United States Government Accountability Office

GAO

Testimony

Before the Subcommittee on Oversight and Investigations, Committee on Armed Services, House of Representatives

For Release on Delivery
Expected at 10:00 a.m. EDT
Tuesday, September 18, 2007

DOD CIVILIAN PERSONNEL

Medical Policies for Deployed DOD Federal Civilians and Associated Compensation for Those Deployed

Statement of Brenda S. Farrell, Director
Defense Capabilities and Management

GAO-07-1235T

Report Documentation Page

Form Approved
OMB No. 0704-0188

Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
18 SEP 2007		**00-00-2007 to 00-00-2007**

4. TITLE AND SUBTITLE	
DOD Civilian Personnel. Medical Policies for Deployed DOD Federal Civilians and Associated Compensation for Those Deployed	5a. CONTRACT NUMBER
	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **U.S. Government Accountability Office,441 G Street NW,Washington,DC,20548**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT

Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			
unclassified	**unclassified**	**unclassified**	**Same as Report (SAR)**	**32**	

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std Z39-18

Highlights of GAO-07-1235T, a testimony before the Subcommittee on Oversight and Investigations, Committee on Armed Services, House of Representatives

Why GAO Did This Study

As the Department of Defense (DOD) has expanded its involvement in overseas military operations, it has grown increasingly reliant on its federal civilian workforce to support contingency operations. GAO was asked to discuss DOD's (1) force health protection and surveillance policies, (2) medical treatment policies that cover federal civilians while they are deployed to support contingency operations in Afghanistan and Iraq, and (3) differences in special pays and benefits provided to DOD's deployed federal civilian and military personnel.

For this statement, GAO primarily drew on its September 2006 report that addressed these objectives. For its report, GAO analyzed over 3,400 deployment-related records at eight component locations for deployed federal civilians and policies related to defense health care, reviewed claims filed under the Federal Employees' Compensation Act (FECA); and examined major provisions of special pays and disability and death benefits provided to DOD's deployed federal civilians and military personnel.

What GAO Recommends

GAO recommended that DOD establish an oversight and quality assurance mechanism to ensure that all components fully comply with its requirements. In 2007, DOD issued a new force health protection and surveillance policy that if effectively implemented will establish such a mechanism.

To view the full product, including the scope and methodology, click on GAO-07-1235T. For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov.

September 18, 2007

DOD CIVILIAN PERSONNEL

Medical Policies for Deployed DOD Federal Civilians and Associated Compensation for Those Deployed

What GAO Found

In 2006, GAO reported that DOD had established force health protection and surveillance policies to assess and reduce or prevent health risks for its deployed federal civilians, but it lacked procedures to ensure implementation. GAO's review of over 3,400 deployment records found that components lacked documentation that some federal civilians who deployed to Afghanistan and Iraq had received, among other things, required pre- and post-deployment health assessments and immunizations. Also, DOD lacked centralized data to readily identify its deployed civilians and their movement in theater, thus hindering its efforts to assess the overall effectiveness of its force health protection and surveillance capabilities. GAO noted that until DOD establishes a mechanism to strengthen its oversight of this area, it would not be effectively positioned to ensure compliance with its policies, or the health care of deployed federal civilians.

GAO also reported that DOD had established medical treatment policies for its deployed federal civilians, which provide those who require treatment for injuries or diseases sustained during overseas hostilities with care under the DOD military health system. GAO reviewed a sample of seven workers' compensation claims (out of a universe of 83) filed under FECA by DOD federal civilians who deployed to Iraq. GAO found in three cases where care was initiated in theater that the affected civilians had received treatment in accordance with DOD's policies. In all seven cases, DOD civilians who requested care after returning to the United States had, in accordance with DOD's policies, received medical examinations and/or treatment for their deployment-related injuries or diseases.

GAO reported that DOD provides certain special pays and benefits to its deployed federal civilians, which generally differ in type and/or amount from those provided to deployed military personnel. For example, in cases where injuries are sustained while deployed, both DOD federal civilian and military personnel are eligible to receive government-provided disability benefits; however, the type and amount of the benefits vary, and some are unique to each group. Importantly, continuing challenges with modernizing federal disability programs have been the basis for GAO's designation of this as a high-risk area since 2003. In addition, while the survivors of deceased DOD federal civilian and military personnel generally receive similar types of cash survivor benefits for Social Security, burial expenses, and death gratuity, the comparative amounts of these benefits differ. However, survivors of DOD federal civilians almost always receive lower noncash benefits than military personnel. GAO does not take a position on the adequacy or appropriateness of the special pays and benefits provided to DOD federal civilian and military personnel. Any deliberations on this topic should include an examination of how such changes would affect ensuring adequate and appropriate benefits for those who serve their country, as well as the long-term fiscal well-being of the nation.

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to be here today to discuss the Department of Defense's (DOD) policies for its federal civilians[1] who deploy in support of contingency operations in Afghanistan and Iraq. First, let me emphasize that as DOD has expanded its involvement in overseas military operations, it has grown increasingly reliant on its federal civilian workforce to provide support in times of war or national emergency. Further, in recent years, DOD has undertaken efforts to expand the use of its civilian workforce to perform combat support functions traditionally performed by military personnel. Therefore, the need for attention to the policies and benefits that affect the health and welfare of these individuals becomes increasingly significant. Today's hearing is particularly timely considering the continuing role of the United States in Afghanistan and Iraq as discussed during last week's hearings.

The structure of the armed forces is based on the Total Force concept, which recognizes that all elements of the structure—active duty military personnel, reservists, defense contractors, host nation military and civilian personnel, and DOD federal civilian employees—contribute to national defense. In recent years, federal civilian personnel have deployed along with military personnel to participate in Operations Joint Endeavor, conducted in the countries of Bosnia-Herzegovina, Croatia, and Hungary; Joint Guardian, in Kosovo; and Desert Storm, in Southwest Asia. Further, since the beginning of the Global War on Terrorism, the role of DOD's federal civilian personnel has expanded to include participation in combat support functions in Operations Enduring Freedom and Iraqi Freedom.[2]

DOD relies on the federal civilian personnel it deploys to support a range of essential missions, including intelligence collection, criminal investigations, and weapon systems acquisition and maintenance. To ensure that its federal civilian employees will deploy to combat zones and perform critical combat support functions in theater, DOD established the emergency-essential program in 1985. Under this program, DOD designates as "emergency-essential" those civilian employees whose

[1]DOD's civilian workforce includes federal government employees, foreign nationals hired directly or indirectly to work for DOD, and contractor personnel. This statement focuses on DOD's federal government employees, who we refer to as DOD's federal civilians.

[2]Operation Enduring Freedom includes ongoing operations in Afghanistan and in certain other countries; Operation Iraqi Freedom includes ongoing operations in Iraq.

positions are required to ensure the success of combat operations or the availability of combat-essential systems. DOD can deploy federal civilian employees either on a voluntary or involuntary basis to accomplish the DOD mission.

DOD's use of its civilian personnel to support military operations has long raised questions about its policies relating to the deployment of civilians in support of contingency operations. In 1994, we reported on the adequacy of DOD's planning for the future use of civilian personnel to support military operations in combat areas and noted a number of problems in deploying civilians to the Gulf War and caring for them in theater.[3] For example, we noted that many civilians had not been screened to ensure that they were medically fit to serve in desert conditions. Thus, some had arrived in the desert with medical and physical limitations, such as severe heart problems and kidney disorders, that precluded them from effectively performing their duties. Other problems, while not as grave, indicated a lack of preparation for civilians in theater. For example, clear procedures did not exist to ensure that civilians received medical care comparable to that received by military personnel. In addition, procedures were not in place to provide for overtime or danger pay that the deployed civilians were eligible to receive.

