initiated a multiyear pilot program that concluded

¹The branches of DOD's uniformed military services (military services) discussed in this report are the Army, the Navy, the Air Force, and the Marines.

that a program consisting of one physical exam could be designed to meet both the military services' requirements for servicemembers leaving the military and VA's requirements for determining disability. VA and the Army also concluded that such a program would encourage a more efficient use of VA and military resources, improve the timeliness of disability claims processing, and offer convenience to servicemembers. Based on the findings of the pilot program, in 1998, VA's Under Secretary for Health and DOD's Acting Assistant Secretary of Defense for Health Affairs signed a memorandum of understanding (MOU) that directed local VA offices and military medical facilities to work together to establish single separation exam programs.

To target servicemembers who are preparing to leave the military and intend to file a disability claim, VA is working with the military services to establish single separation exam programs at military installations that have a Benefits Delivery at Discharge (BDD) program. The BDD program is a joint VA/DOD initiative designed to streamline servicemembers' transition from active duty to veterans' status. At military installations with BDD programs, VA personnel educate servicemembers about VA disability benefits and help them apply for benefits before they leave military service—a process that is otherwise initiated after servicemembers leave the military. BDD programs, which are designed for servicemembers who have between 60 and 180 days remaining on active duty, are usually located at military installations that have large numbers of servicemembers leaving the military. At BDD sites that have single separation exam programs, servicemembers typically receive a single separation exam after they submit their disability claims paperwork. As of August 2004, VA reported there were BDD programs at 139 military installations.²

You asked us to provide information on how VA and DOD's military services are collaborating to provide single separation exams for servicemembers who leave the military and intend to apply for service-connected disability compensation.³ This report examines (1) VA's and the

²We did not verify information related to the BDD program sites because it was outside the scope of our work.

³This request also asked for information, which is addressed in a separate GAO report, *Defense Health Care: Force Health Protection and Surveillance Policy Compliance Was Mixed, but Appears Better for Recent Deployments*, [GAO-05-120](#) (Washington D.C.: Nov. 12, 2004). This report provides information on the military services' implementation of DOD's health protection and surveillance policies for servicemembers deployed to Iraq in support of Operation Iraqi Freedom.

military services' efforts to establish single separation exam programs, and (2) the challenges to establishing single separation exam programs.

To identify VA's and the military services' efforts to establish single separation exam programs, we obtained information on VA's and the military services' medical requirements involving physical exams or other medical evaluations, and we interviewed officials from the Office of the Assistant Secretary of Defense for Health Affairs, the military services' Surgeons General, and VA. We also obtained a list of military installations that VA reported as having single separation exam programs. We used this list to select eight installations that represented each branch of the military services to further evaluate VA's and the military services' efforts to establish these programs. We did not verify whether the remaining installations on VA's list had operational programs in place, and we are only reporting on how programs were operating at these eight selected installations. To identify the challenges to establishing single separation exam programs, we interviewed VA officials from 15 locations whose regions included military installations with at least 500 servicemembers who left the military in fiscal year 2003.⁴ We also visited seven military installations that were not administering single separation exam programs to learn why such programs were not in place. These seven installations represented each of the military services and had at least 500 servicemembers leaving the military during fiscal year 2003. In addition, we obtained data on the number of disability claims filed, the number of separations from the military, the estimated number of separation exams provided by the military services, and the average costs of VA and DOD physical exams. We assessed the reliability of these data and determined that they were sufficiently reliable for our purposes. Our work was performed from January 2004 through November 2004 in accordance with generally accepted government auditing standards. For more details on our scope and methodology, see appendix I.

Results in Brief

Since 1998, VA and the military services have collaborated to establish single separation exam programs. However, while we were able to verify that the program was being delivered at some military installations, DOD, its military services, and VA either could not provide information on

⁴We selected one additional region with a military installation where less than 500 servicemembers left the military in fiscal year 2003 because VA reported that in this region VA physicians were delivering single separation exams at a VA medical center, a different approach than that reported by our other selected sites.

program locations or provided us with inaccurate information. As of May 2004, VA reported that 28 of 139 military installations with BDD programs also had single separation exam programs that used one of five basic approaches to deliver an exam that met both VA's and the military services' requirements. However, when we evaluated 8 of the 28 installations, we found that 4 of the installations did not actually have programs in place. Nonetheless, VA and DOD leadership continue to encourage the establishment of single separation exam programs and have recently drafted a new memorandum of agreement (MOA) that is intended to replace the 1998 MOU. Like the original MOU, the draft MOA delegates responsibility for establishing single separation exam programs to local VA and military installations, depending on available resources. However, the draft MOA also contains a specific implementation goal that all BDD sites should have single separation exam programs in place by December 31, 2004—an ambitious plan given the seemingly low rate of program implementation since 1998 and the lack of accurate information on existing programs.

Several challenges impede the establishment of single separation exam programs. The predominant challenge is that the military services may not benefit from a program designed to eliminate the need for two separate physical exams because they usually do not require that servicemembers receive a separation exam. As of August 2004, only the Army had a general separation exam requirement for retiring servicemembers. The other military services primarily require separation exams when the servicemember's last physical exam or medical assessment received during active duty is no longer considered current. In fiscal year 2003, only an estimated 13 percent of servicemembers who left the military received a separation exam. Consequently, the military services may not realize resource savings by eliminating or sharing responsibility for this exam. According to some military officials, another challenge to establishing single separation exam programs is that resources, such as facility space and medical personnel, are needed for other priorities, such as ensuring that active duty servicemembers are healthy enough to perform their duties. Additionally, because single separation exam programs require coordination between personnel from both VA and the military services, military staff changes, including those due to routine rotations, can make it difficult to maintain existing programs.

We are making a recommendation that the Secretary of VA and the Secretary of Defense develop systems to monitor and track the progress of VA regional offices and military installations in implementing single separation exam programs at BDD sites. In commenting on a draft of this

report, VA and DOD concurred with the report's findings and recommendation.

Background

The military services and VA have medical requirements that servicemembers must meet when leaving the military and applying for VA disability compensation. These requirements include a medical assessment; a service-specific separation exam, which is given to some servicemembers; and a VA C&P exam. The single separation exam program is designed to provide a single physical exam that can be used to meet the physical exam requirements of the military services and VA.

The Military Services' Requirements for Medical Assessments and Separation Exams

In response to a 1994 memorandum from the Assistant Secretary of Defense for Health Affairs, all of the military services require a medical assessment of all servicemembers leaving the military, including those that retire or complete their tour of active duty.⁵ This assessment, which is used to evaluate and document the health of these servicemembers, consists of a standard two-page questionnaire asking servicemembers about their overall health, medical and dental histories, current medications, and other health-related topics.⁶ (See app. II for DOD's medical assessment form—DD Form 2697.) Military medical personnel, who could include a physician, a physician's assistant, or a nurse practitioner, are required to review the questionnaire with the servicemember. If the questionnaire indicates the presence of an illness, injury, or other medical problem, the reviewer is required to ensure that the servicemember's medical or dental records document the problem. In addition, depending on the servicemember's responses or based on the reviewer's judgment that additional information is needed, the health assessment could result in a physical exam—one focused on a particular

⁵Servicemembers who retire from the military are eligible for retirement benefits including healthcare and a pension as well as VA benefits. Those who are separating because their tour of duty is complete are only eligible for VA benefits. Of the servicemembers who left the military in fiscal year 2003, 22 percent were retirees and 34 percent had completed their tours of active duty. The remaining 44 percent were discharged for other reasons, such as illness or because they were unable to fulfill their military duties.

