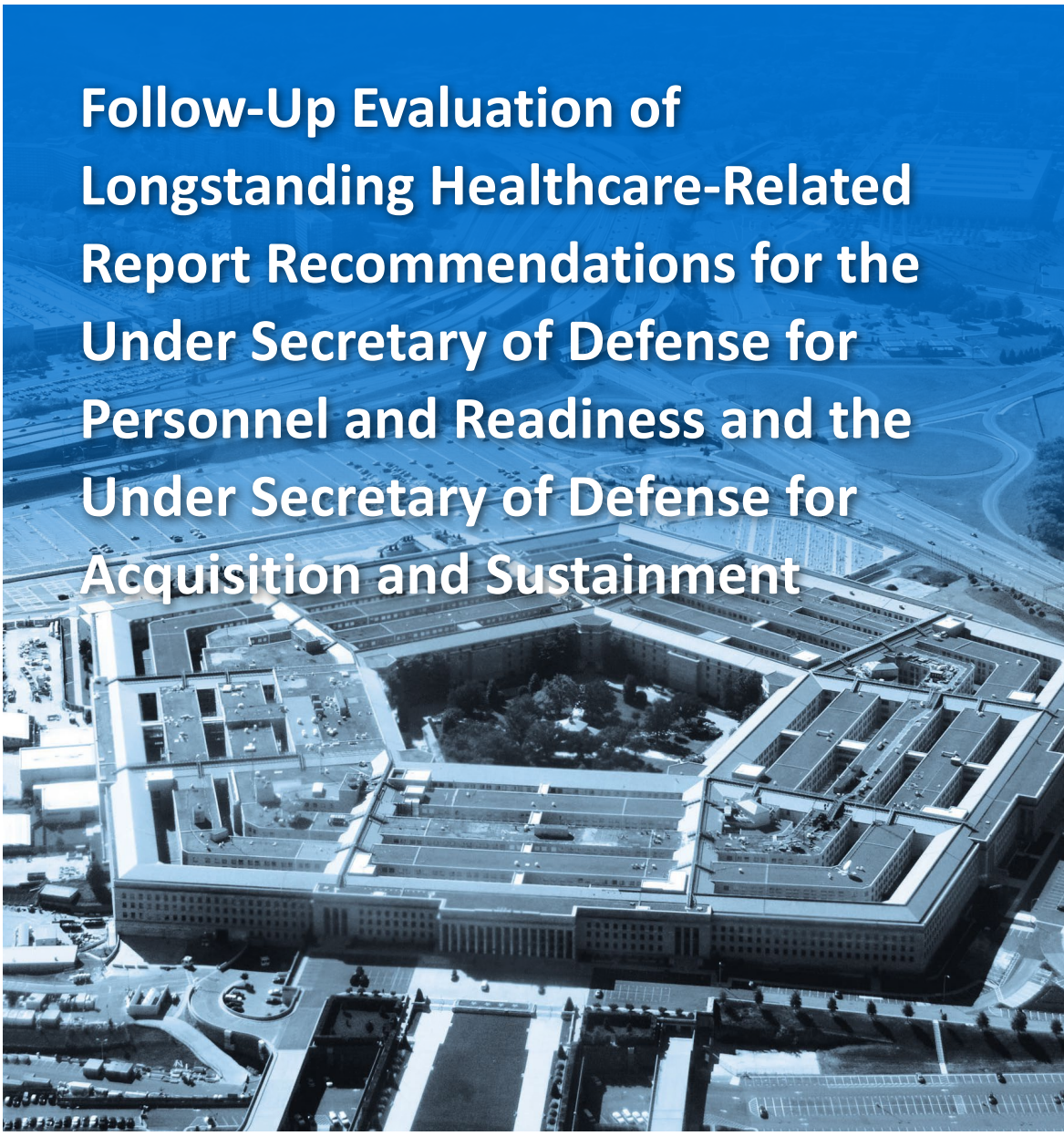
Report No. DODIG-2025-146

INSPECTOR GENERAL

U.S. Department of Defense

AUGUST 13, 2025

Follow-Up Evaluation of Longstanding Healthcare-Related Report Recommendations for the Under Secretary of Defense for Personnel and Readiness and the Under Secretary of Defense for Acquisition and Sustainment



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Results in Brief

Follow-Up Evaluation of Longstanding Healthcare-Related Report Recommendations for the Under Secretary of Defense for Personnel and Readiness and the Under Secretary of Defense for Acquisition and Sustainment

August 13, 2025

Objective

The objective of this evaluation was to assess the extent to which the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) and the Under Secretary of Defense for Acquisition and Sustainment (USD[A&S]) have taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General.