My testimony today will focus on (1) the extent to which DOD has established and implemented force health protection and surveillance policies, (2) medical treatment policies and procedures for its deployed DOD federal civilians who require treatment for injuries and diseases, and (3) the differences in special pays and benefits provided to DOD's deployed federal civilians and military personnel. My remarks today are primarily based on our September 2006 report on DOD's policies concerning its federal civilians who have deployed in support of operations in Afghanistan and Iraq.[4] For the 2006 report, we reviewed DOD deployment health requirements for contingency operations in Afghanistan and Iraq. To assess the implementation of these requirements,

[3]GAO, *DOD Force Mix Issues: Greater Reliance on Civilians in Support Roles Could Provide Significant Benefits*, GAO/NSIAD-95-5 (Washington, D.C.: Oct. 19, 1994).

[4]GAO, *DOD Civilian Personnel: Greater Oversight and Quality Assurance Needed to Ensure Force Health Protection and Surveillance for Those Deployed*, GAO-06-1085 (Washington, D.C.: Sept. 29, 2006). For this report, we examined the Departments of the Army, Navy, and Air Force and the Defense Contract Management Agency (DCMA). We selected DCMA because it deployed the largest numbers of federal civilian personnel compared to other defense agencies.

we analyzed over 3,400 deployment-related records for deployed federal civilians. We also analyzed DOD policies and guidance related to defense health care and discussed these with senior DOD and service surgeon general officials. To assess the implementation of these policies, we requested all workers' compensation claims that had been filed under the Federal Employees' Compensation Act[5] (FECA) by DOD federal civilians who had deployed to Afghanistan and Iraq. We selected and reviewed a non-probability sample of workers' compensation claims to reflect a range of casualties, including injuries, physical and mental illnesses, and diseases. The scope of our review did not extend to the Department of Labor's claims review process, which covers the workers' compensation claims process. We also examined the major provisions for special pays and disability and death benefits for civilian and military personnel, relying primarily on statutes, Department of State regulations, and DOD guidance. We performed our review in accordance with generally accepted government auditing standards.

In summary, we found DOD had established force health protection and surveillance policies aimed at assessing and reducing or preventing health risks for its deployed federal civilian personnel, but lacked a quality assurance mechanism to ensure the components' full compliance with its policies, or the health care and protection of its deployed federal civilians. DOD has taken steps in the right direction by issuing a new policy in February 2007 toward that end. DOD has also established medical treatment policies that cover its federal civilians while they are deployed in support of contingency operations in Afghanistan and Iraq, and selected workers' compensation claims that we reviewed confirmed that those deployed federal civilians received care that was consistent with the policies. Further, DOD provides certain special pays and benefits to its deployed federal civilians, which generally differ in type and/or amount from those provided to deployed military personnel. We are not taking a position on the adequacy or appropriateness of the special pays and benefits provided to DOD federal civilian and military personnel. We believe that any deliberations on this topic should include an examination of how such changes would affect ensuring adequate and appropriate benefits for those who serve their country, as well as the long-term fiscal well-being of the nation.

[5]The Federal Employees' Compensation Act is a comprehensive workers' compensation law for federal employees that calls for medical coverage and compensation for federal employees with injuries and occupational illnesses incurred in the performance of their duties.

DOD Has Established Force Health Protection and Surveillance Policies for Deployed Federal Civilians, but Should Do More to Ensure That Components Comply with Its Requirements

We reported in 2006 that DOD had established force health protection and surveillance policies aimed at assessing and reducing or preventing health risks for its deployed federal civilian personnel; however, at the time of our review, the department lacked a quality assurance mechanism to ensure the components' full implementation of its policies. In reviewing DOD federal civilian deployment records and other electronic documentation[6] at selected component locations, we found that these components lacked documentation to show that they had fully complied with DOD's force health protection and surveillance policy requirements for some federal civilian personnel who deployed to Afghanistan and Iraq. As a larger issue, DOD's policies did not require the centralized collection of data on the identity of its deployed civilians, their movements in theater, or their health status, further hindering its efforts to assess the overall effectiveness of its force health protection and surveillance capabilities. In August 2006, DOD issued a revised policy that became effective in December 2006, outlining procedures to address its lack of centralized deployment and health-related data. However, at the time of our review, the procedures were not comprehensive enough to ensure that DOD would be sufficiently informed of the extent to which its components fully comply with its requirements to monitor the health of deployed federal civilians.

DOD Components Did Not Always Implement All Force Health Protection and Surveillance Requirements

Our 2006 report noted that DOD components included in our review lacked documentation to show that they always implemented force health protection and surveillance requirements for deployed federal civilians. These requirements included completing (1) pre-deployment health assessments to ensure that only medically fit personnel deploy outside of the United States as part of a contingency or combat operation; (2) pre-deployment immunizations to address possible health threats in deployment locations; (3) pre-deployment medical screenings for tuberculosis and human immunodeficiency virus (HIV); and (4) post-deployment health assessments to document current health status,

[6]In addition to DOD federal civilian deployment records, other documentation reviewed included data from information systems used by the components to capture deployment and related health information. Although we found these data not to be sufficiently reliable for (1) identifying the universe of DOD federal civilian deployments or (2) use as the sole source for reviewing the health and immunization information for all DOD federal civilian deployments, we found the information systems to be sufficiently reliable when used as one of several sources in our review of deployment records.

experiences, environmental exposures, and health concerns related to their work while deployed.

Pre-deployment Health Assessments

DOD's force health protection and surveillance policies required the components to assess the medical condition of federal civilians to ensure that only medically fit personnel deploy outside of the United States as part of a contingency or combat operation.[7] At the time of our review, the policies stipulated that all deploying civilian personnel were to complete pre-deployment health assessment forms within 30 days[8] of their deployments, and health care providers were to review the assessments to confirm the civilians' health readiness status and identify any needs for additional clinical evaluations prior to their deployments.

While the components that we included in our review had procedures in place that would enable them to implement DOD's pre-deployment health assessment policies, it was not clear to what extent they had done so. Our review of deployment records and other documentation at the selected component locations found that these components lacked documentation to show that some federal civilian personnel who deployed to Afghanistan and Iraq had received the required pre-deployment health assessments. For those deployed federal civilians in our review, we found that, overall, a small number of deployment records (52 out of 3,771) were missing documentation to show that they had received their pre-deployment health assessments, as reflected in table 1.

---

[7]DOD Instruction 1400.32, *DOD Civilian Workforce Contingency and Emergency Planning Guidelines and Procedures*, April 24, 1995; DOD Instruction 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*, August 7, 1997; DOD Directive 6490.2, *Comprehensive Health Surveillance*, October 21, 2004; and Office of the Chairman, The Joint Chiefs of Staff, Memorandum MCM-0006-2, *Updated Procedures for Deployment Health Surveillance and Readiness*, February 1, 2002.

[8]Subsequent to our review, DOD established a requirement that pre-deployment health assessments must be confirmed as current within 60 days prior to the expected deployment date.

