GAO@100 Highlights

Highlights of GAO-21-337, a report to congressional committees

Why GAO Did This Study

DOD has over 73,000 active-duty enlisted medical personnel who must be ready to provide life-saving care to injured and ill servicemembers during deployed operations, using their wartime medical skills.

Senate Report 116-48 accompanying a bill for the National Defense Authorization Act for Fiscal Year 2020 included a provision for GAO to review DOD's efforts to maintain enlisted personnel's wartime medical skills. This report examines, among other objectives, the extent to which (1) the military departments have defined, tracked, and assessed enlisted personnel's wartime medical skills, and (2) DOD has developed plans and processes to sustain these skills and assessed risks associated with their implementation. GAO analyzed wartime medical skills checklists and guidance; reviewed plans for skills sustainment; and interviewed officials from DOD and military department medical commands and agencies, and nine inpatient military medical treatment facilities.

What GAO Recommends

GAO is making 30 recommendations, including that military departments fully define and implement wartime medical skills for enlisted medical personnel subspecialties, track skills training, and establish performance goals and targets for training completion, as appropriate; and that DOD develop metrics to assess how military medical treatment facility workload and civilian partnerships sustain these skills and assess risks to skills sustainment. DOD concurred and described some related actions, as discussed in the report.

View GAO-21-337. For more information, contact Brenda S. Farrell at (202) 512-3604 or FarrellB@gao.gov.

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DEFENSE HEALTH CARE

Actions Needed to Define and Sustain Wartime Medical Skills for Enlisted Personnel

What GAO Found

The military departments have not fully defined, tracked, and assessed wartime medical skills for enlisted medical personnel. The departments have defined these skills for 73 of 77 occupations. However, among other issues,

- the Army and the Air Force have not defined skills for numerous highly-skilled subspecialties that require additional training and expertise, such as Army Critical Care Flight Paramedics. Subspecialty personnel are key to supporting lifesaving medical care during deployed operations.
- The Army does not consistently track wartime medical skills training for enlisted medical personnel in its official system.
- The military departments are not able to fully assess the preparedness of enlisted medical personnel because, according to officials, they have not developed performance goals and targets for skills training completion.

As a result, the military departments lack reasonable assurance that all enlisted medical personnel are ready to perform during deployed operations.

The Department of Defense (DOD) has not fully developed plans and processes to sustain the wartime medical skills of enlisted medical personnel. While the Defense Health Agency (DHA) has initiated planning efforts to assess how the military departments' three primary training approaches sustain readiness (see figure), these efforts will not fully capture needed information. For example, DHA's planned metrics to assess the role of military hospitals and civilian partnerships in sustaining readiness would apply to a limited number of enlisted occupations. As a result, DHA is unable to fully assess how each training approach sustains readiness and determine current and future training investments.

Approaches to Train Enlisted Medical Personnel's Wartime Medical Skills Military hospital Civilian hospital Medical simulation

Source: GAO analysis of Department of Defense information. | GAO-21-337

DOD officials have identified challenges associated with implementing its training approaches. For example, DOD relies on civilian partnerships to sustain enlisted medical personnel's skills, but DOD officials stated that licensing requirements and other issues present challenges to establishing and operationalizing civilian partnerships. DOD has not analyzed or responded to such risks, and may therefore be limited in its ability to sustain wartime medical skills.