

Craig Postlewaite, DVM, MPH, Acting Director, Force Health Protection and Readiness Programs, Office of the Assistant Secretary of Defense (Health Affairs)

STATEMENT BY

R. Craig Postlewaite, DVM, MPH
Acting Director, Force Health Protection and Readiness Programs
Office of the Assistant Secretary
of Defense (Health Affairs)

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Mr. Chairman and distinguished members of the committee, thank you for the opportunity to discuss the Department of Defense's (DoD's) Occupational and Environmental Health (OEH) Program.

The OEH program is an important component of the Department's efforts to enhance Force Health Protection. DoD understands the importance of anticipating, recognizing, evaluating, and controlling health hazards associated with exposure to chemical, physical, and biological hazards. Our goal is to protect our personnel from accidental death, injury, and illness caused by hazardous occupational or environmental exposures. This goal includes preventing and/or minimizing short-term health effects, especially those severe enough to interfere with mission accomplishment and, any long-term effects that may affect a Service member's health and quality of life in years to come.

To prevent or limit hazardous exposures, both in peacetime and in deployed settings, the Department applies a rigorous risk management program. Mr. Chairman, the Department's many fine OEH professionals take their responsibilities seriously, and are dedicated to protecting and preserving the health of our personnel by identifying hazards, ascertaining the significance of any health or safety risks associated with the hazards, determining appropriate options to control the hazards, and communicating risk information to commanders and affected personnel.

In the peacetime setting, the policies and procedures governing our OEH program are contained in DoD Instruction (DoDI) 6055.05, "Occupational and Environmental Health." Our OEH policies and procedures for the deployed setting are established in three documents: DoDI 6055.05; the Joint Staff memorandum, MCM 0028-07, "Procedures for Deployment Health Surveillance"; and DoDI 6490.03, "Deployment Health."

Mr. Chairman, in August 2006, the Under Secretary of Defense for Personnel and Readiness issued updated policy guidance for deployment OEH in the revision to DoDI 6490.03. This revision significantly strengthened requirements for deployment OEH surveillance, including OEH data reporting and archiving; medical record entries documenting exposures; deployment health risk communications; and established a new requirement to track and report once daily the locations for all deployed Service members so environmental hazards at a particular location could be linked with the individuals who may have been exposed to them during the time those hazards existed.

The deployment OEH program actually begins during our pre-deployment preparation phase, when occupational and environmental hazard assessments for the current theater of operations, and any other theater of operation or deployed location as well, are conducted based on medical intelligence provided by the National Center of Medical Intelligence and other sources. Once in theater, we accomplish baseline, periodic, and incident-driven OEH surveillance by monitoring the air, water, soil, food, and disease-carrying vectors.

Since 2001, we have collected more than 17,500 individual environmental samples throughout the U.S. Central Command Theater of Operations, including nearly 10,000 in Iraq, more than 3,500 in Kuwait, and more than 3,300 in Afghanistan. In the vast majority of cases, these data indicate U.S. personnel are not experiencing any exposures that would put their long-term health at risk. However, with the current technology, it is not possible, in a wartime environment, to monitor the working locations of all Service members for all hazards, especially for those who operate outside of base camps.

While our focus continues to remain on exposure prevention and control, we realize that some exposures can, do, and will occur despite our best efforts. In recognition of that reality, we revised DoDI 6490.03 and the Joint Staff memorandum on Deployment Health Surveillance to take steps to effectively address gaps that had hindered the assembly of electronic individual deployed longitudinal exposure records as called for by the President in August 1998 in Presidential Review Directive 5, "A National Obligation, Planning for Health Preparedness for and Readjustment of the Military, Veterans, and Their Families after Future Deployments."

Today, the process of assembling individual longitudinal exposure records is labor intensive, but it can be done with available data. Over the next several years, we anticipate it will be possible to extract the medical record entries of all personnel who have received medical evaluation and care for confirmed exposures and also access an individual Service member's assignment history (dates and locations), including their peacetime, in-garrison assignments as well as their recent deployments. Their deployment histories will be used to retrieve archived OEH monitoring data for those deployment locations where exposures may have occurred, or existed, during the time the individual was deployed to that location. By merging deployment environmental monitoring data with the in-garrison occupational monitoring data and adding the medical record entries, we will be able to achieve the vision established by the President.

In addition, the Department will be able to access population-at-risk databases, such as the Personnel Blast and Contaminant Tracking System that records the names and other identifiers of personnel who have been involved in exposure incidents but may not have been affected severely enough to result in medical evaluation or treatment.

Department of Defense Instruction 6055.05, "Occupational and Environmental Health," requires DoD to share hazard and exposure data with the Department of Veterans Affairs (VA) to assist in adjudication of veterans' disability claims. Such records also are valuable in establishing diagnoses and treatment.

To ensure that VA is aware of individual hazardous exposures, all individual exposure-related information is entered into each individual's medical record so it will be available to VA at the time of treatment or claims adjudication. Once electronic individual exposure records become a reality, they will be made available to VA.

For several years, DoD and VA have collaborated through the DoD/VA Deployment Health Working Group, to focus on issues related to the post-deployment health of Service members and veterans. Environmental and occupational exposures are a major focus of the group and discussed at nearly every monthly meeting.

To reduce hazardous exposures or the resulting health impacts from potential exposures to deployed personnel, the Department provides all deploying Service members comprehensive pre-deployment health threat and countermeasures briefings. Additionally, members also complete a pre-deployment health assessment; provide serum samples; and obtain all necessary immunizations, preventive medications, and personal protective equipment they need prior to deployment.

Following deployment, members provide an additional serum sample and complete a post-deployment health assessment within 60 days of return from deployment, followed by a post-deployment health reassessment within 90-180 days. In addition, personnel are referred to healthcare providers as necessary for the evaluation of any self-reported OEH exposures or for other health concerns.

For Operation Enduring Freedom and Operation Iraqi Freedom, we estimate that, on average, approximately four percent of deployed Service members seek care for a non-battle related injury or illness each week. This is the lowest rate of disease and non-battle injuries ever recorded for a large operation in a time of war, and is a reflection, in part, of the effectiveness of Force Health Protection and OEH programs.

Overall, the Department is pleased with both in-garrison/peacetime and deployed OEH programs that have been quite effective in identifying and controlling chemical, biological, and physical hazards. Of course, there is always room for improvement, and we are fully committed to bringing about those improvements.

Mr. Chairman, thank you for the opportunity to discuss the DoD Occupational and Environmental Health Program with you. I would be pleased to answer any questions you may have.