Table 1: DOD Federal Civilian Deployment Records Lacking Documentation of Pre-deployment Health Assessments

Location	Number of federal civilian deployment records reviewed	Number (and percent) with no documentation in either records or data files
Army		
Fort Benning CONUS Replacement Center[a]	578	2 (0.3)
Fort Bliss CONUS Replacement Center[a]	2,977[b]	0 (0.0)[b]
U.S. Army Corps of Engineers Transatlantic Programs Center	127	2 (1.6)
Total	**3,682**	**4**
Navy		
Naval Air Depot Cherry Point	52	19 (36.5)
Total	**52**	**19**
Air Force		
Andrews Air Force Base	10	9 (90.0)
Hill Air Force Base	8	5 (62.5)
Hurlburt Field	12	11 (91.7)
Wright-Patterson Air Force Base	7	4 (57.1)
Total	**37**	**29**
Grand Total	**3,771**[c]	**52**

Source: GAO analysis of documentation from DOD federal civilian deployment records and component medical databases.

Note: CONUS refers to the continental United States.

[a]DCMA federal civilians deployed through Forts Benning and Bliss CONUS Replacement Centers. At Fort Benning, we selected a probability sample of 238 out of 606 deployment records for deployed federal civilians; consequently, the numbers and percentages shown are weighted estimates to provide 95 percent confidence with a margin of error of 5 percentage points.

[b]Although the Army deploys its federal civilian personnel at three primary sites, Fort Bliss deployed the largest number of federal civilians during our time frame. We reviewed the entire universe of deployment records for federal civilian personnel deployed from this location because the records were being maintained electronically, which facilitated the review of all records. According to the program manager and database administrator, the quality of these data, in terms of their completeness and accuracy, is questionable because there are no assurances that all DOD federal civilian personnel who deployed are included in the database.

[c]Deployed federal civilians included in our review may have deployed more than once during our deployment time frame; consequently, there may be fewer than 3,771 unique federal civilians.

As shown in table 1, the federal civilian deployment records we included in our review showed wide variation by location regarding documentation of pre-deployment health assessments, ranging from less than 1 percent to more than 90 percent. On an aggregate component-level basis, at the Navy

location in our review, we found that documentation was missing for 19 of the 52 records in our review. At the Air Force locations, documentation was missing for 29 of the 37 records in our review. In contrast, all three Army locations had hard copy or electronic records which indicated that almost all of their federal deployed civilians had received pre-deployment health assessments.

Pre-deployment Immunizations

In addition to completing pre-deployment health assessment forms, DOD's force health protection and surveillance policies stipulated that all DOD deploying federal civilians receive theater-specific immunizations to address possible health threats in deployment locations.[9] Immunizations required for all civilian personnel who deployed to Afghanistan and Iraq included: hepatitis A (two-shot series); tetanus-diphtheria (within 10 years of deployment); smallpox (within 5 years of deployment); typhoid; and influenza (within the last 12 months of deployment).

As reflected in table 2, based on the deployment records maintained by the components at locations included in our review, the overall number of federal civilian deployment records lacking documentation of only one of the required immunizations for deployment to Afghanistan and Iraq was 285 out of 3,771. However, 3,313 of the records we reviewed were missing documentation of two or more immunizations.

[9] *U.S. Central Command, Individual Protection and Individual/Unit Deployment Policy*, January 6, 2005, and DOD Instruction 1400.32, *DOD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures*, April 24, 1995.

Table 2: DOD Federal Civilian Deployment Records Lacking Documentation of Required Immunizations

Location	Number of federal civilian deployment records reviewed	Number (and percent) missing only one immunization	Number (and percent) missing two or more immunizations
Army			
Fort Benning CONUS Replacement Center[a]	578	246 (42.6)	195 (33.7)
Fort Bliss CONUS Replacement Center[a]	2,977[b]	0 (0.0)	2,977 (100.0)
U.S. Army Corps of Engineers Transatlantic Programs Center	127	25 (19.7)	85 (66.9)
Total	**3,682**	**271**	**3,257**
Navy			
Naval Air Depot Cherry Point	52	8 (15.4)	39 (75.0)
Total	**52**	**8**	**39**
Air Force			
Andrews Air Force Base	10	2 (20.0)	7 (70.0)
Hill Air Force Base	8	0 (0.0)	3 (37.5)
Hurlburt Field	12	3 (25.0)	3 (25.0)
Wright-Patterson Air Force Base	7	1 (14.3)	4 (57.1)
Total	**37**	**6**	**17**
Grand Total	**3,771**[c]	**285**	**3,313**

Source: GAO analysis of documentation from DOD federal civilian deployment records and component medical databases.

Note: CONUS refers to the continental United States.

[a]DCMA federal civilians deployed through Forts Benning and Bliss CONUS Replacement Centers. At Fort Benning, we selected a probability sample of 238 out of 606 deployment records for deployed federal civilians; consequently, the numbers and percentages shown are weighted estimates to provide 95 percent confidence with a margin of error of 5 percentage points.

[b]Although the Army deploys its federal civilian personnel at three primary sites, Fort Bliss deployed the largest number of federal civilians during our time frame. We reviewed the entire universe of deployment records for federal civilian personnel deployed from this location because the records were being maintained electronically, which facilitated the review of all records. According to the program manager and database administrator, the quality of these data, in terms of their completeness and accuracy, is questionable because there are no assurances that all DOD federal civilian personnel who deployed are included in the database.

[c]Deployed federal civilians included in our review may have deployed more than once during our deployment time frame; consequently, there may be fewer than 3,771 unique federal civilians.

At the Army's Fort Bliss, our review of its electronic deployment data determined that none of its deployed federal civilians had documentation

to show that they had received immunizations. Officials at this location stated that they believed some immunizations had been given; however, they could not provide documentation as evidence of this.

Pre-deployment Medical Screenings

DOD policies required deploying federal civilians to receive certain screenings, such as for tuberculosis and HIV.[10] Table 3 indicates that, at the time of our review, 55 of the 3,771 federal civilian deployment records included in our review were lacking documentation of the required tuberculosis screening; and approximately 35 were lacking documentation of HIV screenings prior to deployment.

[10] *U.S. Central Command, Individual Protection and Individual/Unit Deployment Policy*, January 6, 2005, and DOD Instruction 1400.32, *DOD Civilian Workforce Contingency and Emergency Planning Guidelines and Procedures*, April 24, 1995.

Table 3: DOD Federal Civilian Deployment Records Lacking Documentation of Current Tuberculosis or HIV Screenings

Location	Number of federal civilian deployment records reviewed	Number (and percent) missing tuberculosis screening	Number (and percent) missing HIV screening
Army			
Fort Benning CONUS Replacement Center[a]	578	2 (0.3)	12 (2.1)
Fort Bliss CONUS Replacement Center[a]	2,977[b]	3 (0.1)	2 (0.1)
U.S. Army Corps of Engineers Transatlantic Programs Center	127	28 (22.0)	2 (1.6)
Total	**3,682**	**33**	**16**
Navy			
Naval Air Depot Cherry Point	52	10 (19.2)	10 (19.2)
Total	**52**	**10**	**10**
Air Force			
Andrews Air Force Base	10	6 (60.0)	0 (0.0)
Hill Air Force Base	8	5 (62.5)	0 (0.0)
Hurlburt Field	12	1 (8.3)	8 (66.7)
USAF Wright-Patterson	7	0 (0.0)	1 (14.3)
Total	**37**	**12**	**9**
Grand Total	**3,771**[c]	**55**	**35**

Source: GAO analysis of documentation from DOD federal civilian deployment records and component medical databases.

Note: CONUS refers to the continental United States.