⁶DOD's action and the development of DD Form 2697 were completed in response to direction from the House Committee on Armed Services in 1993 to implement a departmentwide policy, by regulation, for each servicemember to receive a comprehensive medical interview before separating from active duty, as well as a comprehensive physical evaluation upon identification of complaints, illnesses, or injuries. See H.R. No. 103-200, at 304-305 (1993) (accompanying H.R. 2401, National Defense Authorization Act for Fiscal Year 1994). DOD itself did not issue regulations, but directed each military service to do so.

health issue or issues in order to supplement information disclosed on the questionnaire. Furthermore, the medical assessment asks if the servicemember intends to file a claim for disability with VA. Servicemembers who answer “yes” on the assessment form will be given a clinically appropriate assessment or exam if the servicemember’s last physical exam received during active duty is more than 12 months old or if new symptoms have appeared since the last active duty exam.⁷

In addition, the Army, Navy, Air Force, and Marines⁸ require some of their servicemembers to undergo separation exams when they leave the military. Separation exams consist of a clinical evaluation by a medical provider and could include various diagnostic tests, such as a urinalysis, a hearing test, and a vision test. Separation exams, as well as other physical exams the military services conduct, are documented on a three-page standard DOD form. (See app. III for DOD’s report of medical examination—DD Form 2808.) According to DOD, the average cost for a physical exam given by the military services is about \$125, exclusive of any diagnostic tests that may also be conducted.⁹

The requirements determining which servicemembers must receive separation exams vary by military service and other factors. The Army requires that its retirees receive separation exams, although the Army does not usually require this for servicemembers who are completing their tours of active duty. The other military services do not require separation exams for most servicemembers, except for those whose last physical exam or assessment they received during active duty is out of date. (See table 1 for each military service’s medical evaluation requirements.) Further, all of the military services also require separation exams for certain occupational specialties. For example, the military services require separation exams for servicemembers who have worked with hazardous materials. Finally, any servicemember can request and receive a separation exam.

⁷The Ronald W. Reagan National Defense Authorization Act of 2005 requires certain members of the armed forces to undergo a separation physical examination unless such members have had such an examination within 12 months and a waiver is granted with the member and the member’s unit commander’s consent. See Pub. L. No. 108-375, § 706(b), 118 Stat. 1773, (amending 10 U.S. C. § 1145(a)).

⁸The Marines follow the Navy’s requirements.

⁹DOD’s cost data do not distinguish between separation exams and other types of physical exams.

Table 1: Individual Military Service Requirements for Evaluating Servicemembers' Health

Military service	During active duty ^a	Completion of active duty tour	Retirement
Army	Physical exams occur every 5 years beginning at age 30, and annually for those age 60 and older.	Separation exams are not usually required.	Separation exams are mandatory.
Navy/Marines	Physical exams occur every 5 years through age 50, every 2 years through age 60, and annually after age 60.	Separation exams are not usually required unless a servicemember does not have a current physical exam on file. ^b If a current exam is on file, ^b the Navy requires a review of the servicemember's medical history, documentation of any changes in health, and a focused exam, if needed.	Separation exams are not usually required unless a servicemember does not have a current physical exam on file. ^b If a current exam is on file, ^b the Navy requires a review of the servicemember's medical history, documentation of any changes in health, and a focused exam, if needed.
Air Force	Preventive Health Assessments (PHA) ^c occur annually.	A separation assessment is required when the servicemember has not had a PHA within the last year. A separation exam is required if the servicemember has not had a PHA within 5 years of scheduled separation. ^d	A separation assessment is required when the servicemember has not had a PHA within the last year. A separation exam is required if the servicemember has not had a PHA within 3 years of scheduled separation. ^d

Sources: GAO analyses of Army Regulation 40-501, Chapter 8 (2/19/04); Virtual Naval Hospital, Manual of the Medical Department, NAVMED P-117 (8/20/02); and Air Force Instruction 48-123 (5/22/01).

^aIn addition to these general active duty requirements, each military service has specific requirements based on factors such as gender and occupational specialty.

^bThe time period after which an exam is considered not current can vary for different servicemembers.

^cDuring a PHA, medical providers check for evidence of disease and preventable illnesses using information from each servicemember's past medical history, lifestyle, age, sex, hazards in the workplace, and medical threats related to deployment.

^dAccording to DOD officials, the Air Force's separation exams are only required in the rare instance that servicemembers miss their annual assessments.

Requirements for separation exams may be affected by planned changes to physical exam requirements for active duty servicemembers. The Army and Navy plan to change their physical exam requirements for servicemembers during active duty—replacing routine physical exams with periodic health assessments, thereby moving closer to the Air Force's requirements for active duty servicemembers. In September 2003, the Armed Forces Epidemiology Board (AFEB)¹⁰ issued a report that concluded that annual health assessments, as currently administered by

¹⁰The AFEB is a scientific advisory body to the Assistant Secretary of Defense for Health Affairs and the services' Surgeons General. It provides scientific and professional advice concerning operational programs, policy development, and research needs for the prevention of disease and injury and the promotion of health.

the Air Force to active duty servicemembers, should replace routine physical exams. According to their Surgeon General representatives, the Army and the Navy intend to change their regulations relating to periodic physical exams and to adopt the recommendations offered by the AFEB by 2005. This shift in requirements is in line with recommendations of the U.S. Preventive Services Task Force and many other medical organizations,¹¹ which no longer advocate routine physical exams for adults—recommending instead a more selective approach to detecting and preventing health problems.

VA's C&P Exam

Some servicemembers who leave the military file for VA disability benefits, which could include priority access to VA health care as well as monthly payments for disabilities, diseases, or injuries incurred or aggravated during active military service. VA requires evidence of military service to confirm eligibility for these benefits, and the department uses the C&P exam to establish a disability rating, which helps determine the amount of compensation a veteran receives. Veterans retain the option of initiating claims at any time after leaving the military, even if they did not state their intention to do so on the medical assessment form completed when they left military service.

A VA C&P exam is a physical exam used to determine a veteran's degree of disability in support of claims for service-connected disability compensation. The exam obtains information on the veteran's medical history and includes diagnostic and clinical tests, the scope of which depend on what disabilities the veteran claims. For example, if a veteran claims a disability for a knee injury, VA would require a comprehensive orthopedic exam to determine the percent of movement that has been lost due to the knee injury. Veterans may claim multiple disabilities—all of which must be evaluated for disability rating purposes.

In general, VA's C&P exam is more comprehensive and detailed than the military services' separation exams, as military service exams are intended to document continued fitness for duty, whereas the purpose of the VA C&P exam is to document disability or loss of function regardless of its

¹¹The U.S. Preventive Services Task Force was established by the U.S. Public Health Service in 1984 as an independent panel of experts to review the effectiveness of clinical preventive services.

impact on fitness for duty.¹² VA physicians who conduct the C&P exam must evaluate the extent of a veteran's physical limitations and determine their impact on the veteran's future employment for compensation purposes. VA physicians usually conduct C&P exams at VA Medical Centers, although since 1996 VA has had authority to use civilian physicians to provide C&P exams at 10 VA regional offices.¹³ In addition, VA physicians may provide C&P exams at some military medical facilities. According to VA officials, the average cost of VA's C&P exam, exclusive of any diagnostic tests, is about \$400 when conducted by either VA or by VA's contractor.

Pilot Program for Single Separation Exams

In 1994, the Army and VA jointly initiated a pilot program for single separation exams at three Army installations. Each of the installations used a different approach when implementing the exam.

- At Fort Hood, Texas, a VA physician performed single separation exams at the Army's military treatment facility.
- At Fort Knox, Kentucky, a sequential approach was used in which Army personnel performed some preliminary work, such as lab tests and optical exams, for servicemembers at the installation. Servicemembers were then transported to a local VA medical center, where VA physicians completed the single separation exams.
- At Fort Lewis, Washington, an Army physician performed the single separation exams at the military installation.

The 1997 report on the pilot programs concluded that all of the approaches for single separation exams were successful and that, overall, they eliminated redundant physical exams and medical procedures, decreased resource expenditures, increased the timeliness of VA's disability rating decisions, and improved servicemembers' satisfaction. The report also recommended that single separation exam programs be expanded to include all military services.

