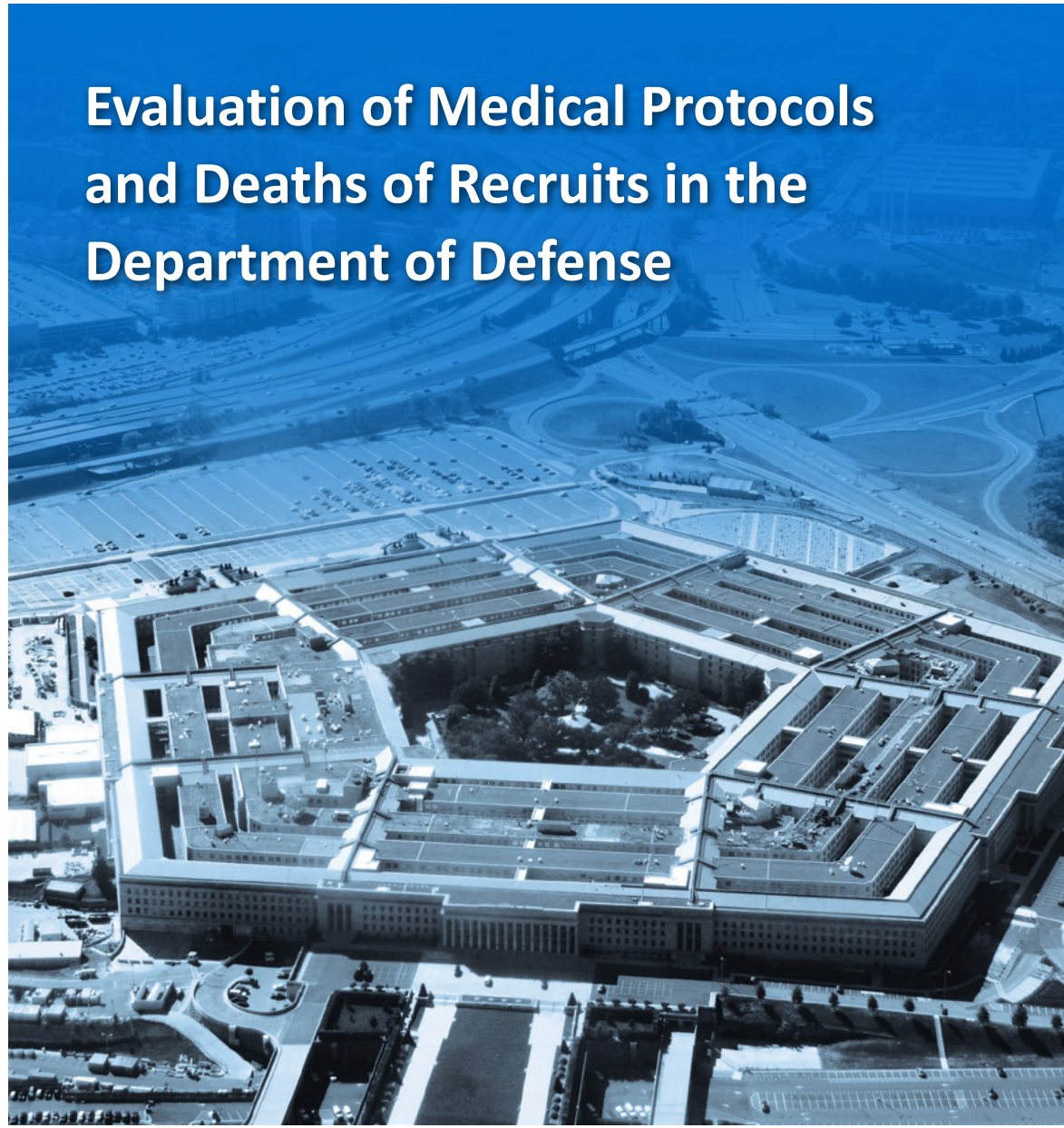




INSPECTOR GENERAL

U.S. Department of Defense

SEPTEMBER 29, 2020



Evaluation of Medical Protocols and Deaths of Recruits in the Department of Defense

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE





**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

September 29, 2020

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Evaluation of Medical Protocols and Deaths of Recruits in the Department of Defense (Report No. DODIG-2020-131)

Section 566 of the National Defense Authorization Act for Fiscal Year 2020 directed the DoD OIG to conduct “an assessment of the deaths of recruits at facilities under the jurisdiction of the Secretaries of the military departments, and the effectiveness of the current medical protocols on the training bases.” Section 566 required the DoD OIG to submit a report on the results of the assessment that includes responses to the following 11 questions:

- (1) The number of recruits who died during basic training in the 5 years preceding the date of the report.
- (2) The causes of deaths described in (1).
- (3) The types of medical treatment that were provided to recruits described in (1).
- (4) Whether any of the deaths identified in (1) were found to be a result of medical negligence.
- (5) A description of medical capabilities and personnel available to the recruits at each facility.
- (6) A description of medical resources accessible to the recruits at the company level at each facility.
- (7) A description of 24-hour medical resources available to recruits at each facility.
- (8) An evaluation of the guidelines and resources in place to monitor sick recruits.
- (9) An evaluation of how supervisors evaluate and determine whether a sick recruit should continue training or further seek medical assistance.
- (10) An evaluation of how the Secretaries of the military departments can increase visibility of the comprehensive medical status of a sick recruit to instructors and supervisors in order to provide better situational awareness of the medical status.
- (11) An evaluation of how to improve medical care for recruits.

The DoD OIG Evaluations Component conducted this review and developed the following responses to the National Defense Authorization Act questions.

Scope and Methodology

To answer the National Defense Authorization Act questions, we evaluated the deaths of recruits that occurred from January 1, 2015, through December 31, 2019.¹ We obtained and reviewed documents related to the recruit deaths from the Office of the Armed Forces Medical Examiner and the Military Services, including death certificates, electronic medical records, and command and medical investigations and reviews.

In addition, we reviewed the current medical protocols that were in place at the training bases, including the following:

- DoD Instruction 5154.30, “Armed Forces Medical Examiner System (AFMES) Operations,” December 29, 2015, Incorporating Change 1, December 21, 2017
- DoD Instruction 6055.06, “DoD Fire and Emergency Services (F&ES) Program,” October 3, 2019
- U.S. Army Training and Doctrine Command (TRADOC) Regulation 350-6, “Enlisted Initial Entry Training Policies and Administration,” August 9, 2019
- U.S. Navy Recruit Training Command (NAVCRUITRACOM) Manual 1552.1A, “Recruit Training Manual,” October 11, 2019
- Marine Corps Recruit Depot San Diego, Depot Order 1510.32A, “Recruit Training Order,” August 22, 2019
- Marine Corps Recruit Depot Parris Island, Depot Order 1513.6G, “Recruit Training Order,” January 9, 2019, Incorporating Change 1, March 29, 2019
- Marine Corps Recruit Depot Parris Island, Depot Order 6200.2R, “Heat Injury Prevention Program,” June 7, 2019
- 737th Training Group Operating Instruction 36-3, “Basic Military Training (BMT),” December 1, 2019
- 737th Training Group Operating Instruction 48-151, “Thermal Injury/USAF Basic Military Training (BMT) Heat Stress Prevention,” May 2, 2019

We conducted site visits to the following recruit training centers (RTCs).