[a]DCMA federal civilians deployed through Forts Benning and Bliss CONUS Replacement Centers. At Fort Benning, we selected a probability sample of 238 out of 606 deployment records for deployed federal civilians; consequently, the numbers and percentages shown are weighted estimates to provide 95 percent confidence with a margin of error of 5 percentage points.

[b]Although the Army deploys its federal civilian personnel at three primary sites, Fort Bliss deployed the largest number of federal civilians during our time frame. We reviewed the entire universe of deployment records for federal civilian personnel deployed from this location because the records were being maintained electronically, which facilitated the review of all records. According to the program manager and database administrator, the quality of these data, in terms of their completeness and accuracy, is questionable because there are no assurances that all civilian personnel who deployed are included in the database.

[c]Deployed federal civilians included in our review may have deployed more than once during our deployment time frame; consequently, there may be fewer than 3,771 unique federal civilians.

Post-deployment Health Assessments

DOD's force health protection and surveillance policies also required returning DOD federal civilian personnel to undergo post-deployment health assessments to document current health status, experiences, environmental exposures, and health concerns related to their work while deployed.[11] At the time of our review, the post-deployment process began within 5 days of civilians' redeployment from the theater to their home or demobilization processing stations. DOD's policies required civilian personnel to complete a post-deployment assessment that included questions on health and exposure concerns. A health care provider was to review each assessment and recommend additional clinical evaluation or treatment as needed.

As reflected in table 4, our review of deployment records at the selected component locations found that these components lacked documentation to show that most deployed federal civilians (3,525 out of 3,771) who deployed to Afghanistan and Iraq had received the required post-deployment health assessments upon their return to the United States. At the time of our review, federal civilian deployment records lacking evidence of post-deployment health assessments ranged from 3 at the U.S. Army Corps of Engineers Transatlantic Programs Center and Wright-Patterson Air Force Base, respectively, to 2,977 at Fort Bliss.

[11] *U.S. Central Command, Individual Protection and Individual/Unit Deployment Policy*, January 6, 2005, and DOD Instruction 1400.32, *DOD Civilian Workforce Contingency and Emergency Planning Guidelines and Procedures*, April 24, 1995.

Table 4: DOD Federal Civilian Deployment Records Lacking Documentation of Post-deployment Health Assessments

Location	Number of federal civilian deployment records reviewed	Number (and percent) with no documentation in records or data files
Army		
Fort Benning CONUS Replacement Center[a]	578	502 (86.9)
Fort Bliss CONUS Replacement Center[a]	2,977[b]	2,977 (100.0)
U.S. Army Corps of Engineers Transatlantic Programs Center	127	3 (2.4)
Total	**3,682**	**3,482**
Navy		
Naval Air Depot Cherry Point	52	15 (28.8)
Total	**52**	**15**
Air Force		
Andrews Air Force Base	10	9 (90.0)
Hill Air Force Base	8	6 (75.0)
Hurlburt Field	12	10 (83.3)
Wright-Patterson Air Force Base	7	3 (42.9)
Total	**37**	**28**
Grand Total	**3,771**[c]	**3,525**

Source: GAO analysis of documentation from DOD federal civilian deployment records and component medical databases.

Note: CONUS refers to the continental United States.

[a]DCMA federal civilians deployed through Forts Benning and Bliss CONUS Replacement Centers. At Fort Benning, we selected a probability sample of 238 out of 606 deployment records for deployed federal civilians; consequently, the numbers and percentages shown are weighted estimates to provide 95 percent confidence with a margin of error of 5 percentage points.

[b]Although the Army deploys its federal civilian personnel at three primary sites, Fort Bliss deployed the largest number of federal civilians during our time frame. We reviewed the entire universe of deployment records for federal civilian personnel deployed from this location because the records were being maintained electronically, which facilitated the review of all records. According to the program manager and database administrator, the quality of these data, in terms of their completeness and accuracy, is questionable because there are no assurances that all civilian personnel who deployed are included in the database.

[c]Deployed federal civilians included in our review may have deployed more than once during our deployment time frame; consequently, there may be fewer than 3,771 unique federal civilians.

Lack of Centralized Deployment Information Hinders the Overall Effectiveness of Force Health Protection and Surveillance for Deployed Federal Civilian Personnel

Beyond the aforementioned weaknesses found in the selected components' implementation of force health protection and surveillance requirements for deploying federal civilians, as a larger issue, we noted in our 2006 report that DOD lacked comprehensive, centralized data that would enable it to readily identify its deployed civilians, track their movements in theater, or monitor their health status, further hindering efforts to assess the overall effectiveness of its force health protection and surveillance capabilities. The Defense Manpower Data Center is responsible for maintaining the department's centralized system that currently collects location-specific deployment information for military servicemembers, such as grid coordinates, latitude/longitude coordinates, or geographic location codes.[12] However, at the time of our review, DOD had not taken steps to similarly maintain centralized data on its deployed federal civilians. In addition, DOD had not provided guidance that would require its components to track and report data on the locations and movements of DOD federal civilian personnel in theaters of operations. In the absence of such a requirement, each DOD component collected and reported aggregated data that identified the total number of DOD federal civilian personnel in a theater of operations, but each lacked the ability to gather, analyze, and report information that could be used to specifically identify individuals at risk for occupational and environmental exposures during deployments.

In previously reporting on the military services' implementation of DOD's force health protection and surveillance policies in 2003, we highlighted the importance of knowing the identity of servicemembers who deployed during a given operation and of tracking their movements within the theater of operations as major elements of a military medical surveillance system.[13] We further noted the Institute of Medicine's finding that documentation on the location of units and individuals during a given deployment is important for epidemiological studies and appropriate medical care during and after deployments. For example, this information allows epidemiologists to study the incidences of disease patterns across populations of deployed servicemembers who may have been exposed to diseases and hazards within the theater, and health care professionals to treat their medical problems appropriately. Without location-specific

[12]DOD Instruction 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*, August 7, 1997.

[13]GAO, *Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance*, GAO-03-1041 (Washington, D.C.: Sept. 19, 2003).

information for all of its deployed federal civilians and centralized data in its department-level system, DOD limits its ability to ensure that sufficient and appropriate consideration will also be given to addressing the health care concerns of these individuals.

At the time of our review, DOD also had not provided guidance to the components that would require them to forward completed deployment health assessments for all federal civilians to the Army Medical Surveillance Activity, where these assessments are supposed to be archived in the Defense Medical Surveillance System, integrated with other historical and current data on personnel and deployments, and used to monitor the health of personnel who participate in deployments. The overall success of deployment force protection and surveillance efforts, in large measure, depends on the completeness of health assessment data. In our report, we noted that the lack of such data may hamper DOD's ability to intervene in a timely manner to address health care problems that may arise from DOD federal civilian deployments to overseas locations in support of contingency operations.

DOD Has Taken Steps to Address Policy Shortcomings

With increases in the department's use of federal civilian personnel to support military operations, we noted in our report that DOD officials have recognized the need for more complete and centralized location-specific deployment information and deployment-related health information on its deployed federal civilians. In this regard, we further noted that in August 2006, the Office of the Under Secretary of Defense for Personnel and Readiness issued revised policy and program guidance that generally addressed the shortcomings in DOD's force health protection and surveillance capabilities.[14] The revised policy and guidance, that became effective in December 2006, require the components within 3 years, to electronically report (at least weekly) to the Defense Manpower Data Center, location-specific data for all deployed personnel, including federal civilians. In addition, the policy and guidance require the components to submit all completed health assessment forms to the Army Medical Surveillance Activity for inclusion in the Defense Medical Surveillance System.