¹²Determining that separating or retiring servicemembers are fit for duty at separation ensures that they are not entitled to compensation from DOD because of physical disabilities.

¹³See Veterans' Benefits Improvements Act of 1996, Pub. L. No. 104-275, § 504, 110 Stat. 3322, 3341-3342. VA currently has a contract with QTC, a private contractor, to conduct C&P physical exams at locations serviced by the 10 regional offices in Atlanta, Georgia; Boston, Massachusetts; Houston/San Antonio, Texas; Los Angeles, California; Muskogee, Alabama; Roanoke, Virginia; Salt Lake City, Utah; San Diego, California; Seattle/Spokane, Washington; and Winston-Salem, North Carolina.

VA and DOD Direction and Guidance for the Establishment of Single Separation Exam Programs at Local Levels

Based on the findings of the single separation exam pilot, VA's Under Secretary for Health and DOD's Acting Assistant Secretary of Defense for Health Affairs signed an MOU in 1998 directing local VA offices and military medical facilities to negotiate and implement individual MOUs for single separation exam programs. According to the MOU, VA and the military services should optimize available resources, including the use of both military and VA facilities and staff as appropriate. For example, because a servicemember applying for VA benefits would receive a single physical exam that meets VA C&P exam requirements—which are usually more extensive than the military services' separation exam requirements—the MOU envisioned that VA medical personnel would perform most of the single separation exams.¹⁴ It also stated that the military services would provide VA with servicemembers' medical records and lab and test results from active duty in order to avoid duplicative testing. Finally, the MOU acknowledged that in implementing single separation exam programs, negotiations between local VA and military officials would be necessary, because military installations and local VA offices and hospitals face resource limitations and competing mission priorities. These local level negotiations would be documented in individual MOUs.

To implement the 1998 MOU, both VA and DOD issued department-specific guidance. In January 1998, both VA's Under Secretary for Health and Under Secretary for Benefits distributed guidelines to VA regional offices and medical centers about completing the single separation exams in cooperation with the military services. In September 1998, DOD's Assistant Secretary of Defense for Health Affairs issued a policy to the Assistant Secretaries for the Army, Navy, and Air Force stating that servicemembers who leave the military and intend to file a claim for VA disability benefits should undergo a single physical exam for the military services and VA.

¹⁴However, in those geographic areas where VA may not reasonably be able to provide examining physicians, the MOU stated that DOD physicians shall perform the single separation exam using VA protocols.

VA and the Military Services Have Established Some Single Separation Exam Programs, But Program Monitoring Is Lacking Despite Plans for Expansion

Since 1998, VA and the military services have collaborated to establish single separation exam programs using various approaches to deliver the exams, including those used in the original pilot program. However, while we were able to verify that the exams were being delivered at some installations, DOD, its military services, and VA either could not provide information or provided us with inaccurate information on program sites. Although VA reported that 28 of 139 BDD sites had programs in place as of May 2004, we found that 4 of the 8 sites we evaluated from VA's list did not actually have a program in place. Nonetheless, VA and DOD leadership continue to encourage the establishment of single separation exam programs and have drafted a new MOA that contains a specific implementation goal to have programs in place at all of the BDD sites by December 31, 2004—an ambitious goal given the seemingly low rate of program implementation since 1998 and the lack of accurate information on existing programs.

Single Separation Exams Being Delivered at Some Locations Using Different Approaches

VA reported that as of May 2004, 28 of the 139 BDD sites had operating single separation exam programs. At these sites, VA officials told us, local VA and military officials have implemented the program using one of five approaches that met both the military services' and VA's requirements without duplication of effort. Three of the five approaches were developed during the 1994 pilot program—(1) military physicians providing the exams at military treatment facilities, (2) VA physicians providing the exams at military treatment facilities, and (3) a sequential approach wherein VA and the military service shared the responsibility of conducting consecutive components of a physical exam. In addition, VA officials reported a fourth approach that was being used, in which VA physicians delivered the single separation exam at VA hospitals, and a fifth approach, in which VA used a civilian contractor to deliver the exams.

We evaluated the operation of the single separation exam programs at four of the military installations VA reported as having collectively conducted over 1,400 exams in 2003. These installations were conducting single separation exams using two of the approaches—either with VA's contractor conducting the physical exam or as a sequential approach. (See table 2.) Overall, VA and military officials told us that both approaches worked in places where military officials and VA officials collaborated well together.

Table 2: Approaches Used to Deliver Single Separation Exams at Selected Military Installations

Military installation	Location	Single separation exam approach	Number of single separation exams reported in 2003
ARMY			
Fort Drum	New York	Sequential	922
Fort Eustis	Virginia	VA contractor	28
Fort Stewart	Georgia	VA contractor	38
NAVY			
Naval Station Mayport	Florida	Sequential	450
Total			1,438

Source: GAO analysis of VA information.

At two Army installations—Fort Stewart and Fort Eustis—we found that VA used its civilian contractor to conduct C&P exams, which the Army then used to meet its separation exam requirements for servicemembers leaving the military. At the Fort Drum Army installation and Naval Station Mayport, local VA and military service officials collaborated to implement a sequential approach. At Fort Drum, the Army starts the single separation exam process by conducting hearing, vision, and other diagnostic testing. A VA physician subsequently completes the actual physical exam at the installation, which is then incorporated in the servicemember’s medical record. At Naval Station Mayport, a Navy corpsman starts the sequential process by reviewing the servicemember’s medical history, initiating appropriate paperwork, and scheduling the servicemember for an appointment with a VA physician. The VA physician then conducts a VA C&P exam at the installation and completes the paperwork to meet the Navy’s separation requirements.

DOD, the Military Services, and VA Do Not Adequately Monitor Single Separation Exam Programs

DOD and its military services do not adequately monitor where single separation exam programs have been established. DOD does not maintain servicewide information on the locations where single separation exam programs are operating. While the Army and the Air Force each provided a list of installations where officials claimed single separation exam programs were established, both lists included installations that we verified as not having a program in place. A Navy official told us that although the Navy attempted to identify the locations of single separation exam programs, its information was not accurate.

In addition, while VA maintains a list of single separation exam programs, this list was not up to date. At our request, VA attempted to update their list and reported to us that in May 2004, 28 military installations with BDD programs also had single separation exam programs. At these sites, VA reported that over 11,000 single separation exams had been conducted in 2003. However, when we evaluated programs at 8 of these installations, we found that 4 of the installations did not actually have programs in place. (See table 3.)

Table 3: Installations That VA Incorrectly Reported as Having Single Separation Exam Programs

Military installation	Location	Number of single separation exams reportedly delivered in 2003
ARMY		
Fort Lee	Virginia	76
AIR FORCE		
Little Rock Air Force Base	Arkansas	237
Pope Air Force Base	North Carolina	50
MARINES		
Camp Lejeune	North Carolina	1,712
Total		2,075

Source: GAO analysis of VA information.

At these four military installations, the 2,075 exams reported as single separation exams were actually VA C&P exams that were used only by VA and not by the military services. We obtained the following information about these installations.

- At Fort Lee, local Army and VA officials told us that a single separation exam program was in place prior to our site visit. However, during a joint discussion with us, they realized that the local MOU, which was signed in April 2001, was not being followed and that the single separation exam program was no longer in operation. Nonetheless, local VA officials responsible for reporting on the program were unaware that the program was no longer operational.
- At Little Rock Air Force Base, we found that a single separation exam program was not in place even though there was an MOU, which local VA officials told us was signed in May 1998. During our initial discussions, local VA officials told us that the program was in operation. However, as they responded to VA headquarter’s inquiry to update their list of installations with single separation exam programs for us, local officials

realized that the program was not in operation and had never existed despite the signed MOU. Nonetheless, this site was still included on the updated list of installations that VA provided to us.