- Fort Benning, Georgia
- Fort Jackson, South Carolina
- Naval Station Great Lakes, Illinois
- Marine Corps Recruit Depot San Diego, California
- Marine Corps Recruit Depot Parris Island, South Carolina
- Joint Base San Antonio-Lackland, Texas

¹ For this project, we defined recruits as enlisted personnel from the time they arrive at a Military Service recruit training center until the time they graduate from basic training or separate from training.

During the site visits, we conducted 117 interviews and group sensing sessions. Specifically, we interviewed the RTC commanders and their staffs; recruits, instructors, instructors’ supervisors, and instructors at the instructors’ school; medical personnel at the hospitals, clinics, annexes, and training sites; receiving personnel for initial processing before start of recruit training; and recruit administration staff at the RTCs we visited. We also toured the RTCs and observed the military treatment facilities (MTFs), sick call clinics, physical training, weapons range, dining facilities, and barracks.

Background

The Military Services process soldiers, sailors, marines, and airmen for enlistment into military service through 65 Military Entrance Processing Stations (MEPS) located around the country. The MEPS determine whether applicants are qualified for enlistment based on standards set by each of the Services, which includes medical examinations, to help ensure the applicants can meet the physical challenges of basic training and military service. After processing through a MEPS station, the respective Military Service sends its newly enlisted members to one of eight RTCs, located on the installations shown in Table 1, for basic training.²

Table 1: Installations With a Recruit Training Center

Military Service	Installations With a Recruit Training Center
Army	<ul style="list-style-type: none"> • Fort Benning, Georgia • Fort Jackson, South Carolina • Fort Leonard Wood, Missouri • Fort Sill, Oklahoma
Navy	<ul style="list-style-type: none"> • Naval Station Great Lakes, Illinois
Marine Corps	<ul style="list-style-type: none"> • Marine Corps Recruit Depot San Diego, California • Marine Corps Recruit Depot Parris Island, South Carolina
Air Force	<ul style="list-style-type: none"> • Joint Base San Antonio-Lackland, Texas

Source: DoD OIG, based on Military Services data.

² Each Military Service has its own title for Basic Training: Army – Basic Combat Training; Navy – Recruit Training; Marine Corps – Recruit Training; and Air Force – Basic Military Training.

Responses to the Questions in Section 566 of the National Defense Authorization Act of FY 2020

(1) The number of recruits who died during basic training in the 5 years preceding the date of the report.

During the past 5 years, from January 1, 2015, through December 31, 2019, the four Military Services conducted basic training for over one million recruits at the eight RTCs, and the Services reported that 18 recruits died during basic training: Army - 12; Navy - 2; Marine Corps - 3; and Air Force - 1. Four of the Army deaths occurred off installations and are not included in the responses to questions 3 through 11 below. See Table 2 for the number of recruits who died during basic training from January 1, 2015, through December 31, 2019.

Table 2. Number of Recruits Who Died During Basic Training From January 1, 2015, Through December 31, 2019

Military Service	Number of Recruits Trained	Number of RTCs	Number of Deaths	Number of Deaths Off-Installation	Number of Deaths On-Installation
Army	498,618	4	12	4	8
Navy	193,292	1	2	0	2
Marine Corps	166,625	2	3	0	3
Air Force	185,863	1	1	0	1
Total	1,044,398	8	18	4	14

Source: DoD OIG, based on Military Services data.

(2) The causes of deaths described in (1).

The following is a summary of the causes of the 18 recruit deaths in the past 5 years. Four deaths occurred off-installation after the recruits went on leave status. One was from a motor vehicle accident while returning from leave. Two were from illicit drug overdoses. One was from a gunshot wound to the head.

Fourteen deaths occurred on-installation. Two were from motor vehicle accidents during training. One death occurred by suffocation (asphyxia). Eight were from pre-existing cardiac, central nervous system, or metabolic conditions that were not evident upon routine entry screening and were detected only on autopsy. One was from chest trauma from a fall. One was from a probable heat injury. One was from infectious myocarditis.

Table 3 shows the causes of death reported in the 18 individuals' death certificates or autopsy reports.

Table 3. Causes of Death

Year of Death	Cause of Death
2015	Blunt Trauma of the Chest / Motor Vehicle Crash
2015	Anomalous Origin of the Left Main Coronary Artery
2016	Cocaine and Presumed Opioid Intoxication
2016	Acute Bronchopneumonia with Bacteremia / Probable Sepsis
2016	Cerebellar Herniation / Cerebral Edema / Cerebral Mass
2016	Blunt Trauma to Torso
2017	Blunt Force injuries / Being Struck by a Motor Vehicle
2017	Asphyxia by Hanging
2017	Multiple Blunt Force Injuries to Torso
2018	Cardiopulmonary Arrest / Acute Respiratory Distress Syndrome / Cardiogenic Shock / Anoxic Brain Injury
2018	Combined Drug Toxicity
2019	Dilated Cardiomyopathy
2019	Complications of Maple Syrup Urine Disease
2019	Cardiac Arrest / Cardiac Arrhythmia
2019	Complications of Hyperthermia and Hyponatremia
2019	Exertional Rhabdomyolysis
2019	Probable Cardiac Arrhythmia / Myocarditis
2019	Gunshot Wound of Head

Source: DoD OIG, based on death certificates and autopsy reports.

(3) The types of medical treatment that was provided to recruits described in (1).

During the time period from January 1, 2015, through December 31, 2019, the Military Services reported 18 recruit deaths. Four of 18 deaths occurred off installations and are not included in this section. The remaining 14 recruit deaths that occurred on the installations received the following medical treatment.

Two deaths occurred from a military motor vehicle accident during training. The instructors provided first aid until ambulances arrived.³ One recruit was transported to a local hospital emergency department, but died from his injuries during the ambulance transport. The other had fatal injuries and was not transported to the hospital.

Four recruit deaths occurred when the recruit collapsed during physical training. Resuscitative efforts were started on all four and were continued by the ambulance crews.⁴ Resuscitation efforts continued in the emergency department of the hospital but were unsuccessful.