Nonetheless, in our 2006 report we noted that DOD's new policy is not comprehensive enough to ensure that the department will be sufficiently

[14] DOD Instruction 6490.3, *Deployment Health*, August 11, 2006.

informed of the extent to which its components are complying with existing health protection requirements for its deployed federal civilians. Although the policy requires DOD components to report certain location-specific and health data for all of their deployed personnel, including federal civilians, we noted that it does not establish an oversight and quality assurance mechanism for assessing and ensuring the full implementation of the force health protection and surveillance requirements by all DOD components that our prior work has identified as essential in providing care to military personnel.

To strengthen DOD's force health protection and surveillance for its deployed federal civilians, in our 2006 report, we recommended that DOD establish an oversight and quality assurance mechanism to ensure that all components fully comply with its requirements. In February 2007, the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness published a new instruction[15] on force health protection quality assurance. This policy applies to military servicemembers as well as applicable DOD and contractor personnel. The new policy requires the military services to implement procedures to monitor key force health protection elements such as pre- and post-deployment health assessments. In addition, the policy requires each military service to report its force health protection and quality assurance findings to the Assistant Secretary of Defense (Health Affairs) through the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness. In our June 2007 report[16] on DOD's compliance with the legislative requirement to perform pre- and post-deployment medical examinations on military servicemembers, we noted that DOD lacked a comprehensive oversight framework to help ensure effective implementation of its deployment health quality assurance program, which included specific reporting requirements and results-oriented performance measures to evaluate the services' adherence to deployment health requirements. Also, we noted in our 2007 report that the department's new instruction and planned actions indicate that DOD is taking steps in the right direction. We stated and still believe that if the department follows through with its efforts, it will be responsive to several of our reports'

[15]DOD Instruction 6200.05, *Force Health Protection (FHP) Quality Assurance Program*, February 16, 2007.

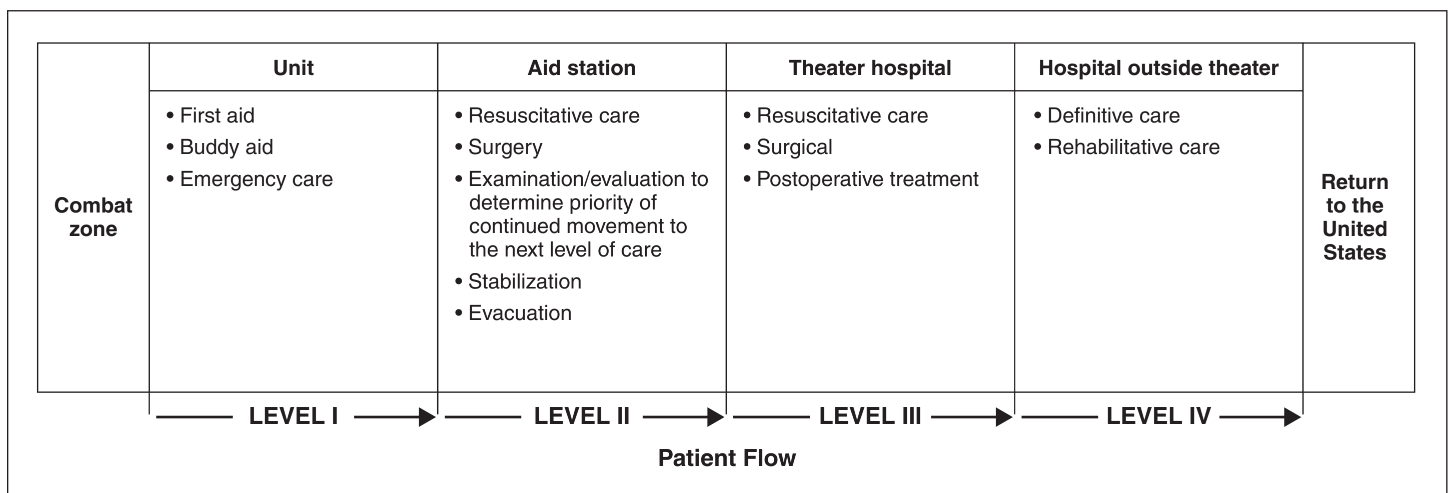
[16]GAO, *Defense Health Care: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of a Deployment Health Quality Assurance Program*, GAO-07-831 (Washington, D.C.: June 22, 2007).

recommendations to improve DOD's force health protection and surveillance for the Total Force.

DOD Has Established and Implemented Medical Treatment Policies Which Provide for the Care of Its Deployed Federal Civilians

In our 2006 report, we found that DOD had established medical treatment policies that cover its federal civilians while they are deployed to support contingency operations in Afghanistan and Iraq, and available workers' compensation claims we reviewed confirmed that those deployed federal civilians received care consistent with the policies. These policies state that DOD federal civilians who require treatment for injuries or diseases sustained during overseas hostilities may be provided care under the DOD military health system.[17] DOD's military health system provides four levels of medical care to personnel who are injured or become ill while deployed, as shown in figure 1.

Figure 1: Overview of the Levels of DOD Medical Care Provided While Deployed



Source: Assistant Secretary of Defense for Health Affairs.

Medical treatment during a military contingency begins with level one care, which consists of basic first aid and emergency care at a unit in the theater of operation. The treatment then moves to a second level of care, where, at an aid station, injured or ill personnel are examined and

[17] DOD Directive 1404.10, *Emergency Essential (E-E) DOD U.S. Citizen Civilian Employees*, April 10, 1992, and DOD 1400.25-M, *Department of Defense Civilian Personnel Manual*, April 12, 2005.

evaluated to determine their priority for continued movement outside of the theater of operation and to the next (third) level of care. At the third level, injured or ill personnel are treated in a medical installation staffed and equipped for resuscitation, surgery, and postoperative care. Finally, at the fourth level of care, which occurs far from the theater of operation, injured or ill personnel are treated in a hospital staffed and equipped for definitive care. Injured or ill DOD federal civilians deployed in support of contingency operations in Afghanistan and Iraq who require level four medical care are transported to DOD's Regional Medical Center in Landstuhl, Germany.