- At Pope Air Force Base, local military officials told us that no single separation exam program was in place. Furthermore, a local VA official said that no MOU had been signed for the program at this installation. However, despite this, local VA officials mistakenly believed that installation officials were using the VA C&P exams to meet their separation requirements and that, as a result, single separation exams were being provided.
- Finally, at Marine Camp Lejeune, local military and VA officials told us that no single separation exams were being conducted even though there was an MOU, which was signed in 2001. When we met with the installation's hospital commander, he told us that the hospital was not participating in the single separation exam program, and he was unaware of the existence of the MOU for this program. We also met with military officials at the Hadnot Branch Clinic, the installation's busiest clinic in terms of separation physicals, and at the time of our review, this clinic was also not participating in the single separation exam program. Furthermore, local VA officials told us that they realized that the program was not in operation at the time of our visit—even though it was included on the list that VA updated for us.

We also identified another military installation that had a single separation exam program—even though it was not included in VA's list of installations with these programs. Regional VA officials told us—and we confirmed—that an MOU for a single separation exam program had been implemented at MacDill Air Force Base, Florida. At this installation, local military officials reported that 516 single separation exams were conducted in 2003. According to local VA and military officials, this installation employs a sequential approach wherein VA uses medical information from Air Force health assessments as well as any diagnostic tests that may have been conducted in conjunction with them to help complete C&P exams for servicemembers applying for VA disability compensation.

VA and DOD Leadership Continue to Encourage the Establishment of Single Separation Exam Programs Through a New National Agreement

As part of an overarching effort to streamline servicemembers' transition from active duty to veterans' status, VA and DOD continue to encourage the establishment of single separation exam programs and have drafted a national MOA, which is intended to supercede the 1998 MOU. Unlike the original MOU, the draft MOA contains a specific implementation goal—that VA and the military services establish single separation exam programs at each of the installations with BDD programs by December 31, 2004. The draft MOA also provides more detail about how the military services and VA will share servicemembers' medical information to eliminate duplication of effort. For example, the MOA states that the military services will share the medical assessment forms along with any completed medical exam reports and pertinent medical test results with VA. Similarly, the MOA specifies that when VA conducts its C&P exam of servicemembers before they leave the military, this information should be documented in servicemembers' military medical records. According to VA officials, the draft MOA extends the eligibility period for servicemembers to participate in the program by eliminating the previous requirement that servicemembers had to have a minimum number of days—usually 60—remaining on active duty. As a result, servicemembers may participate in the program when they have 180 days or less remaining on active duty.

Aside from some specific additions, the general guidance in the draft MOA is consistent with the 1998 MOU. For example, the draft MOA delegates responsibility for establishing single separation exam programs to local VA and military installations, based on the medical resources—including physicians, laboratory facilities, examination rooms, and support staff—available to conduct the exams and perform any additional testing. The MOA also continues to provide flexibility that allows local officials to determine how the exams will be delivered—by VA, by VA's contractor, or by DOD.

According to VA, the draft MOA is expected to be signed by DOD's Under Secretary of Defense for Personnel and Readiness and the Deputy Secretary of VA in November 2004. In contrast, the 1998 MOU was signed at lower levels of leadership within each department—DOD's Acting Assistant Secretary of Defense for Health Affairs, who reports to the Under Secretary of Defense for Personnel and Readiness, and VA's Under Secretary for Health, who reports to the Deputy Secretary of VA. Both VA and DOD officials told us that endorsement for the new draft MOA from higher-level leadership within the departments should facilitate the establishment of single separation exam programs. However, it will be difficult to determine where the program needs to be implemented

without accurate program information with which to oversee and monitor these efforts—a critical deficiency in light of the MOA’s ambitious goal to establish the program at all BDD sites by December 31, 2004, and given the seemingly low rate of implementation at the 139 BDD sites.

Infrequent Use of Separation Exams Among Military Services and Other Factors Create Challenges in Establishing Single Separation Exam Programs

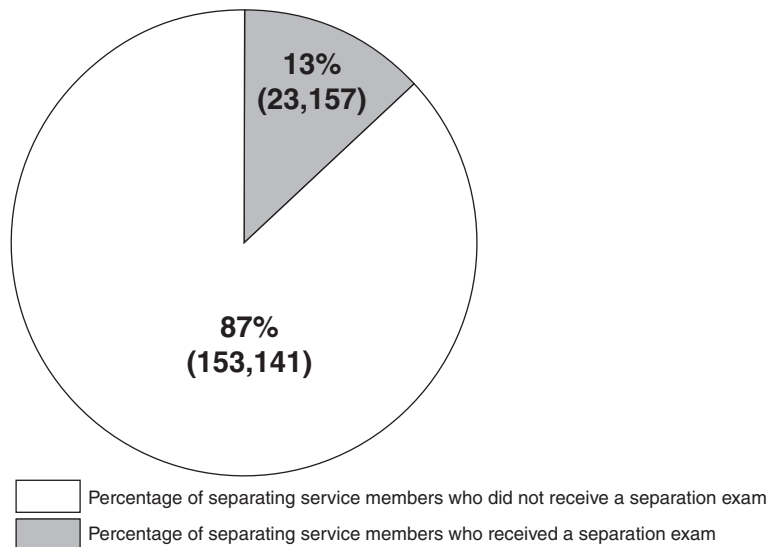
Several challenges impact the establishment of single separation exam programs. The primary challenge is that the military services do not usually require servicemembers to undergo a separation exam before leaving the military. In fiscal year 2003, the military services administered separation exams for an estimated one-eighth of servicemembers who left the military. Consequently, although individual servicemembers may benefit from single separation exams, the military services may not realize benefits from resource savings through eliminating or sharing responsibility for the separation exams. Another challenge to establishing these programs is that some military officials told us that they need their resources, such as space and medical personnel, for other priorities, including ensuring the health of active duty servicemembers. Furthermore, VA officials told us that because single separation exam programs require coordination between personnel from both VA and the military services, existing programs can be difficult to maintain because of routine rotations of military staff to different installations.

The Military Services May Not Benefit from Single Separation Exam Programs Due to Their Infrequent Use of Separation Exams

Despite increased convenience for individual servicemembers, the military services may not benefit from single separation exam programs—designed to eliminate the need for two separate exams—because the military services usually do not require servicemembers who are leaving the military to have separation exams. In fiscal year 2003, the military services administered separation exams to an estimated 23,000, or one-eighth, of the servicemembers who left the military that fiscal year. However, this estimate may undercount the number of servicemembers who received separation exams.¹⁵ (See fig. 1.)

¹⁵ According to the DOD official who provided the data, some administered separation exams may not be included in the estimate because they may have been recorded as routine physical exams. However, according to this official, this is the best information DOD has available on separation physicals.

Figure 1: Estimated Percentage of Servicemembers Who Received Separation Exams in Fiscal Year 2003



Source: GAO analysis of DOD data.

Note: The data do not distinguish between mandatory separation exams and separation exams that were requested by the servicemember. In addition, according to the DOD official who provided the data, some separation exams may not be included in the estimate because they may have been recorded as routine physical exams.

Because the military services do not usually require separation exams, it is unlikely that servicemembers will receive physical exams from both the military and VA. At two Army installations without single separation exam programs, we found that relatively few servicemembers had received both a C&P exam from VA and a separation exam from the Army. From June 2002 through May 2004, 810 servicemembers received a VA C&P exam at Fort Gordon, and of these, 121 soldiers—about 15 percent—had also received a separation exam from the Army. Similarly, during June 2003 through May 2004, 874 servicemembers received a VA C&P exam at Fort Bragg, and of these only 38—about 4 percent—had also received a separation exam from the Army. Because the Army is the only military service to require separation exams for all retirees, we expected that the Army's servicemembers were more likely those of the other military services to receive two physical exams. However, the small percentage of servicemembers that received both VA C&P exams and Army separation exams at these two installations suggests that the potential for resource savings by having single separation exams is likely small.