One recruit death occurred by suffocation (asphyxia). Cardiopulmonary Resuscitation (CPR) was started by the instructors within minutes of the recruit being found and continued until the ambulance arrived. Resuscitation efforts were continued by the ambulance crew and at the emergency department, but were unsuccessful.

Two deaths occurred at night in the barracks due to illness. Both recruits were identified in their bunks by other recruits who observed that they were not breathing. The recruits promptly summoned the instructors, and the instructors administered first aid and CPR until ambulances arrived. Resuscitation efforts continued in the ambulance and the emergency department. One recruit died in the emergency department and one was admitted to the Intensive Care Unit (ICU) but died about 36 hours later.

One recruit sustained life threatening injuries due to blunt force trauma to the torso. He received first aid and buddy care from his instructors until an ambulance arrived. He was resuscitated while being transported to the local civilian hospital, then was transported by helicopter to a civilian trauma center. He was taken directly to the operating room where he died while undergoing emergency surgery.

One recruit was evaluated in the emergency department on the installation and was returned to the barracks on quarters, with instructions to follow up in 72 hours.⁵ He returned to the installation emergency department about 36 hours later and was admitted to the ICU. His medical condition deteriorated and he was transferred to a civilian hospital with a higher level of care. He died about 7 hours after being admitted to the civilian hospital.

One recruit went to sick call, reporting that he had headaches for 2 to 3 weeks and 2 days of vomiting. The recruit was prescribed medication, placed on quarters for 24 hours, and instructed to follow up the next day at sick call. The recruit went to sick call the next day, where a computerized tomography (CT) scan was performed. Based on the CT scan results,

³ Army Training Circular No. 4-02.1, "First Aid," January 21, 2016, Incorporating Change 2, December 7, 2018, defines first aid (self-aid and buddy aid) as urgent and immediate lifesaving and other measures that can be performed for casualties (or performed by the casualty himself) by nonmedical personnel when medical personnel are not immediately available.

⁴ For two cases, the medical personnel on site initiated CPR. For one case, the instructor on site initiated CPR. For another case, the documents provided did not specify who initiated CPR.

⁵ According to DoD Instruction 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, Incorporating Change 3, May 19, 2016, sick-in-quarters (quarters status) is defined as a period of authorized absence where the member is excused from duty for medical treatment or medically directed self-treatment, in home, barracks, or other non-hospital facilities.

the recruit was admitted to a local civilian hospital for further evaluation, including another CT scan and magnetic resonance imaging. While at that hospital, his condition rapidly deteriorated and he died 3 days after admission.

One recruit was seen twice in sick call, 5 days apart, and was subsequently undergoing discharge from the Service due to his medical condition (flat feet and dizziness due to low blood sugar). He returned to the emergency department 2 weeks after his second visit, with worsening symptoms. His medical condition rapidly deteriorated, and he was transferred to a civilian hospital with a neurological ICU, where he died 2 days after being admitted.

One recruit experienced dizziness while doing physically demanding field training. On immediate evaluation by his training instructor, he was found to have an elevated body temperature and was placed in ice sheets until an ambulance arrived. He was transported to the installation emergency department, where his condition rapidly deteriorated. He was then transferred to a civilian facility with an ICU, where his condition did not improve. He died 4 days after admission to the ICU.

(4) Whether any of the deaths identified under (1) were found to be a result of medical negligence.

None of the deaths identified under (1) were reported to be a result of medical negligence. The information on the deaths were reported to us by the following officials:

- Fort Benning, Georgia: Department Chief of Warrior Care at Benning Martin Army Community Hospital, responding for Internal Review & Audit Compliance at the U.S. Army Office of the Surgeon General and Medical Command;
- Fort Jackson, South Carolina: Medical Director of McWethy Troop Medical Clinic, responding for Internal Review & Audit Compliance at the U.S. Army Office of the Surgeon General and Medical Command;
- Fort Leonard Wood, Missouri: Deputy Commander of Health Readiness at General Leonard Wood Army Community Hospital, responding for Internal Review & Audit Compliance at the U.S. Army Office of the Surgeon General and Medical Command;
- Fort Sill, Oklahoma: Deputy Chief of Staff for Clinical Services at Reynolds Army Health Clinic, responding for Internal Review & Audit Compliance at the U.S. Army Office of the Surgeon General and Medical Command;
- Naval Station Great Lakes, Illinois: Commanding Officer of Navy Recruit Training Command;
- MCRD San Diego, California, and MCRD Parris Island, South Carolina: Assistant Chief of Staff of G3 Operations at Marine Corps Training and Education Command; and
- Joint Base San Antonio-Lackland, Texas: Air Force 559th Medical Group Commander.

(5) to (7) A description of medical capabilities, personnel, resources at the company level, and 24-hour care available to the recruits at each facility.

For this report, we defined medical resources as medical personnel, medical material (equipment and consumable supplies), medical facilities, medical information, and patient movement resources within the DoD; and medical capability as the medical services available. We visited six of the eight installations that had RTCs. Each installation had supporting MTFs with varying capabilities, personnel, resources, and emergency medical services (EMS) available to the recruits.

DoD Instruction 6040.45 defines an MTF as a military facility established for the purpose of furnishing medical care to eligible individuals.⁶ The Military Health System defines MTFs as the military hospitals and clinics located on military bases and posts around the world. The MTFs for all Services are staffed by medical providers, behavioral health providers, nurse practitioners, physician assistants, medical technicians, laboratory technicians, healthcare specialists, and hospital administration staff, among others. The following sections describe the medical support resources available at the eight RTCs.

Medical Support on Four Army Installations With RTCs

Fort Benning, Georgia

- The 30th Adjutant General Battalion (Reception) Medical Clinic provided behavioral health and outpatient medical services to recruits who were not yet assigned to a training brigade.
- The Winder Troop Medical Clinic and the Harmony Church Troop Medical Clinic offered the recruits sick call, immunizations, laboratory, pharmacy, radiology, and physical therapy services. Recruits who needed additional medical services were referred to the Martin Army Community Hospital.
- The Martin Army Community Hospital provided sick call, immunizations, laboratory, pharmacy, radiology, and physical therapy services at both troop medical clinics, and an inpatient capability with ICU and surgical specialties. The Martin Army Community Hospital was open 24 hours a day, 7 days a week. In addition, the emergency department provided after-hours emergency care and 24-hour emergency medical transport. The Martin Army Community Hospital had 10 ambulances assigned covering 3 shifts, 24 hours a day, 7 days a week. Eight of the ambulances directly supported the MTFs on Fort Benning. The hospital maintained staff for four ambulances during the day and evening shifts and three ambulances during the night shift.

⁶ DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, Incorporating Change 1, April 11, 2017.