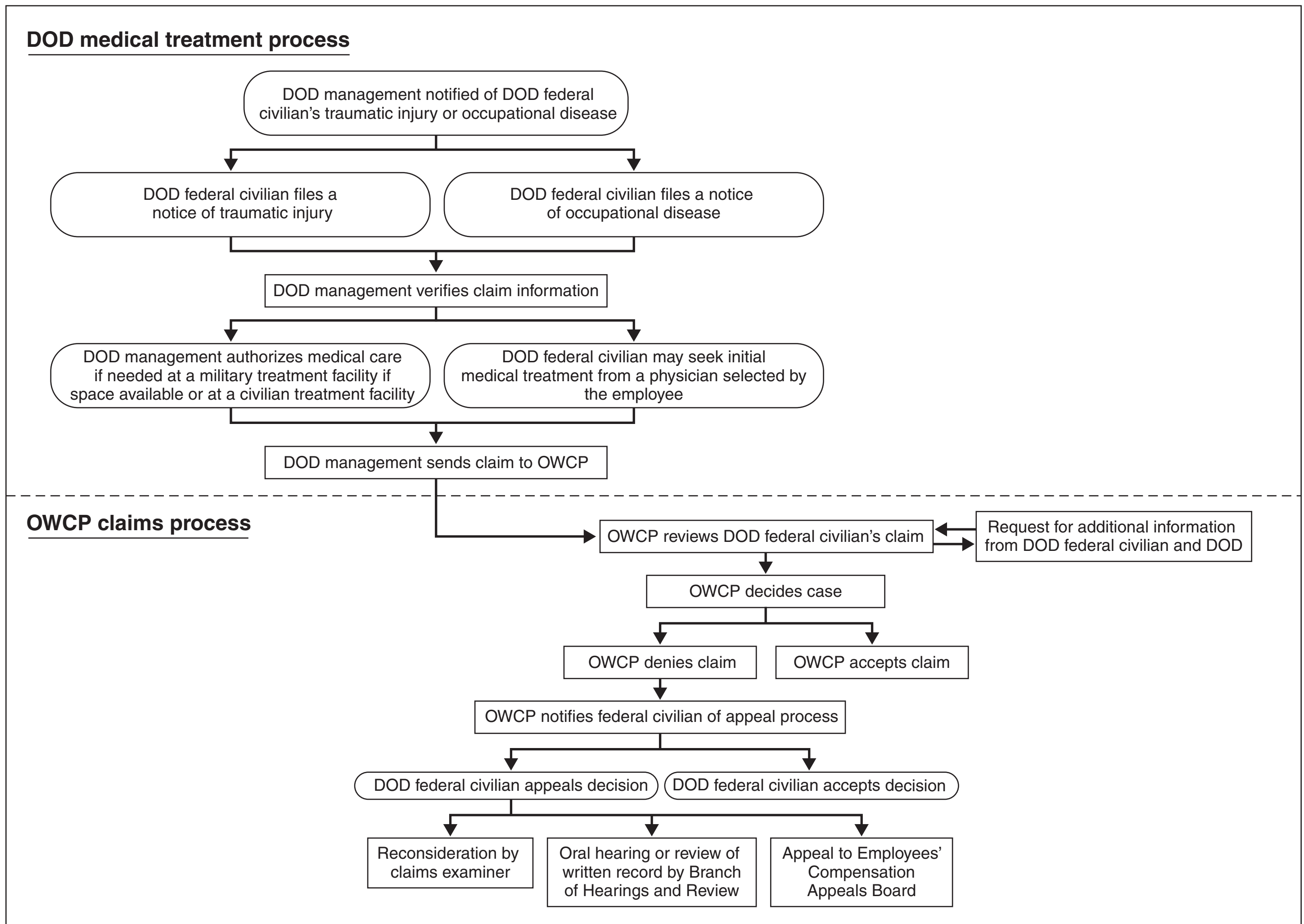
In our 2006 report, we found that injured or ill DOD federal civilians who cannot be returned to duty in theater are evacuated to the United States for continuation of medical care. In these cases (or where previously deployed federal civilians later identify injuries or diseases and subsequently request medical treatment), DOD's policy provides for its federal civilians who require treatment for deployment-related injuries or occupational illnesses to receive medical care through either the military's medical treatment facilities or civilian facilities. The policy stipulates that federal civilians who are injured or become ill as a result of their deployment must file a FECA claim[18] with DOD, which then files a claim with the Department of Labor's Office of Workers' Compensation Programs (OWCP).

The Department of Labor's OWCP is responsible for making a decision to award or deny medical benefits. OWCP must establish—based on evidence provided by the DOD civilian—that the employee is eligible for workers' compensation benefits due to the injury or disease for which the benefits are claimed. To obtain benefits under FECA, as noted in our report, DOD federal civilians must show that (1) they were employed by the U.S. government, (2) they were injured (exposed) in the workplace, (3) they have filed a claim in a timely manner, (4) they have a disabling medical condition, and (5) there is a causal link between their medical condition and the injury or exposure. Three avenues of appeal are provided for employees in the event that the initial claim is denied: (1) reconsideration by an OWCP claims examiner, (2) a hearing or review of the written record by OWCP's Branch of Hearings and Review, and (3) a review by the

[18]The Federal Employees' Compensation Act, 5 U.S.C. §§ 8101 et seq., is a comprehensive workers' compensation law for federal employees.

Employees' Compensation Appeals Board. DOD's medical treatment process and the OWCP's claims process are shown in figure 2.

Figure 2: Medical Treatment and Claims Processes for DOD Federal Civilians Who Require Treatment for Deployment-Related Injuries or Diseases After They Return to the United States



Source: GAO analysis.

Note: OWCP refers to the Office of Workers' Compensation Programs.

Overall, the claims we reviewed showed that the DOD federal civilians who sustained injuries or diseases while deployed had received care that was consistent with DOD's medical treatment policies. Specifically, in

reviewing a sample of seven workers' compensation claims (out of a universe of 83)[19] filed under the Federal Employees' Compensation Act by DOD federal civilians who deployed to Iraq, we found that in three cases where care was initiated in theater the affected federal civilians had received treatment in accordance with DOD's policies. For example, in one case, a deployed federal civilian was treated for traumatic injuries at a hospital outside of the theater of operation and could not return to duty in theater because of the severity of the injuries sustained. The civilian was evacuated to the United States and received medical care through several of the military's medical treatment facilities as well as through a civilian facility. Further, in all seven claims that we reviewed, DOD federal civilians who requested medical care after returning to the United States, had, in accordance with DOD's policy, received initial medical examinations and/or treatment for their deployment-related injuries or illnesses and diseases through either military or civilian treatment facilities. While OWCP has primary responsibility for processing and approving all FECA claims for medical benefits, the scope of our review did not include assessing actions taken by the Department of Labor's OWCP in further processing workers' compensation claims for injured or ill civilians and authorizing continuation of medical care once their claims were submitted for review.

DOD Provides Special Pays and Benefits to Deployed DOD Federal Civilian and Military Personnel, but the Types and Amounts Differ

Our 2006 report found that DOD provides a number of special pays and benefits to its federal civilian personnel who deploy in support of contingency operations, which are generally different in type and in amount from those provided to deployed military personnel. It should be noted that while DOD federal civilian and military personnel are key elements (components) of the Total Force, each is governed by a distinctly different system. Both groups receive special pays, but the types and amounts differ. DOD federal civilian personnel also receive different types and amounts of disability benefits, depending on specific program provisions and individual circumstances. In 2003, we designated federal disability programs as a high-risk area because of continuing challenges with modernizing those programs.[20] Importantly, our work examining

[19]Our actual review of claims filed by DOD federal civilians was limited to those who had deployed to Iraq because the responsible DOD officials were unable to identify the specific claims that had been filed by those federal civilians who had deployed to Afghanistan. We selected and reviewed a non-probability sample of workers' compensation claims to reflect a range of casualties, including injuries, physical and mental illnesses, and diseases.

[20]GAO, *High-Risk Series: An Update*, GAO-07-310 (Washington, D.C.: January 2007), 83-84.

federal disability programs has found that the major disability programs are neither well aligned with the 21st century environment nor positioned to provide meaningful and timely support. Further, survivors of deceased DOD federal civilian and military personnel generally receive comparable types of cash survivor benefits—lump sum, recurring, or both—but benefit amounts differ for the two groups. Survivors of DOD federal civilian personnel, however, almost always receive lower noncash benefits than military personnel.

Deployed DOD Federal Civilian and Military Personnel Generally Receive Various Special Pays to Compensate Them for Conditions of Deployment, but the Types and Amounts Differ

DOD federal civilian and military personnel are both eligible to receive special pays to compensate them for the conditions of deployment. As shown in table 5, some of the types of special pays are similar for both DOD federal civilian and military personnel, although the amounts paid to each group differ. Other special pays were unique to each group.