Background

We conducted this follow-up evaluation to determine the status of 10 longstanding open healthcare-related recommendations directed to either the USD(P&R) or the USD(A&S) in five DoD OIG reports that were published at least 3 years ago. The DoD OIG reports are Report No. DODIG-2015-002, "Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components," October 8, 2014; Report No. DODIG-2015-016, "Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment," November 14, 2014; Report No. DODIG-2017-038, "Assessment of Warriors in Transition Program Oversight," December 31, 2016; Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic," September 30, 2020; and Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain," September 20, 2021.

In accordance with the Office of Management and Budget Memorandum (OMB) M-25-01, November 7, 2024, agencies must give high

Background (cont'd)

priority to resolving recommendations and implementing corrective actions, as these are critical for enhancing the effectiveness and efficiency of government operations.

Findings

The USD(P&R), through the DHA, completed actions to close three recommendations in Report No. DODIG-2020-133. The USD(P&R) established milestones for their planned efforts to address Medical Treatment Facilities' COVID-19 challenges identified in the report, such as coordination of staffing, personnel, and contracts regarding the use of contracted personnel. Additionally, the USD(A&S) completed actions to close one recommendation in Report No. DODIG-2021-126. Specifically, the USD(A&S) published guidance on roles and responsibilities, best practices, and strategies for managing supply chain risks. Therefore, we closed these recommendations.

However, six longstanding recommendations to the USD(P&R) remain open in Report No. DODIG-2015-002, Report No. DODIG-2015-016, and Report No. DODIG-2017-038. The DoD must publish guidance for these recommendations to be closed. These recommendations remain open partially because, according to an Office of the USD(P&R) official, the DoD publication coordination process was paused due to the regulatory freeze established by OMB Memorandum M-25-10 on January 20, 2025. On July 10, 2025, the Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency issued Memorandum PCT000165-25 rescinding this freeze.

This report will not include any new recommendations. However, the USD(P&R)'s implementation of the open recommendations could help improve standardization of line of duty documentation for Reserve Component Service members, enable local commanders to use DoD Suicide Event Report data to produce reports specific to their units and installations, and establish the oversight efforts for the Recovery Coordination Program.

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August 13, 2025

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
UNDER SECRETARY OF DEFENSE FOR ACQUISITION AND SUSTAINMENT

SUBJECT: Follow-Up Evaluation of Longstanding Healthcare-Related Report Recommendations for the Under Secretary of Defense for Personnel and Readiness and the Under Secretary of Defense for Acquisition and Sustainment (Report No. DODIG-2025-146)

This final report provides the results of the DoD Office of Inspector General's follow-up evaluation. We are providing this report for your information and use. We did not make any new recommendations; therefore, no management comments are required.

We appreciate the cooperation and assistance provided during the evaluation. If you have any questions, please feel free to contact me at [redacted]

Bryan Clark

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Introduction

Objective

The objective of this evaluation was to assess the extent to which the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) and the Under Secretary of Defense for Acquisition and Sustainment (USD[A&S]) have taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General (DoD OIG).

Background

Office of Management and Budget (OMB) Memorandum M-25-01, "Transmittal of Revised OMB Circular A-50, Audit, Inspection, or Evaluation Follow-Up," states that agencies shall assign a high priority to the resolution of recommendations and to the implementation of corrective actions.[1] Additionally, the OMB Memorandum states that management's corrective actions on resolved findings and recommendations are essential to improving the effectiveness and efficiency of government operations. We conducted this follow-up evaluation to determine the status of 10 longstanding open healthcare-related recommendations issued in five DoD OIG reports that were published at least 3 years ago.

DoD OIG Reports with Longstanding Healthcare-Related Recommendations

The DoD OIG has five reports with nine longstanding open healthcare-related recommendations directed to the USD(P&R), and one longstanding open healthcare-related recommendation directed to the USD(A&S).