- The Martin Army Community Hospital assigned 20 athletic trainers to support five recruit training brigades at Fort Benning. The athletic trainers provided management of musculoskeletal injuries, injury surveillance and prevention, and medical coverage for high risk training events, such as the confidence course and foot marches.
- The Army Training and Doctrine Command reported that TRADOC Regulation 350-6 required RTC Commanders to conduct a risk assessment of all training events and provide the MTF with appropriate medic support requirements for training events. Medical personnel reported that staff duty personnel or ambulance services transported recruits who required medical care at night to the emergency department at Martin Army Community Hospital.

Fort Jackson, South Carolina

- The 120th Adjutant General Battalion Reception Medical Clinic provided laboratory, hearing, vision, immunizations, primary care, and sick call services.
- The McWethy Troop Medical Clinic provided sick call, behavioral health, diagnostic imaging, general practice, peer support, pharmacy dispensary, physical medicine and rehabilitation, and radiography services.
- The Moncrief Army Health Clinic provided additional specialty care, such as bone scanning, gynecology, preventive medicine screening, and referral management services. The Moncrief Army Health Clinic also provided 24 hour emergency medical services and transportation to all Fort Jackson recruits.
- The Moncrief Army Health Clinic assigned nine athletic trainers to the training brigades at Fort Jackson. The battalion commanders reported that each training battalion had athletic trainers assigned who evaluated the recruits to identify if the recruit's complaint was a musculoskeletal issue or if the recruit needed to go to sick call for other reasons.
- Fort Jackson had a sick-in-quarters facility located between the Moncrief Army Health Clinic and the McWethy Troop Medical Clinic used for recruits on 24 to 48 hours sick-in-quarters. The training brigade managed this facility and assigned drill sergeants to provide coverage and accountability of the sick recruits 24 hours a day, 7 days a week. The common medical reasons for recruits to be given sick-in-quarters were the flu, hip injuries, and dental procedures. Because of the close proximity to both clinics, recruits were able to go to sick call and follow-up appointments on their own.
- According to Moncrief Army Health Clinic, Emergency Medical Services had ambulances available for recruits 24 hours a day, 7 days a week. Fort Jackson had 24 paramedics and 5 emergency medical technicians who staffed three ambulances on the day shift and two ambulances on the night shift. Recruits would be transported to an off-base emergency department because Moncrief Army Health Clinic did not have an emergency department or urgent care clinic.

Fort Leonard Wood, Missouri

- The Richard G. Wilson Troop Medical Clinic provided primary care to recruits. Services available were physical examinations, physical therapy, occupational therapy, radiology, pharmacy, laboratory, overseas readiness preparedness, and soldier medical readiness assessments and physicals.
- The General Leonard Wood Army Community Hospital provided inpatient and EMS 24 hours a day, 7 days a week, and outpatient services Monday through Friday. Healthcare services available to recruits were acute and follow-up care services, physical examination services, optometry, orthopedics, and physical therapy. The General Leonard Wood Army Community Hospital had five ambulances, with up to two crews available, to support EMS on base.
- On Fort Leonard Wood, the training units assigned seven athletic trainers to provide musculoskeletal care to recruits. As part of the Training and Doctrine Command Organic Medical Structure pilot program, the 3rd Chemical Brigade had a physical therapist and a physician assistant and the 2-10 Infantry Battalion had three medics. Additionally, a mobile medic who was connected via telehealth to a provider at the Combined Troop Medical Clinic was a health asset used in a field setting.

Fort Sill, Oklahoma

- The Sergeant David Bleak Troop Medical Clinic provided health care for recruits. Clinic hours of operations were Monday through Friday 6:00 a.m. to 4:30 p.m.
- The Reynolds Army Health Clinic provided outpatient care, advanced rehabilitative services, and an urgent care clinic. The urgent care clinic hours of operations were Monday through Friday from 4:00 p.m. to 9:00 p.m., and Saturday and Sunday from 7:00 a.m. to 7:00 p.m. Behavioral health was available on call during urgent care clinic hours.
- The Reynolds Army Health Clinic assigned four athletic trainers to the training brigades, two athletic trainers to the 434th Field Artillery Brigade, and two athletic trainers to the 428th Field Artillery Brigade. In addition, they had senior medics that served as liaisons to communicate between the brigades and the Troop Medical Clinic. The Forward Multi-Disciplinary Clinic provided behavioral services to recruits in training.
- The Reynolds Army Health Clinic had three ambulances staffed by nine paramedics and two emergency medical technicians. This resulted in staffing for one ambulance per shift. The staff was located at the clinic for transportation of recruits to off post facilities and emergency departments. After hours care was supported by two network emergency departments in Lawton, Oklahoma – Comanche County Memorial Hospital and Southwestern Medical Center.

Medical Support on One Navy Installation With an RTC

Naval Station Great Lakes, Illinois

- The USS Tranquility Branch Medical Clinic Recruit Training Command provided sick call, primary care, treatment room, sports medicine and rehabilitative therapy, special physicals, medical records, mental health, and recruit evaluation services.
- The Captain James A. Lovell Federal Health Care Center operated 24 hours a day, 7 days a week for emergency and inpatient operations. Healthcare services available to the recruits were sick call, primary and specialty care, inpatient and observation care, and emergency care.
- The RTC had four contract athletic trainers who started working at the RTC on September 30, 2019. The RTC did not have any athletic trainers assigned prior to that.
- The RTC considers physical conditioning and testing activities high risk activities; therefore, two hospital corpsmen were required to be available during the baseline Physical Readiness Test, Recruit Division Commander Assessment, and the final Physical Readiness Test. Safety observers (qualified in CPR, Automated External Defibrillator (AED), and oxygen administration) were required at every instructor-led event. Hospital corpsmen were assigned throughout the base during all physical training events that included running, and they were equipped with an AED and oxygen. A safety vehicle with an AED, oxygen, and hospital corpsman was required to be present when physical training was conducted outside.
- Navy Medicine, Bureau of Medicine and Surgery reported that Navy MTFs at Naval Station Great Lakes used the Naval Station Great Lakes Federal Fire and Emergency Services for emergency transport of recruits. The fire department had three ambulances and one specialty vehicle available 24 hours a day, 7 days a week. Each ambulance was manned by two personnel who were both advanced life support-qualified.

Medical Support on Two Marine Corps Installations With RTCs

Marine Corps Recruit Depot, San Diego, California

- The Naval Branch Health Clinic, Marine Corps Recruit Depot (MCRD) operated under the Naval Medical Center San Diego and provided primary care, acute care, X-ray, pharmacy, laboratory, optometry, audiology, and mental health to recruits at MCRD San Diego. When the recruits were training at Marine Corps Base Camp Pendleton, the recruits received their medical care at the 31st Area Branch Health Clinic, which was subordinate to the Naval Hospital Camp Pendleton.
- The Naval Medical Center San Diego offered a hospital and ambulatory complex, operating rooms, and primary care clinics for active duty and family care. The Naval Medical Center San Diego had the following services available: behavioral health; surgery; CT scan; ear, nose, and throat; electroencephalogram, electrocardiogram,

and electromyogram lab; gynecology; inpatient unit; magnetic resonance imaging; a medical intensive care unit; ophthalmology; orthopedic; outpatient clinics; radiology; and ultrasound.