Table 5: Overview of Selected Types of Special Pays for Deployed DOD Federal Civilian and Military Personnel

Type of special pay	Civilian personnel	Military personnel
Premium pay	Overtime, night differential, Sunday/holiday work, compensatory time off	No equivalent
Post differential (Civilian) Hardship duty pay (Military)	35 percent of basic pay	$100 per month
Danger pay (Civilian) Hostile fire pay/imminent danger pay (Military)	35 percent of basic pay	$225 per month
Family separation allowance	No equivalent	$250 per month
Combat zone tax exclusion	No equivalent	For enlisted personnel, all compensation is tax-free; officers are capped at $6,724.50 per month
Savings deposit program	No equivalent	10 percent interest on savings deposits up to $10,000

Source: GAO analysis of military and federal data.

DOD Federal Civilian and Military Personnel Receive Different Types and Amounts of Disability Benefits, Depending on Specific Program Provisions and Individual Circumstances

In the event of sustaining an injury while deployed, DOD federal civilian and military personnel are eligible to receive two broad categories of government-provided disability benefits—disability compensation[21] and disability retirement.[22] However, the benefits applicable to each group vary by type and amount, depending on specific program provisions and individual circumstances. Within these broad categories, there are three main types of disability: (1) temporary disability, (2) permanent partial disability, and (3) permanent total disability. In 2003, we designated federal disability programs as a high-risk area because of continuing challenges with modernizing those programs. Importantly, our work examining federal disability programs has found that the major disability programs are neither well aligned with the 21st century environment nor positioned to provide meaningful and timely support.[23]

Temporary Disability Benefits

Both DOD federal civilian and military personnel who are injured in the line of duty are eligible to receive continuation of their pay during the initial period of treatment and may be eligible to receive recurring payments for lost wages. However, the payments to DOD federal civilian personnel are based on their salaries and whether the employee has any dependents, regardless of the number, which can vary significantly, whereas disability compensation payments made by the Department of Veterans Affairs (VA) to injured military personnel are based on the severity of the injury and their number of dependents, as shown in table 6. DOD federal civilian personnel are eligible to receive continuation of pay (salary) for up to 45 days, followed by a recurring payment for wage loss which is based on a percentage of salary and whether they have any dependents, up to a cap.[24] In contrast, military personnel receive continuation of pay of their salary for generally no longer than a year, followed by a recurring VA disability compensation payment for wage loss

[21]Under workers' compensation and veterans' compensation programs, benefits typically include medical treatment for the injury, vocational rehabilitation services, and cash payment to replace a percentage of the individual's loss in wages while injured and unable to work.

[22]Disability retirement programs typically provide benefits that allow qualified individuals who are unable to work to retire earlier and/or to retire with a higher percentage of their pre-injury salary level than would otherwise be permitted with normal retirement based on age and length of service at the time of injury.

[23]GAO-07-310.

[24]Payment caps for federal civilians are based on the pay level for a General Schedule (GS)-15, step 10 position, which was $118,957 per year or ($6,608 per month without dependents or $7,435 per month with dependent) in 2006.

that is based on the degree of disability and their number of dependents, and temporary DOD disability retirement for up to 5 years.

Table 6: Temporary Disability Compensation Payments, Payment Formula, and 2006 Payment Caps for DOD Federal Civilian and Military Personnel

DOD personnel	Payment calculation for temporary partial and temporary total disability	Maximum monthly payment cap in 2006
Civilian	Continuation of pay up to 45 days, followed by a recurring payment for wage loss (based on a percentage of salary, up to a cap). • **Partial disability** (when able to work, but at a reduced salary): Payments are 66-2/3 percent of the wage loss (that is, the difference between the part-time and full-time wages) without dependents; 75 percent with dependents. • **Total disability (**when unable to work): Payments are 66-2/3 percent of the employee's average weekly wage without dependents; 75 percent with dependents.	$6,608 per month without dependents. $7,435 per month with dependents.
Military	Continuation of pay for generally no longer than a year, followed by recurring VA disability compensation payments. A servicemember's disability rating ranging from 0 to 100 percent, in 10 percent increments.[a]	Each disability rating level corresponds to an annually fixed monthly VA payment amount. During 2006, amounts ranged from $112 to $2,393 per month. **"Add-ons" to basic payments** If the disability rating is 30 percent or more, the individual is entitled to additional compensation for each dependent. During 2006, the additional amounts ranged from $40-$233 for a spouse, and $27-$91 for a child, depending on the level of disability.

Source: GAO analysis of federal statutes.

[a]Unlike civilian personnel, military personnel also can be temporarily released from service and be eligible to receive temporary DOD disability retirement benefits if they are found unfit for duty, and they may continue to receive a recurring VA disability compensation payment for wage loss. However, the amount of the DOD retirement payment is reduced (offset) dollar-for-dollar by the amount of the recurring VA payment, unless they have at least 20 years of service and can qualify for an exception to this offset due to a disability rating of 50 percent or more, or combat-related disabilities. In our report on disability benefits provided to military personnel and civilian public safety officers, we noted that the added increment available from disability retirement, even with applicable offsets, can increase military personnel's monthly benefits significantly above that of comparable public safety officers at all levels.

Permanent Partial Disability Benefits

When a partial disability is determined to be permanent, DOD federal civilian and military personnel can to continue to receive recurring compensation payments, as shown in table 7. For DOD federal civilian personnel, these payments are provided for the remainder of life as long as the impairment persists, and can vary significantly depending upon the salary of the individual and the existence of dependents. Military personnel are also eligible to receive recurring VA disability compensation

payments for the remainder of their lives, and these payments are based on the severity of the servicemember's injury and the number of dependents. In addition, both groups are eligible to receive additional compensation payments beyond the recurring payments just discussed, based on the type of impairment. DOD federal civilians with permanent partial disabilities receive a schedule of payments based on the specific type of impairment (sometimes referred to as a schedule award). Some impairments may result in benefits for a few weeks, while others may result in benefits for several years. Similarly, military personnel receive special monthly VA compensation payments depending on the specific type and degree of impairment.

Table 7: Permanent Partial Disability Compensation Payment Formulas and Time Limits on Benefits for DOD Federal Civilian and Military Personnel

	Civilian personnel	Military personnel
Compensation payments	**Payment calculation** When able to work, but at a reduced salary, payments are 66-2/3 percent of the wage loss (that is, the difference between the part-time and full-time wages) without dependents; 75 percent with dependents.[a] **Maximum period of time payments can be provided** Payments provided for the remainder of life, as long as the impairment persists. **Schedule award** Schedule of payments are based on the specific type of impairment. For example, up to 312 weeks (6 years) compensation due to the loss of an arm, or the loss (or loss of use) of any other important external or internal organ of the body.	**Payment calculation** VA basic payment amounts established annually for disability ratings ranging from 10 percent to 90 percent. During 2006, amounts ranged from $112 to $1,436 per month.[a] **"Add-ons" to basic payments** If the disability rating is 30 percent or more, the individual is entitled to additional VA compensation for each dependent. During 2006, the additional amounts ranged from $40-$233 for a spouse, and $27-$91 for a child, depending on the level of disability. Special monthly VA compensation payments up to $4,176, depending on the specific type and degree of impairment. **Maximum period of time payments can be provided** No time limit regardless of degree of impairment; payments provided for the remainder of life, as long as the impairment persists.