In addition, some Air Force officials told us that they did not see a need to participate in single separation exam programs because of their health assessment requirements. For example, at Little Rock Air Force Base, officials told us that because the Air Force does not routinely require separation physicals for most servicemembers, it was not practical to use VA's C&P physicals as single separation exams. The officials explained that VA's C&P exams obtain more information than needed to meet the Air Force's health assessment requirement and that using VA's exam as a single separation exam would not be an efficient use of resources. The officials said that it would take military medical personnel too much time to review the VA C&P exams to identify the information the Air Force required. Similarly, officials at other Air Force installations we visited—Hurlburt Field, Langley Air Force Base, and Eglin Air Force Base—agreed that they would not benefit from a single separation exam program. However, we did find one Air Force installation—MacDill Air Force Base—where a single separation exam program was operational, demonstrating the feasibility of Air Force installations participating in single separation exam programs.

Some Military Officials Do Not Allocate Installation Resources for Single Separation Exam Programs

Some military officials told us that they use their installations' resources for other priorities than establishing single separation exam programs. Although the 1998 MOU encouraged the establishment of these programs for servicemembers leaving the military and filing VA disability claims, some local military officials told us that their installations did not currently have these programs because they decided to use available resources to support other efforts, such as conducting wartime training and ensuring that active duty servicemembers are healthy enough to perform their duties. For example, when we visited Fort Bragg we learned that the commander had initially agreed to provide space at his installation for a single separation exam program. However, the same space was committed to more than one function, and when the final allocation decision was made, other mission needs took priority. In addition, Nebraska VA officials told us that an existing single separation exam program was eliminated at Offutt Air Force Base because military medical personnel assigned to help VA physicians administer the exams were needed to focus on the health of active duty servicemembers at the installation.

In addition, military officials explained that administering single separation exams that include VA's C&P protocols are more time intensive for their staff and can involve more testing than the military's separation exams. As a result, military officials are reluctant to assign resources,

including facilities and staff, to this effort. Further, military officials explained that expending time and resources to train military physicians to administer single separation exams is not worthwhile because these physicians periodically rotate to other locations to fulfill their active duty responsibilities so other military physicians would have to be trained as replacements.

Military Staff Turnover Creates Challenges for Maintaining Established Single Separation Exam Programs

Because single separation exam programs require coordination between personnel from both VA and the military services, staff changes or turnover can make it difficult to maintain existing programs. For example, during our visit to the Army's Fort Lee, we found that the installation's single separation program had stopped operating because of staff turnover. When the program was in operation, a sequential approach was used in which Army personnel conducted the initial part of the exams, which included medical history and diagnostic testing, and then shared servicemembers' medical records with VA personnel at the VA hospital, where the single separation exams were completed. According to VA and Army officials, after the Army personnel changed, the installation no longer provided VA with the medical records.

Further, VA officials told us that maintaining joint VA and DOD programs—such as single separation exam programs—is challenged by the fact that military staff, including commanders, frequently rotate.¹⁶ According to VA officials, some commanders do not want to continue agreements made by their predecessors so single separation programs must be renegotiated when the commands change. However, VA officials told us that the new draft MOA should help alleviate this challenge to program establishment because it states that local agreements between military medical facilities and VA regional offices will continue to be honored when leadership on either side changes.¹⁷

¹⁶Military commanders typically rotate about every 3 years.

¹⁷However, the draft MOA recognizes that changes to local agreements are permissible as long as they address improved cooperation and changes in resources and conform to the scope and responsibilities in the MOA.

Conclusions

Since 1998, VA and DOD's military services have attempted to establish single separation exam programs in order to prevent duplication and streamline the process for servicemembers who are leaving the military and intend to file a disability claim with VA. However, according to VA, fewer than 30 out of 139 military installations with BDD programs had single separation exam programs as of May 2004. To encourage more widespread program establishment, the departments have drafted a new national MOA with the goal of having programs in place at all BDD sites by December 31, 2004. Increasing the single separation exam program to all BDD sites will allow more servicemembers to benefit from its convenience. Yet, given the seemingly low rate of program implementation since 1998 and the challenges we identified in establishing and maintaining the program, it is unlikely that the programs will be established at about 100 more sites less than 2 months after the MOA becomes effective. Consequently, both departments will need to monitor program implementation to ensure that the new MOA is put into practice—especially since local agreements for single separation exam programs have not always resulted in the establishment and operation of such programs.

Recommendations for Executive Action

To determine where single separation exam programs are established and operating, we recommend that the Secretary of VA and the Secretary of Defense develop systems to monitor and track the progress of VA regional offices and military installations in implementing these programs at BDD sites.

Agency Comments

We requested comments on a draft of this report from VA and DOD. Both agencies provided written comments that are reprinted in appendices IV and V. VA and DOD concurred with the report's findings and recommendation. DOD also provided technical comments that we incorporated where appropriate.

In commenting on this draft, VA stated that it has actions underway or planned that meet the intent of our recommendation. First, it has established an inspection process of BDD sites to determine compliance with procedures. In addition, VA noted that it has worked with DOD to revise the MOA for single separation exam programs and that it has instructed its regional offices to begin working with military treatment facilities to implement its provisions. Finally, VA said that VA's and DOD's joint strategic plan for fiscal year 2005 will include substantive

performance measures to monitor the process of moving from active duty to veteran status through a streamlined benefits delivery process.

In their written comments, DOD recognized the importance of a shared DOD and VA separation process and its benefits to servicemembers and noted the fact that both departments are working on an MOA to further encourage single separation exams. DOD also stated that the capability to monitor and track the progress of single separation exams has been hampered by the lack of a shared VA and DOD information technology system. However, DOD reported that VA is developing automated reporting tools and will be doing on-site visits to BDD sites, and VA and DOD will share information gathered from this system and site visits.

We are sending copies of this report to the Secretary of Defense, the Secretary of Veterans Affairs, appropriate congressional committees, and other interested parties. We will also make copies available to others upon request. In addition, the report is available at no charge on the GAO Web site at <http://www.gao.gov>. If you or your staff have questions about this report, please contact me at (202) 512-7119. Other contacts and staff acknowledgments are listed in appendix VI.



Marcia Crosse
Director, Health Care—Public Health
and Military Health Care Issues

Appendix I: Scope and Methodology

To identify efforts by the Department of Veterans Affairs (VA) and the military services to establish single separation exam programs for servicemembers who plan to file VA disability claims, we reviewed pertinent legislation and obtained VA's requirements for compensation and pension (C&P) exams. We also obtained service-specific requirements for periodic physical exams and health assessments and evaluations, especially those requirements pertaining to separating and retiring servicemembers.¹ We obtained and reviewed relevant documentation about both departments' efforts to establish single separation exam programs. We also interviewed officials from the office of the Assistant Secretary of Defense for Health Affairs, the military services' Surgeons General, and VA. In addition, we obtained VA's data on the number of disability claims and the cost data associated with conducting military physical exams and VA C&P exams. Based on our review of these data and subsequent discussions with agency officials, we determined that these data were sufficiently reliable for the purposes of this report.

We obtained a list of 28 military installations that VA officials had identified as having single separation exam programs through a survey of their Benefits Delivery at Discharge (BDD) sites. We used this list to select 8 installations to learn how their programs operated. We did not verify whether the remaining 20 installations had single separation exam programs because such verification would have required a full evaluation of actual program operations at these locations. We also did not verify the number of installations with BDD sites or the numbers of single separation exams VA reported for these military installations. We selected installations that represented each of VA's reported approaches for operating the single exam program—VA physicians conducting the exam at military installations, VA physicians conducting the exam at VA medical centers, Department of Defense (DOD) physicians conducting the exam, VA and DOD using a sequential approach for the exam, and VA's civilian contractors delivering the exam. The installations we selected represented each of the four branches of the military service—Army, Navy, Air Force, and Marines—and all but one had more than 500 servicemembers leave in fiscal year 2003.² We obtained the separation data from the Defense

¹This report excluded reservists and was limited to include those active duty servicemembers separating due to retirement or completion of their tour of active duty.