- The Training and Education Command reported that both MCRD San Diego and 31st Area Branch Health Clinic had a sports medicine and injury prevention program staffed by Marine Corps certified athletic trainers. The athletic trainers provided injury prevention education, and primary and secondary injury prevention measures, that included immediate care of recruits who had sustained musculoskeletal injuries. Additionally, MCRD San Diego also had a Navy Sports Medicine and Rehabilitation Therapy Clinic staffed by U.S. Navy medical providers and contracted certified athletic trainers who performed rehabilitation therapy on injured recruits. One sport medicine injury prevention certified athletic trainer was assigned as support staff to each training battalion, support battalion, and drill instructor school. Two sport medicine injury prevention certified athletic trainers were assigned to the Weapons and Field Training Battalion.
- Each recruit training battalion had an independent duty corpsman assigned through the clinic to assist with clinical care of the respective recruit companies. The independent duty corpsman was present at the Initial Strength Test to perform an Initial Strength Test screening and remained present throughout the test. During this test, the independent duty corpsman had a radio to allow for constant and immediate contact with the battalion medical officer for questions or concerns. Each corpsman had a pack with medical equipment and supplies. For hiking events, there was a duty vehicle to transport injured recruits to the clinic. The corpsman called the Federal Fire Department if the recruit was unable to be stabilized for transportation to the clinic, the injury was severe, or if direct management with a higher echelon of care was required.
- According to the Training and Education Command, the Navy Region Southwest Federal Fire Department provided 24 hours a day, 7 days a week EMS coverage with one advanced life support ambulance stationed at MCRD San Diego. The ambulance transported recruits to the Naval Hospital San Diego, which had EMS available 24 hours a day, 7 days a week. There was no emergency department available on MCRD San Diego. If necessary, Navy Region Southwest dispatched an ambulance from another location to provide coverage for MCRD San Diego.

Marine Corps Recruit Depot, Parris Island, South Carolina

- Branch health annexes were located at each of the four active training Battalions at MCRD Parris Island. The branch health annexes provided basic medical care and injury prevention at the battalion level to minimize recruits' lost training days due to illnesses or injuries. The four branch health annexes were manned with a battalion medical officer or an independent duty corpsman, and general duty corpsmen. Two additional branch health annexes, one located at the Weapons and

Field Training Battalion and one located at the Crucible, were manned when needed.⁷ Recruits requiring minor medical procedures were referred to the Branch Health Clinic Parris Island for further care unless directed otherwise by the acute care area medical provider or the senior medical officer. The hours of operations were Monday through Saturday from 5:00 a.m. to midnight, and Sundays and holidays from 8:00 a.m. to 8:00 p.m.

- The Naval Hospital Beaufort provided general medical, surgical, and urgent care services to all active duty Navy and Marine Corps personnel, as well as retired military personnel and military dependents residing in the Beaufort area.
- MCRD Parris Island had a Sports Medicine and Injury Prevention program staffed by Marine Corps certified athletic trainers to decrease attrition and lost training days associated with musculoskeletal injuries. The certified athletic trainers were responsible for injury prevention (education), recognition, assessment, field treatment, and rehabilitation of injuries sustained in recruit training. There was one certified athletic trainer at each of the training battalions and one at the support battalion.
- The Parris Island Fire and Emergency Services provided emergency medical transportation for recruits at MCRD Parris Island 24 hours a day, 7 days a week. The Parris Island Fire and Emergency Services had four ambulances available and staffed three ambulances per shift. There was no emergency department available on MCRD Parris Island. All recruits are transported off base to Beaufort Memorial Hospital.

Medical Support on Joint Base San Antonio, Texas, at One Air Force RTC

Joint Base San Antonio-Lackland

- The Reid Health Services Center (559th Medical Group) is comprised of 19 departments, including medical processing, pharmacy, clinical labs, and radiology. It provided healthcare services that include flight medicine, immunizations, laboratory, mental health, optometry, pharmacy, sports medicine, and radiology to basic and technical training members. Hours of operations were Monday through Friday from 6:30 a.m. to 3:30 p.m. and Saturday from 7:00 to 11:00 a.m.
- Wilford Hall Ambulatory Surgery Center provided emergency care, laboratory, pharmacy, radiology, specialty and subspecialty medicine, and surgical care. Inpatient services were available at the San Antonio Military Medical Center at nearby Joint Base San Antonio-Fort Sam Houston.

⁷ The Crucible Branch Health Annex was staffed with a medical provider and Hospital Corpsmen on a 24-hour basis during the 54-hour Crucible training event to provide medical coverage. The Crucible is a graduation requirement and a major milestone in the development of basic training for Marines. It is a 54-hour endurance event comprised of numerous warrior stations, designed to test each recruit on individual skills previously acquired during basic warrior training; two nighttime events intended to challenge each recruit physically; and three Core Value discussions to engage recruits mentally.

- There were 10 independent duty medical technicians assigned to the 737th Training Support Squadron to serve recruits within the nine 737th Training Group training squadrons. In addition, the 559th Medical Group Commander reported that there were five athletic trainers to support physical training sessions in each of the squadrons, and a registered dietician that provided consultation to the staff.
- According to the 737th Training Group, there was an independent duty medical technician and one athletic trainer overseeing every physical training session. Independent duty medical technicians also supported the Basic Expeditionary Airman Skills training.
- Wilford Hall Ambulatory Surgical Center Family Emergency Center was available to recruits 24 hours a day, 7 days a week. The Family Emergency Center had seven ambulances available, staffed with a minimum of three in the day shift and two in the night shift.

(8) An evaluation of the guidelines and resources in place to monitor sick recruits.

We did not evaluate the adequacy of the guidelines and resources in place to monitor sick recruits. Our review identified the following guidelines and resources in place to monitor sick recruits at each of the RTCs.