Source: GAO analysis of federal statutes.

[a]Under the Civil Service Retirement System (CSRS), DOD federal civilian personnel must be unfit for duty and have 5 years of service to qualify for disability retirement. Under the Federal Employees' Retirement System (FERS), civilian personnel must be unfit for duty and have 18 months of service. DOD federal civilian personnel must elect either compensation benefits or disability retirement. Military personnel who are unfit for duty are eligible for DOD disability retirement benefits if they have a disability rating of 30 percent or more regardless of length of service, or if they have 20 years or more of service regardless of disability. The amount of the DOD retirement payment is offset dollar for dollar, however, by the amount of the monthly VA compensation payment unless the servicemember has at least 20 years of service and a disability rating of 50 percent or more, or combat-related disabilities.

Permanent Total Disability Benefits

When an injury is severe enough to be deemed permanent and total,[25] DOD federal civilian and military personnel may receive similar types of benefits, such as disability compensation and retirement payments; however, the amounts paid to each group vary. For civilian personnel, the monthly payment amounts for total disability are generally similar to those for permanent partial disability described earlier, but unlike with permanent partial disabilities, the payments do not take into account any wage earning capacity. Both groups are eligible to receive additional compensation payments beyond the recurring payments similar to those for permanent partial disability. DOD federal civilians with permanent disabilities receive a schedule award based on the specific type of impairment. In addition, DOD federal civilian personnel may be eligible for an additional attendant allowance—up to $1,500 per month during 2006—if such care is needed. Military personnel receive special monthly VA compensation payments for particularly severe injuries, such as amputations, blindness, or other loss of use of organs and extremities. The payments are designed to account for attendant care or other special needs deriving from the disability. In 2003, we designated federal disability programs as a high-risk area because of continuing challenges with modernizing those programs. Our work examining federal disability programs found that the major disability programs are neither well aligned with the 21st century environment nor positioned to provide meaningful and timely support.[26]

Survivors of DOD Federal Civilian and Military Personnel Received Comparable Types of Benefits, but Benefit Amounts Differ

Survivors of deceased DOD federal civilian and military personnel generally receive similar types of cash survivor benefits—either as a lump sum, a recurring payment, or both—through comparable sources. However, the benefit amounts generally differ for each group. Survivors of civilian and military personnel also receive noncash benefits, which differ in type and amounts.

As shown in table 8, survivors of deceased DOD federal civilian and military personnel both receive lump sum benefits in the form of Social Security, a death gratuity, burial expenses, and life insurance.

[25] Permanent total disability generally means that an individual is unable to maintain gainful employment.

[26] GAO-07-310.

Table 8: Overview of the Type and Amount of Lump Sum Benefits Provided to Survivors of DOD Federal Civilian and Military Personnel

Selected types of survivor benefits	Civilian personnel	Military personnel
Social Security	Lump sum: $255	Lump sum: $255
Death gratuity	Up to $10,000	$100,000
Burial expenses	Up to $800, plus $200 for costs associated with terminating employee status	Up to $7,700
Life insurance	Basic pay, rounded to the nearest thousand, plus $2,000	Servicemembers' Group Life Insurance up to $400,000
Retirement plan	Basic death benefit of $24,866.19 (for fiscal year 2006) plus 50 percent of the civilian's final salary or an average of the civilian's highest 3 years of salary	No equivalent

Source: GAO analysis of federal data.

Survivors of deceased DOD federal civilian and military personnel are also eligible for recurring benefits, some of which are specific to each group, as shown in table 9.

Table 9: Overview of the Type and Amount of Recurring Benefits Provided to Survivors of DOD Federal Civilian and Military Personnel

Type of recurring survivor benefit	Civilian personnel	Military personnel
Social Security	Recurring payment based on earnings in covered employment	Recurring payment based on earnings in covered employment
Survivor benefit plan	No equivalent	55 percent of the military member's monthly retirement pay, offset by Dependency Indemnity Compensation
Dependency and indemnity compensation	No equivalent	$1,033 per month plus $257 per month for each dependent child, plus an additional $250 for the first 2 years for dependent children
Workers' compensation (only if the death occurs while in the line of duty)	Up to 75 percent of employee's monthly salary[a]	No equivalent
Retirement plan (included if DOD contributes to the survivor benefit)	50 percent of monthly retirement payment if the employee had 10 years of service[a]	No equivalent

Source: GAO analysis of federal data.

[a]The survivor of a deceased DOD federal civilian can choose the benefit through either the retirement plan or workers' compensation, which normally pays a higher amount.

In addition to lump sum and recurring benefits, survivors of deceased DOD federal civilians and military personnel receive noncash benefits. As shown in table 10, survivors of deceased military personnel receive more noncash benefits than do those of deceased DOD federal civilian personnel, with few benefits being comparable in type.

Table 10: Summary of Noncash Benefits Provided to Survivors of DOD Federal Civilian and Military Personnel

Noncash benefit	Civilian personnel	Military personnel
Continuation of health insurance coverage	Survivors may continue to participate in the Federal Employees' Health Benefits Program at the same cost as a federal employee if, prior to employee's death, these individuals were covered as family members under the plan.	Surviving family members of the deceased servicemember remain eligible for health care benefits under TRICARE[a] at active duty dependent rates for a 3-year period, after which they are eligible for retiree dependent rates.
Education benefits for spouse, children, or both	No equivalent	Surviving spouse and children are eligible for up to 45 months of education benefits.
Military-specific	No equivalent	Surviving spouse and children are eligible for rent-free government housing or tax-free housing allowance up to 365 days, relocation assistance, and commissary and exchange privileges.

Source: GAO analysis of federal data.

[a]TRICARE is a regionally structured program that uses civilian contractors to maintain health care provider networks that complement health care provided at military treatment facilities.

Concluding Observations

DOD currently has important policies in place that relate to the deployment of its federal civilians. Moreover, DOD's issuance of its new instruction on force health quality assurance further indicates that DOD is taking steps in the right direction. If the department follows through with its efforts, we believe it will strengthen its force health protection and surveillance oversight for the Total Force.

Mr. Chairman and Members of the Subcommittee, this concludes my prepared statement. I would be happy to answer any questions you may have.

Contacts and Acknowledgments

If you or your staffs have any questions about this testimony, please contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Key contributors to this testimony include Sandra B. Burrell, Assistant Director; Julie C. Matta; and John S. Townes.

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's Web site (www.gao.gov). Each weekday, GAO posts newly released reports, testimony, and correspondence on its Web site. To have GAO e-mail you a list of newly posted products every afternoon, go to www.gao.gov and select "E-mail Updates."

Order by Mail or Phone

The first copy of each printed report is free. Additional copies are $2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. Government Accountability Office
441 G Street NW, Room LM
Washington, DC 20548

To order by Phone: Voice: (202) 512-6000
TDD: (202) 512-2537
Fax: (202) 512-6061

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: www.gao.gov/fraudnet/fraudnet.htm
E-mail: fraudnet@gao.gov
Automated answering system: (800) 424-5454 or (202) 512-7470

Congressional Relations

Gloria Jarmon, Managing Director, JarmonG@gao.gov, (202) 512-4400
U.S. Government Accountability Office, 441 G Street NW, Room 7125
Washington, DC 20548

Public Affairs

Susan Becker, Acting Manager, BeckerS@gao.gov, (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548

PRINTED ON RECYCLED PAPER