²Little Rock Air Force Base had less than 500 separations in fiscal year 2003, but was selected because it represented the model where VA physicians conducted single separation exams at VA medical facilities.

Manpower Data Centers' (DMDC) Active Duty Military Personnel file on the number of servicemembers who left the military from various separation locations during fiscal year 2003. To assess the reliability of these data, we conducted logic tests to identify inconsistencies, reviewed existing information about it and the system that produced it, and interviewed an agency official who was knowledgeable about the data. We determined the data to be sufficiently reliable for the purposes of this report.

From VA's list we visited seven military installations—Marine Corps Base Camp Lejeune, North Carolina; Fort Eustis, Virginia; Fort Lee, Virginia; Fort Stewart, Georgia; Little Rock Air Force Base, Arkansas; Naval Station Mayport, Florida; and Pope Air Force Base, North Carolina. We also conducted telephone interviews with medical command and VA officials associated with Ft. Drum, New York. Further, we conducted a telephone interview with military and VA officials from MacDill Air Force Base, Florida, which has a single separation exam program but was not on VA's list. At the installations we visited or contacted, we spoke with medical command officials and with VA officials responsible for the single separation exam program to discuss the different types of local agreements and procedures used for delivering single separation exams.

We also reviewed the draft memorandum of agreement (MOA) related to single separation exam programs and interviewed officials from VA, the Office of the Assistant Secretary of Defense for Health Affairs, and the services' Surgeons General to obtain information on VA and DOD officials' efforts to draft and implement this MOA.

To obtain information on the challenges associated with establishing single separation exam programs, we identified and visited military installations that did not have single separation exam programs. We used DMDC's separation data for fiscal year 2003 to identify installations representing each of the military services—Army, Navy, Air Force, and Marines—that had more than 500 separations and were not reported by VA as having a single separation exam program. We also visited installations that were located in the same VA regions as installations we visited that VA had reported as having single separation exam programs. The seven military installations we visited were Marine Corps Air Station Cherry Point, North Carolina; Eglin Air Force Base, Florida; Fort Bragg, North Carolina; Fort Gordon, Georgia; Hurlbert Field Air Base, Florida; Langley Air Force Base, Virginia; and Naval Station Norfolk, Virginia. At these installations, we interviewed medical command officials and VA officials to learn whether single separation exam programs had been considered

and what the challenges were to establishing them. For the two Army installations included in these seven selected installations—Fort Bragg, North Carolina and Fort Gordon, Georgia—we obtained both the separation exam data and C&P exam data for each installation to determine how many separating servicemembers from each installation received both an Army separation exam and a VA C&P exam. We chose Army installations for this analysis because duplicate service and C&P exams were more likely to occur due to the Army's requirement that retirees receive a physical exam. After our review of the documentation and subsequent discussions with agency officials, we concluded that these data were sufficiently reliable for the purposes of this report. We also reviewed DOD's separation exam data and discussed it with an agency official. Based on this information, we concluded that these data were sufficiently reliable for the purposes of this report although it may understate the number of separation exams because some may have been identified more generally as physical exams.

To obtain additional information on the challenges to establishing single separation exam programs, we called or visited VA regional offices in 16 locations—Arkansas, California (three regions), Georgia, Florida, Kentucky, Nebraska, New York, North Carolina, Oklahoma, South Carolina, Texas (two regions), Virginia, and Washington—and talked with officials responsible for initiating and implementing these programs. We selected six of these regional offices because they were already involved in establishing single separation exam programs at the eight military installations we selected from VA's list. We asked these officials about the challenges they encountered when trying to establish these programs at other installations in their regions. We also interviewed officials from the three VA regional offices involved in the pilot program for single separation exams. We talked with officials from seven additional regional offices that had responsibility for military installations with more than 500 separations during fiscal year 2003 to determine how they established programs in their regions and problems they encountered when programs could not be established.

We performed our work from January 2004 through November 2004 in accordance with generally accepted government auditing standards.

Appendix II: DOD's Form 2697 – Report of Medical Assessment

REPORT OF MEDICAL ASSESSMENT				REPORT CONTROL SYMBOL DD-HA(AR)1939	
PRIVACY ACT STATEMENT AUTHORITY: PL 103-160, EO 9397. PRINCIPAL PURPOSE: To be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty. ROUTINE USES: A copy of this form will be released to the Department of Veterans Affairs. DISCLOSURE: Voluntary; however, failure to disclose the requested personal information may result in delay in processing any disability claim.					
SECTION I - TO BE COMPLETED BY SERVICE MEMBER. Any service member who requests a physical examination may have one.					
1. NAME (Last, First, Middle)			2. SOCIAL SECURITY NUMBER		3. RANK
4. COMPONENT		5. UNIT OF ASSIGNMENT			
6a. HOME STREET ADDRESS (Or RFD, including apartment number)		b. CITY	c. STATE	d. ZIP CODE	7. HOME TELEPHONE NUMBER (Include area code)
8. DATE OF LAST PHYSICAL EXAMINATION BY THE MILITARY (YYMMDD)			9. DATE ENTERED ON CURRENT ACTIVE DUTY (YYMMDD)		
10. COMPARED TO MY LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, MY OVERALL HEALTH IS (X one. If "Worse," explain.) ☐ THE SAME ☐ BETTER ☐ WORSE					
11. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU HAD ANY ILLNESSES OR INJURIES THAT CAUSED YOU TO MISS DUTY FOR LONGER THAN 3 DAYS? (X one. If "Yes," explain.) ☐ NO ☐ YES					
12. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU BEEN SEEN BY OR BEEN TREATED BY A HEALTH CARE PROVIDER, ADMITTED TO A HOSPITAL, OR HAD SURGERY? (X one. If "Yes," explain.) ☐ NO ☐ YES					
13. HAVE YOU SUFFERED FROM ANY INJURY OR ILLNESS WHILE ON ACTIVE DUTY FOR WHICH YOU DID NOT SEEK MEDICAL CARE? (X one. If "Yes," explain.) ☐ NO ☐ YES					
14. ARE YOU NOW TAKING ANY MEDICATIONS? (X one. If "Yes," list medications.) ☐ NO ☐ YES					
15. DO YOU HAVE ANY CONDITIONS WHICH CURRENTLY LIMIT YOUR ABILITY TO WORK IN YOUR PRIMARY MILITARY SPECIALTY OR REQUIRE GEOGRAPHIC OR ASSIGNMENT LIMITATIONS? (X one. If "Yes," explain.) ☐ NO ☐ YES					
16. DO YOU HAVE ANY DENTAL PROBLEMS? (X one. If "Yes," explain.) ☐ NO ☐ YES					
17. DO YOU HAVE ANY OTHER QUESTIONS OR CONCERN ABOUT YOUR HEALTH? (X one. If "Yes," explain.) ☐ NO ☐ YES					
18. AT THE PRESENT TIME, DO YOU INTEND TO SEEK DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY? (X one. If "Yes," list conditions for which you will ask for VA Disability.) ☐ NO ☐ YES ☐ UNCERTAIN					
19. CERTIFICATION. I certify that the information provided above is true and complete to the best of my knowledge.					
a. SIGNATURE OF SERVICE MEMBER				b. DATE SIGNED	

DD FORM 2697, FEB 95 (EG)