Army Enlisted Initial Entry Training Sites at Fort Benning, Georgia, and Fort Jackson, South Carolina

The U.S. Army has a total of four enlisted initial entry training locations (referred to as RTCs): Fort Jackson, South Carolina; Fort Benning, Georgia; Fort Sill, Oklahoma; and Fort Leonard Wood, Missouri. We visited the RTCs at Fort Benning and Fort Jackson. U.S. Army Training and Doctrine Command (TRADOC) Regulation 350-6 established policies and procedures for conducting enlisted initial entry training.⁸

The team observed that both RTCs had the resources necessary to fulfill the requirements prescribed in TRADOC Regulation 350-6. The regulation included risk assessments for training events, appropriate medical personnel present at specifically identified training events (usually high risk events), availability of on-site medical treatment during field training and physical training, and monitoring sick recruits. We observed that both RTCs conducted risk assessments for training events, we interviewed medical personnel present at specific training events, and we observed methods used to monitor sick recruits. Recruits at Fort Jackson identified as sick or needing isolation were housed in a separate barracks adjacent to the Moncrief Army Health Clinic located at Fort Jackson.

⁸ U.S. Army Training and Doctrine Command (TRADOC) Regulation 350-6, "Enlisted Initial Entry Training Policies and Administration," August 9, 2019.

TRADOC Regulation 350-6 provided direction to staff and cadre at training locations regarding safety and care of trainees and issued guidance to installations supporting training on specific medical protocols, including required training for staff and cadre on topics such as suicide prevention, safety and risk management, combat lifesaver training certification and utilization, injury prevention measures, prevention of communicable illnesses, and personal health and hygiene.⁹ The regulation also includes references to other regulations and instructions that cover safety and health subjects for soldiers, including trainees.

Navy Recruit Training Site at Naval Station Great Lakes, Illinois

The U.S. Navy has one basic military training location at Naval Station Great Lakes at Great Lakes, Illinois. The Naval Service Training Command and the Navy Recruit Training Command are responsible for Navy recruit training. The RTC issued recruit training policies and procedures in Navy Recruit Training Command Manual 1552.1A (NAVCRUITRACOM M-1552.1A).¹⁰

The team observed that the Navy RTC had the resources necessary to fulfill the requirements prescribed in NAVCRUITRACOM-M 1552.1A. The manual included the requirement for appropriate medical personnel to be present at specifically identified training events, availability of on-site medical treatment during physical training, and monitoring of sick recruits. We observed that the RTC conducted risk assessments for training events, we interviewed medical personnel present at specific training events, and we observed methods used to monitor sick recruits. Other Navy instructions direct safety requirements and risk management for specific training events.¹¹

NAVCRUITRACOM M-1552.1A directs staff and cadre in safety, health, and personal conduct with respect to recruits. It also includes protocols for medical procedures, dental procedures, personal health and hygiene, and sick call. Additional guidance is provided in other references that address safety and physical fitness assessments and instructions to cover topics such as CPR, AED, and an Oxygen Training Program.

We observed that sick recruits are either separated from the other recruits in the same squad bay or moved to an empty squad bay close by. If the sick recruit is moved to an adjacent squad bay, an individual is assigned to monitor the recruit, and that monitor is always supervised by a Senior Drill Instructor or Recruit Division Commander. Additional resources to support sick recruits, including hospitals, clinics, and health annexes that support recruit training, as well as the medical professionals that operate the MTFs, are discussed in responses to questions 5 through 7.

⁹ TRADOC Regulation 350-6 defines cadre as all military, permanent party members, or civilian personnel that command, supervise, instruct, train, or directly support recruits.

¹⁰ Navy Recruit Training Command Manual 1552.1A, "Recruit Training Manual," October 11, 2019 (NAVCRUITRACOM M-1552.1A).

¹¹ Navy Recruit Training Command Instruction 1513.3B, "Recruit Training Command High Risk/Moderate Risk Training," 2019; Chief of Naval Operations Instruction 1500.75D, "Policy and Governance for Conducting High Risk Training," August 10, 2017; Naval Service Training Command Instruction 1500.13B, "Naval Service Training Command Training Safety Program," September 27, 2019.

Marine Corps Recruit Training Sites at Marine Corps Recruit Depot, San Diego, California, and Marine Corps Recruit Depot, Parris Island, South Carolina

The Marine Corps has two MCRDs: MCRD San Diego, California, and MCRD Parris Island, South Carolina. The Marine Corps Training and Education Command and the MCRDs are responsible for Marine basic training. The Commandant of the Marine Corps issued Marine Corps Order 1510.32F, which states that MCRDs should mirror recruit training between the Depots to the greatest extent possible given differences in geography and facilities, and develop local standardized operating procedures (SOPs) or Recruit Training Orders (RTOs) on the conduct of recruit training at their respective Depot.¹²

The team observed that MCRDs had the resources to fulfill the requirements in Marine Corps Order 1510.32F. The order recognizes that there will be differences between the two recruiting training depots simply due to geographic location. The MCRDs in turn, issued their own Recruit Training Orders and standard operating procedures for conducting recruit training. The orders and standard operating procedures include detailed information regarding operations, medical care, and protocols for recruits during their training.

The Recruit Training Orders described protocols for medical procedures, dental procedures, personal health and hygiene, and sick call. Other guidance provided is contained in the Depot Orders “Range Safety,” “Dental Health and Operational Readiness Program,” “Force Preservation (Safety) Program,” and “Marine Corps Physical Fitness and Combat Fitness Tests (PFT/CFT).”¹³ Depot Order 1513.6G and Depot Order 1510.32A (for MCRDs Parris Island and San Diego) provide guidance that direct staff and cadre at training locations in the execution of safety and health protocols. For example, Depot Order 1513.6G addresses safety and the physical fitness program and provides more detailed direction to the training enterprise described in Depot Order 5100.16F, Depot Order 11320.1, and Depot Order 6200.2R.¹⁴

Additional resources to support sick recruits include hospitals, clinics, and health annexes that support recruit training, as well as the medical professionals that operate the MTFs.

¹² U.S. Marine Corps Order 1510.32F, “Recruit Training,” December 20, 2012.

¹³ Marine Corps Order 3570.1C, “Range Safety,” January 30, 2012; Depot Order 6620.3K, “Dental Health and Operational Readiness Program,” June 5, 2017; Depot Order 5100.16F, “Force Preservation (Safety) Program,” September 21, 2007; and Marine Corps Order 6100.13A, “Marine Corps Physical Fitness and Combat Fitness Tests (PFT/CFT),” January 17, 2018, Incorporating Change 2, December 30, 2019.

¹⁴ Depot Order 5100.16F, “Force Preservation (Safety) Program,” September 21, 2007; Depot Order 11320.1, “Standard Operating Procedures (SOP) for Automated External Defibrillators (AED),” July 16, 2012; and Depot Order 6200.2R, “Heat Injury Prevention Program,” June 7, 2019.

Air Force Basic Military Training at Joint Base San Antonio–Lackland (JBSA-Lackland), Texas

The U.S. Air Force has one basic military training location at Joint Base San Antonio–Lackland, Texas. The Air Education and Training Command, the 37th Training Wing, and the 737th Training Group were responsible for basic military training. The 737th Training Group issued 737th Training Group Operating Instruction 36-3 (737 TRGOI 36-3) to provide guidance on recruit training at this location.¹⁵

The team observed that the Air Force RTC had the resources necessary to fulfill the requirements prescribed in 737 TRGOI 36-3. The instruction provided detailed information regarding delivery of medical services and medical protocols, including monitoring for sick trainees during their training. It prescribed required training and specific protocols for staff and cadre on suicide prevention, safety and risk management, personal health and hygiene, and medical care protocols.

737 TRGOI 36-3 issued guidance for staff and cadre, as well as trainees, on specific medical protocols, and medical training for staff and cadre as described above. The instruction includes protocols regarding Tactical Combat Casualty Care training certification and utilization, injury prevention measures, and personal health and hygiene. In addition, the Reid Health Services Center and Wilford Hall Ambulatory Surgical Clinic Family Emergency Center provided emergency services, as discussed previously in this memorandum. Specifically, JBSA–Lackland’s RTC used an excess dormitory as space to support recuperation, rehabilitation, and isolation of sick trainees.

(9) An evaluation of how supervisors evaluate and determine whether a sick recruit should continue training or further seek medical assistance.

According to RTC policies across all DoD Military Services, recruit supervisors comprise the commanders, instructors, and training cadre.¹⁶ We observed that supervisory evaluations to determine whether a recruit should continue training began as soon as the recruits arrived at the RTCs. Instructors identified recruits who needed to be seen by medical personnel and, if necessary, ordered the recruit to go to sick call or the emergency department. Medical providers determined whether a recruit could continue training or be put on a limited or reduced duty status due to injury or illness.

¹⁵ 737th Training Group Operating Instruction 36-3, “Basic Military Training,” December 1, 2019.

¹⁶ According to Training and Doctrine Command Regulation 350-6, “Enlisted Initial Entry Training Policies and Administration,” August 9, 2019; U.S. Navy Recruit Training Command Manual 1552.1A, “Recruit Training Manual,” October 11, 2019; MCRD San Diego Depot Order 1510.32A, “Recruit Training Order,” August 22, 2019; MCRD Parris Island Depot Order 1513.6G, “Recruit Training Order,” January 9, 2019; and 737th Training Group Operating Instruction 36-3, “Basic Military Training,” December 1, 2019.

Medical Screening During In-Processing

According to RTC policies, new recruits immediately started Service-specific medical and administrative processing by personnel in reception before joining a training company. Recruit in-processing included medical screening, security background, pay and benefits, military briefs, and other pertinent information required for entrance into the Military Service. During the medical screening, the recruits were also asked to provide any other relevant information regarding medical background, such as any past mental or emotional problems that might hinder or prevent their successful completion of recruit training. In accordance with RTC policies, recruits who self-identified problems, such as medical issues that were not previously disclosed, were referred to the appropriate medical personnel for further assessment. The assessment was to determine if a waiver could be issued to allow the recruit to continue or if the recruit should be dismissed from military service.

Personnel who performed recruit in-processing stated that the medical screening during in-processing identified many recruits with conditions that Existed Prior to Service (EPTS). According to the Director of J7 Medical Plans and Policy/Command Surgeon at the U.S. Military Entrance Processing Command, he was aware of the problem with recruits' non-disclosure of medical history.

Daily Evening Hygiene Checks and Morning Assembly for Sick Call

According to RTC policies, the instructors performed mandatory daily evening hygiene checks to identify illness and injury and to reduce and prevent the spread of disease. The instructors asked the recruits if any of them needed to go to sick call and created a list of recruits who needed to go to sick call the next day. The instructors asked the recruits again in the morning if any of them needed to go to sick call.

In a confidential questionnaire, we asked 334 recruits, "If you are sick, are you allowed to go to Sick Call?"¹⁷ A total of 333 recruits responded Yes and 1 recruit responded No on the questionnaire. Based on the results of the recruits' responses to the questionnaire, we concluded that recruits were aware of their ability to go to sick call if needed.

¹⁷ From January 15, 2020, to February 12, 2020, we provided a non-statistical sample of 334 recruits in the DoD a written questionnaire: Army – 133 recruits, Navy – 70 recruits, Marine Corps – 72 recruits, and Air Force – 59 recruits. At the start of every recruit sensing session at the RTCs we visited, we distributed the questionnaires with a pen for the recruits to fill out. We instructed the recruits not to write their names on the questionnaires to ensure the responses were anonymous. The sensing session started only after all the questionnaire forms were completed and collected.

Medical Assessments During Training

According to RTC policies, medical personnel supported high risk training events.¹⁸ Examples of high risk training events included weapon ranges, physical training events, and overnight field events. The medical personnel could pull a recruit aside if the recruit seemed to be injured or in distress, assess the recruit to identify the problem, and determine if further evaluation was needed. The Army instructors and selected training staff were Combat Lifesaver-certified to provide an additional medical capability in case of an emergency, while the other Service instructors were trained in CPR, AED, oxygen tanks, and basic first aid.

Medical Assessments After Duty Hours

According to RTC policies, on-duty instructors were responsible for calling emergency services after duty hours when making a determination whether a recruit should continue training or seek further medical assistance. If an instructor determined that a recruit needed to be transported due to a medical situation that in the instructor's judgement could not wait until the next scheduled sick call, an ambulance was used to bring the recruit to an emergency department for a medical evaluation by a medical provider.

(10) to (11) An evaluation of how the Secretaries of the military departments can improve medical care and increase visibility of the comprehensive medical status of a sick recruit to instructors and supervisors in order to provide better situational awareness of the medical status.

Our review identified each Military Service's procedures and methods used to identify sick recruits and inform instructors and supervisors of their status. We did not review activities at the MEPS prior to recruits' arrival at an RTC. During the project, we did not become aware of any systemic medical care or medical protocol shortfalls at the RTCs.

Methods Used to Identify Recruits' Medical Statuses

Army

The Army used the sick call slip to limit activities, recommend isolation for communicable diseases, specify reconditioning after an injury, provide up to 72 hours sick-in-quarters, and recommend follow-up visits.¹⁹ The sick or injured recruit was supervised by unit cadre until released to full duty by the medical authority.

¹⁸ Training and Doctrine Command Regulation 350-6, "Enlisted Initial Entry Training Policies and Administration," August 9, 2019; Naval Service Training Command Instruction 1500.13B, "Naval Service Training Command Training Safety Program," September 27, 2019; OPNAV Instruction 3591.1F, "Small Arms Training and Qualification," August 12, 2009; MCRD San Diego Depot Order 1510.32A, "Recruit Training Order," August 22, 2019; Battalion Order 3574.8D, "Weapons and Field Training Battalion Range Standard Operating Procedures," May 9, 2018; MCRD Parris Island Depot Order 1513.6G, "Recruit Training Order," January 9, 2019; and 737th Training Group Operating Instruction 36-2905, "Basic Military Training (BMT) Physical Training (PT) Program," July 30, 2018, Incorporating Change 1, August 30, 2018.