Designed using Perform Pro. WHS/DIOR, Feb 95

SECTION II - TO BE COMPLETED BY INDIVIDUALLY PRIVILEGED HEALTH CARE PROVIDER		
This Report of Medical Assessment is to be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty. The assessment will cover, as a minimum, the period since the service member's last medical assessment/physical examination, or the period of this call or order to active duty. Any service member who requests a physical examination may have one. Any service member who has indicated "yes" to Item 18 will have an appropriate physical examination, if the last examination is more than 12 months old and/or there are new signs and/or symptoms. If the service member answers "Worse" to Item 10 or "Yes" to Items 11, 12, or 14 through 18, documentation of the injury, illness, or problem should be included in the service member's medical or dental record.		
20. HEALTH CARE PROVIDER COMMENTS (<i>All patient complaints must be addressed</i>)		
21. WAS PATIENT REFERRED FOR FURTHER EVALUATION? (<i>X one. If "Yes," specify where.</i>)		
☐ NO		
☐ YES		
22. PURPOSE OF ASSESSMENT (<i>X one. If "Other," explain.</i>)		
☐ SEPARATION (<i>Includes discharge from military service and release from active duty, including release of National Guard and Reserve personnel voluntarily or involuntarily called or ordered to active duty.</i>)		
☐ RETIREMENT		
☐ OTHER		
23. MEDICAL FACILITY		24. DATE OF ASSESSMENT (YYMMDD)
25. HEALTH CARE PROVIDER		
a. NAME (<i>Last, First, Middle Initial</i>)	b. GRADE/RANK	c. SIGNATURE

Appendix III: DOD's Form 2808 – Report of Medical Examination

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX ☐ Female ☐ Male	10. a. RACIAL CATEGORY (X one or more) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Decline to Respond			b. ETHNIC CATEGORY ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Decline to Respond
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE		
14. a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS	
15. a. SERVICE ☐ Army ☐ Coast Guard ☐ Navy ☐ Marine Corps ☐ Air Force		b. COMPONENT ☐ Active Duty ☐ Reserve ☐ National Guard		c. PURPOSE OF EXAMINATION ☐ Enlistment ☐ Medical Board ☐ Other ☐ Commission ☐ Retirement ☐ Retention ☐ U.S. Service Academy ☐ Separation ☐ ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)	
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Normal	Ab-normal	NE	
17. Head, face, neck, and scalp							
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Drums (Perforation)							
23. Eyes - General (Visual acuity and refraction under items 61 - 63)							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (See Item 35 Continued)							
36. Spine, other musculoskeletal							
37. Identifying body marks, scars, tattoos							
38. Skin, lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality deviation)							
41. Pelvic (Females only)							
42. Endocrine							
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) ☐ Acceptable ☐ Not Acceptable Class _____				35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic			

DD FORM 2808, JAN 2003

DoD exception to SF 88 approved by ICMR, August 3, 2000.
PREVIOUS EDITION IS OBSOLETE.

Page 1 of 3 Pages

**Appendix III: DOD's Form 2808 – Report of
Medical Examination**

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER																																																																					
LABORATORY FINDINGS																																																																															
45. URINALYSIS					a. Albumin					b. Sugar					46. URINE HCG					47. H/H					48. BLOOD TYPE																																																						
TESTS					RESULTS										HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL																																																											
49. HIV																																																																															
50. DRUGS																																																																															
51. ALCOHOL																																																																															
52. OTHER																																																																															
a. PAP SMEAR																																																																															
b.																																																																															
c.																																																																															
MEASUREMENTS AND OTHER FINDINGS																																																																															
53. HEIGHT					54. WEIGHT lbs.					55. MIN WGT - MAX WGT					MAX BF %					56. TEMPERATURE					57. PULSE																																																						
58. BLOOD PRESSURE										59. RED/GREEN (Army Only)										60. OTHER VISION TEST																																																											
a. 1ST					b. 2ND					c. 3RD																																																																					
SYS.					SYS.					SYS.																																																																					
DIAS.					DIAS.					DIAS.																																																																					
61. DISTANT VISION										62. REFRACTION BY AUTOREFRACTION OR MANIFEST										63. NEAR VISION																																																											
Right 20/					Corr. to 20/					By					S.					CX					Right 20/					Corr. to 20/					by																																												
Left 20/					Corr. to 20/					By					S.					CX					Left 20/					Corr. to 20/					by																																												
64. HETEROPHORIA (Specify distance)																																																																															
ES °					EX °					R.H.					L.H.					Prism div.					Prism Conv CT					NPR					PD																																												
65. ACCOMMODATION										66. COLOR VISION (Test used and result)										67. DEPTH PERCEPTION (Test used and score) AFVT																																																											
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68. FIELD OF VISION										69. NIGHT VISION (Test used and score)										70. INTRAOCULAR TENSION																																																											
																				O.D.										O.S.																																																	
71a. AUDIOMETER										Unit Serial Number										71b. Unit Serial Number										72a. READING ALOUD TEST																																																	
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73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																																																																															

DD FORM 2808, JAN 2003

Page 2 of 3 Pages

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Appendix IV: Comments from the Department of Veterans Affairs and GAO's Response



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

November 1, 2004

Ms. Marcia Crosse
Director
Health Care – Public Health and
Military Health Care Issues
U. S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Crosse:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, ***VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military***, (GAO-05-64). VA concurs with GAO's findings and recommendations. Further discussion and comments are included in the enclosure.

VA appreciates the opportunity to comment on your draft report.

Sincerely yours,

A handwritten signature in black ink that reads "Anthony J. Principi".

Anthony J. Principi

Enclosure

Enclosure

DEPARTMENT OF VETERANS AFFAIRS (VA)
COMMENTS TO
GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT,
***VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical
Exam Process for Servicemembers Leaving the Military***
(GAO-05-64)

To determine where single separation exam programs are established and operating, we recommend that the Secretary of VA and the Secretary of Defense develop systems to monitor and track the progress of VA regional offices and military installations in implementing these programs at BDD sites.

Concur – The Department of Veterans Affairs (VA) concurs with GAO's findings and recommendation that the Departments of Defense (DoD) and VA develop a better process to monitor the handling of separating service members who intend to seek compensation for medical conditions. The Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) have actions in place or planned that meet the intent of the recommendation.

In FY 2004, VBA established an inspection process of the Benefits Delivery at Discharge (BDD) sites to determine compliance with Compensation and Pension Service BDD procedures. In addition, VA has in Departmentwide concurrence a revision of the 1998 memorandum of understanding (MOU) between VA and DOD that established the single separation examination program. The revised MOU standardizes the single separation examination process and timeline; defines the target population; stipulates continuity of the MOU through changes of command at the military treatment facilities; and requires VA and DOD to work toward an electronic solution for sharing of information. VBA has provided its regional offices with copies of the draft MOU and instructions to initiate discussions with the military treatment facilities in their jurisdiction in anticipation of the signing of the new MOU. Regional offices have also been instructed to begin work with the military treatment facilities on drafting new local MOUs to implement the provisions of the revised Departmental MOU.

The VA/DoD Joint Strategic Plan, goal 3, objective 3.2, requires VA and DoD to: "Provide for a seamless transition from active duty to veteran status through a streamlined benefits delivery process." The VA/DoD Joint Executive Council (JEC) is revising the plan for FY 2005, which will include substantive performance measures that the JEC will monitor.

Enclosure

DEPARTMENT OF VETERANS AFFAIRS (VA)
COMMENTS TO
GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT,
***VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical
Exam Process for Servicemembers Leaving the Military***
(GAO-05-64)

Additional Comments:

Now on pp. 3 and 4.

GAO's comments on page 5: "Results in Brief, ...and VA either could not provide information on program locations or provided us with inaccurate information."

See comment 1.

VA's response: VBA routinely collects information from the regional offices regarding participation in the Single Examination Process, and this information was provided to GAO upon request. GAO was advised that this information was being updated. An updated list was provided to GAO on May 4, 2004.

Now on page 4.

GAO's comments on page 6: "...only an estimated 13 percent of service members who left the military received a separation exam. Consequently, the military services may not realize resource savings by eliminating or sharing responsibility for this exam."

See comment 2.

VA's response: The focus of the seamless transition initiative, of which the Single Separation Examination is one aspect, is to reduce redundant and/or burdensome practices that complicate the service member's access to VA benefits; not to realize cost savings for the military services. Separation examinations are not required for every service member; however, in the event that a service member intends to file for VA disability benefits and DoD requires a separation examination, then the Single Separation Examination Process works to avoid duplication and unnecessary burden for those service members.

Replace, "consequently, the military services may not realize resources savings by eliminating or sharing responsibility for this exam." *With* "Although these figures do not seem high, the thrust of the proposed DoD/VA accelerated transition examination process is essentially to allow the service member to receive benefits earlier and with less inconvenience. By allowing the eligible service member to begin the C&P process up to 180 days prior to separation, more service members will receive their benefits at, or soon after, discharge. This will streamline the transition examination for service members by completing this process earlier, rather than during the busy transition period, or after separation – when the service member may be moving or looking for a job."

Enclosure

DEPARTMENT OF VETERANS AFFAIRS (VA)
COMMENTS TO
GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT,
**VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical
Exam Process for Servicemembers Leaving the Military**
(GAO-05-64)

(Note: The 180 day provision was not included in the previous MOU.)

Now on page 8.

GAO's comments on page 12: "In general, VA's C&P exam is more comprehensive and detailed than the military services' separation exams."

See comment 3.

VA's response: Replace this sentence with, "The VA C&P exam, in addition to military requirements, may include additional detailed information to document loss of function."

Now on page 14.

GAO's comments on page 20: "At Pope Air Force Base, local military officials told us that no single separation exam program was in place. Furthermore, a local VA official said that no MOU had been signed for the program at this installation. However, despite this, local VA officials mistakenly believed that installation officials were using VA C&P exams to meet their separation requirements and that, as a result, single separation exams were being provided."

See comment 4.

VA's response: VA believed that Pope AFB was using the VA examination for its separation purposes. Copies of the examination reports were routinely provided and VA received no negative feedback or complaints. In April 2004, Pope AFB asked VA to stop sending the exam copies because they were not being used to replace separation physicals. During FY 2004, VA received an average of only 11 claims per month from Pope AFB.

Now on page 14.

GAO's comments on page 20: "Finally, at Marine Camp Lejeune, local military and VA officials told us that no single separation exams were being conducted even though there was an MOU, which was signed in 2001. When we met with the installation's hospital commander, he told us that the hospital was not participating in the single separation exam program, and he was unaware of the existence of the MOU for this program. We also met with military officials at the installation's busiest clinic in terms of separation physicals, and at the time of our review, this clinic was also not participating in the single separation program. Furthermore, local VA officials told us that they realized that the program was not in operation at the time of our visit – even though it was included on the list that VA updated for us."

Enclosure

DEPARTMENT OF VETERANS AFFAIRS (VA)
COMMENTS TO
GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT,
***VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical
Exam Process for Servicemembers Leaving the Military***
(GAO-05-64)

See comment 5.

VA's response: In March 2001, both Camp Lejeune and the Winston-Salem VA Regional Office signed an MOU specifically implementing the pre-discharge program and the single examination initiative. At the time of this signing, VA believed the single separation examination process would be implemented at separation points in Camp Lejeune. VA has verified that the Camp Lejeune Hadnot Branch Clinic of the US Naval Hospital is following the single examination process.

Now on page 18.

GAO's comments on page 26: "For example, when we visited Fort Bragg we learned that the commander had initially agreed to provide space at his installation for a single separation exam program. However, the same space was committed to more than one function, and when the final allocation decision was made, other mission needs took priority."

VA's response: The issue for space at the Fort Bragg BDD site has been revisited. Currently, the Garrison Commander proposes to allocate 7,000 square feet for VA's BDD site with a proposed occupation date of June 2005. Fort Bragg will make a final decision on this proposal by the end of November 2004.

The following are GAO's comments on the VA November 1, 2004, letter.

GAO Comments

1. We used VA's May 2004 updated list to select our sites, and we found that it contained information that was both incomplete and inaccurate. The list included installations where we did not find single separation exam programs. It also omitted one installation where we found a single separation exam program.
2. We agree that individual servicemembers will benefit from single separation exam programs and have added information to the body of the report to reflect this.
3. We modified this statement as follows: "In general, VA's C&P exam is more comprehensive and detailed than the military services' separation exams, as military service exams are intended to document continued fitness for duty, whereas the purpose of the VA C&P exam is to document disability or loss of function regardless of its impact on fitness for duty."
4. Although VA believed the C&P exam was being used for separation purposes at Pope Air Force Base, it was not. As we reported, VA and DOD had not signed an MOU for a single separation exam program at this installation, and the Air Force was clear that it was not using the C&P exam for separation purposes.
5. While Camp Lejeune's Hadnot Branch Clinic may currently be conducting single separation exams, at the time of our visit in June 2004, the physician at the Hadnot Clinic told us he was not using VA's C&P exams for servicemembers' separation exams. In September 2004, we confirmed this information with the clinic physician.

Appendix V: Comments from the Department of Defense



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

NOV 03 2004

Ms. Marcia Crosse
Director
Health Care–Public Health and Military Health Issues
U. S. Government Accountability Office
Washington, DC 20548

Dear Ms. Crosse:

This is the Department of Defense (DoD) response to the GAO draft report, GAO-05-64, "VA AND DOD HEALTH CARE: Efforts to Coordinate a Single Physical Exam Process for Servicemembers Leaving the Military," October 13, 2004 (GAO Code 290392). The Department concurs with the GAO draft report. Comments are enclosed.

The Department of Defense (DoD) recognizes a shared DoD/Department of Veterans Affairs (VA) separation process is beneficial to Servicemembers and supports our mutual goal of a seamless transition between the two departments. The current Benefits Delivery at Discharge program is consistent with that goal. The purpose and scope of the assessments administered by the military services differ from those administered by the VA. The VA compensation and pension examination is used to establish a disability rating which helps to determine the amount of compensation a veteran receives. The military assessment evaluates and documents the Servicemember's health and fitness for duty at the time of separation. DoD and VA are currently coordinating an updated Memorandum of Agreement (MOA) further facilitating local cooperation between military treatment facilities and VA facilities to support the shared separation process. This MOA has been significantly modified from the version available at the time of the GAO review.

My points of contact for this matter are COL Gary Matteson (functional) at 703-681-1703 and Mr. Gunther Zimmerman (audit liaison) at 703-681-3492.

Sincerely,

A handwritten signature in black ink, reading "William Winkenwerder, Jr.", is located below the "Sincerely," text.

William Winkenwerder, Jr., MD

Enclosure:
As stated

GAO-05-64/GAO 290392
“VA AND DOD HEALTH CARE: EFFORTS TO
COORDINATE A SINGLE PHYSICAL EXAM PROCESS FOR
SERVICEMEMBERS LEAVING THE MILITARY

DEPARTMENT OF DEFENSE COMMENTS
TO THE RECOMMENDATION

RECOMMENDATION: The GAO recommended that, to determine where single separation examination programs are established and operating, the Secretary of Veterans Affairs and the Secretary of Defense develop systems to monitor and track the progress of VA regional offices and military installations in implementing these programs at Benefits Delivery at Discharge sites (Page 29/Draft Report).

DoD RESPONSE: Concur. The capability to monitor and track progress of program implementation has been hampered by the lack of a shared VA/DoD information technology system. Currently, the military facilities report this information manually to their Services. The VA is developing automated reporting tools and will be doing on-site visits to the BDD sites. VA and DoD will share this information.

Appendix VI: GAO Contacts and Staff Acknowledgments

GAO Contacts

Bonnie Anderson, 404-679-1900
Lois Shoemaker, 404-679-1900

Acknowledgments

In addition to those named above, key contributors to this report were Krister Friday, Cywandra King, Raj Premakumar, Allan Richardson, and Julianna Williams.

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