¹⁹ Each Military Service had its own form of sick call slip for the medical personnel to communicate with the instructors about the outcome of the sick call visit: Army – Individual Sick Slip; Navy – Individual Sick Slip; Marine Corps – Sick Call Chit; and Air Force – Temporary Duty Restriction.

Navy

The Navy used the sick call slip for limited, light duty, and sick-in-quarters status. The sick-in-quarters status automatically expired the next morning unless the medical authority scheduled a follow-up appointment. The recruit remained in sick quarters until reevaluated by the medical authority and cleared. The Navy had a roving security watch to make rounds of the berthing spaces every hour and to check on the welfare of any sick-in-quarters recruit every hour.

Marine Corps

Marine recruits who were seen by a medical authority and needed any duty restrictions returned to the barracks with a sick call slip that specified their restrictions. If on limited or light duty, the recruits wore running shoes as a visual identifier of their status. If put on bed rest or sick-in-quarters, the recruits remained in their bed until the date and time specified for release, except for periods to take care of personal hygiene and eat meals, which were eaten in the barracks. According to Marine Corps Depot Order 1510.32A and Depot Order 1513.6G, when a recruit is diagnosed with an infectious case, the medical authority should put the recruit on isolation in quarters, which required that the recruit's bed be located an additional three feet from the other beds, that the recruit use a separate sink and toilet, and, if necessary, that the recruit wear a mask.²⁰

The Marine Corps recruit training orders further state that recruits are not automatically returned to full duty from restricted duty until they are reevaluated and cleared by a medical authority unless their original medical sick call slip stated that they may return to full duty without reevaluation, which is allowed at MCRD San Diego only. MCRD San Diego additionally required recruits returning to full duty to wear a reflective belt around their waist for 3 days after returning to full duty and to have an interview each morning with a senior drill instructor. If a recruit displayed lingering symptoms during the interview or during the day, the recruit was ordered back to sick call. Furthermore, both MCRDs required recruits at high risk of heat injury to wear reflective belts (MCRD San Diego) or physical training uniforms with two white stripes on front and back (MCRD Parris Island). Both sites identified recruits with sickle cell trait or previous heat injury as high risk; MCRD San Diego added recruits on a diet or previously diagnosed with pneumonia or upper respiratory illness, while MCRD Parris Island added recruits who were obese, failed their Initial Strength Test, or had fair skin.

Marine Corps training orders require all Marine Corps recruits to be monitored by drill instructors until the end of the training day and then by recruits who performed fire-watch in the barracks on 1-2-hour shifts from the start of quiet hours in the evening until the beginning of the duty day. The training orders also require three to four recruits to maintain accountability of the sick recruits and notify the drill instructor of any fire, theft, altercations, and recruits with symptoms of extreme illness, injuries, or statements of self-harm.

²⁰ MCRD San Diego Depot Order 1510.32A, "Recruit Training Order," August 22, 2019; and MCRD Parris Island Depot Order 1513.6G, "Recruit Training Order," January 9, 2019.

In addition, the command investigator of a recruit death at MCRD Parris Island and a senior drill instructor recommended additional medical walk-through assessments in the barracks to identify medical issues, while the commanding officer and the senior reviewer of the command investigation of a recruit death at MCRD San Diego recommended a duty corpsman be available after hours to advise company staff on which recruit illness symptoms may constitute a medical emergency and call for emergency medical evacuation by ambulance, as not every recruit illness warranted ambulance evacuation.

Air Force

The military training instructor is responsible for monitoring the medical provider's treatment plan when a recruit returned from the MTF, with a focus on the recruit's duty status and prescribed medications. The instructor briefed the recruit on the temporary duty restriction waiver conditions and its effect on the recruit's performance in the flight. The waiver expired automatically at midnight on the expiration date. Air Force 737th Training Group Operating Instruction 36-3 states that, if a recruit is diagnosed with a respiratory infection with fever, the recruit is sent back to the squadron and placed on sick-in quarters and bed rest.²¹ The recruit is then housed in an adjacent area under infection control practices, which includes wearing a mask at all times while indoors and frequent hand washing. In accordance with training orders, the ill recruits may eat in the dining facility as long as they sit at least 3 feet away from non-ill recruits. Training orders require that recruits who are sickle cell trait positive be identified with a red medical alert tag worn on the recruit's dog tag chain.

The DoD Used the Council on Recruit Basic Training to Share Medical Care Best Practices Among Recruit Training Centers

Currently, the DoD has a forum in the Council on Recruit Basic Training (CORBT) where basic and technical training ideas are discussed and shared. According to the CORBT's charter, the council addresses common issues in recruit basic military and technical training, with the goal of sharing ideas, lessons learned, and procedures which can be independently employed to improve entry-level service training programs.

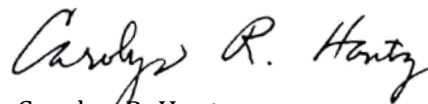
The CORBT consists of an Executive Board, which includes Training Chiefs and the O-6 (Colonel) Council, with representatives from all Military Services. According to the CORBT's charter, the Executive Board meets once per year, or as needed, and reviews ongoing issues of interest. The CORBT's charter also states that the O-6 CORBT meets via teleconference quarterly, and prepares, presents, and discusses ongoing issues of interest and recommends future issues and action items for consideration by the Executive Board.

The CORBT addresses medical issues as well. We reviewed the 2019 CORBT meeting minutes and found that medical topics were discussed during the CORBT Executive Board meeting and each of the quarterly O-6 Council meetings. For example, the CORBT Executive Board

²¹ Air Force 737th Training Group Operating Instruction 36-3, "Basic Military Training," December 1, 2019.

sent a request to the Accessions Medical Standards Working Group on October 2, 2019, to recommend that all at-risk recruits be given the Hemoglobin S Evaluation prior to arriving at basic training in order to reduce inefficiencies and delays in training.²² In May 2020, the staff from the Office of the Under Secretary of Personnel and Readiness informed the CORBT representative to send the Hemoglobin S Evaluation request directly from the CORBT to the Military Service representatives.

If you have any questions on the evaluation, please contact [REDACTED]. [REDACTED]. We appreciate the cooperation and assistance received during the evaluation.



Carolyn R. Hantz
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Overseas Contingency Operations

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²² The Accessions Medical Standards Working Group provides a forum for developing policy and procedures for medical accession standards. Hemoglobin S Evaluation is a test for sickle cell disease or trait.

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