Report No. DODIG-2015-002, "Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components"

The objective of this evaluation was to determine the adequacy of policies and regulations governing the provision of healthcare to members of the Reserve Components (RC).[2] The DoD OIG recommended that the USD(P&R) establish policy that assigns responsibilities to commanders and medical authorities to manage

[1] OMB Memorandum M-25-01, "Transmittal of Revised OMB Circular A-50, Audit, Inspection, or Evaluation Follow-Up," November 7, 2024.

[2] Report No. DODIG-2015-002, "Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components," October 8, 2014.

medical histories and line of duty documentation for deployed or temporary duty RC Service members in a standardized manner across all Services, so that both are complete and available to their units in a timely manner.

Report No. DODIG-2015-016, "Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment"

The DoDSER is the system of record for health surveillance related to suicide ideations, attempts, and deaths. This assessment focused on decreasing the number of "don't know" responses on suicide death submissions by identifying changes to policy, training, or oversight. We also examined the sharing of DoD medical information with the Department of Veterans Affairs.[3] The DoD OIG recommended that the USD(P&R) establish and publish guidance requiring suicide event boards to establish and enable a multidisciplinary approach for obtaining the data necessary to make comprehensive DoDSER submissions and authorize senior commanders to produce unit/installation reports to better understand suicide trends, make informed local suicide prevention policy, and relate their trends to Service and DoD trends.

Report No. DODIG-2017-038, "Assessment of Warriors in Transition Program Oversight"

The objective of this evaluation was to determine if the Office of Warrior Policy (1) assessed and monitored the performance of the DoD Disability Evaluation System; (2) used information gathered from the Military Services' Disability Evaluation System programs to effect changes in policy, procedures, or resources to improve the Disability Evaluation System; and (3) provided policy and oversight that enabled the DoD to maintain long-term capability and Service-specific knowledge required to support wounded, ill, and injured Service members from each Service and the U.S. Special Operations Command.[4] The DoD OIG recommended that the Deputy Assistant Secretary of Defense for Warrior Care Policy (DASD[WCP]) establish guidance for writing Recovery Coordination Program oversight reports that include the requirement to specifically assign a person or organization to take action on each recommendation. Additionally, the DASD(WCP) should establish policy that ensures follow-up of all Recovery Coordination Program oversight report recommendations until corrective actions are complete.[5]

[3] Report No. DODIG-2015-016, "Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment," November 14, 2014.

[4] Report No. DODIG-2017-038, "Assessment of Warriors in Transition Program Oversight," December 31, 2016.

[5] The Office of the USD(P&R) will be responding for the DASD(WCP).

Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic"

The objective of this evaluation was to determine challenges and needs encountered by personnel working at DoD Military Treatment Facilities (MTFs) while responding to the coronavirus disease–2019 pandemic.[6] The DoD OIG recommended that the USD(P&R) establish a working group to develop guidance for coordinating the staffing of multi-Service MTFs during a pandemic, issue clarifying guidance for defining essential personnel for civilian healthcare workers, and update contracts to allow for more flexibility regarding the use of contracted personnel during extenuating circumstances, such as a pandemic.

Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain"

The objective of this evaluation was to determine whether the DoD mitigated the risks of disruptions to the pharmaceutical supply chain, which is heavily reliant on foreign suppliers, in accordance with DoD Instruction (DoDI) 4140.01.[7] The DoD OIG recommended that the USD(A&S) develop and issue implementing guidance for DoD supply chain risk management for DoD materiel in accordance with DoD Instruction 4140.01.

Stakeholders and Issuances Associated with the Longstanding Recommendations Directed to Either the USD(P&R) or the USD(A&S)

Executive Branch and DoD issuances establish the roles and responsibilities of DoD stakeholders. These issuances include OMB Memorandums, as well as DoD Directives, Instructions, Manuals, Directive-Type Memorandums, and Administrative Instructions.

Director of Administration and Management

The Director of Administration and Management is the advisor to the Secretary of Defense and Deputy Secretary of Defense on certain organizational, management, and administrative matters. The Director exercises authority, direction, and control over the Director of Washington Headquarters Services.

[6] Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic," September 30, 2020.

[7] Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain," September 20, 2021.

The Director oversees the DoD Issuances Program and is responsible for establishing DoD policy for developing, processing, coordinating, approving, publishing, and cancelling issuances.

Under Secretary of Defense for Acquisition and Sustainment

The USD(A&S) is the Principal Staff Assistant and advisor to the Secretary of Defense for all matters of acquisition; contract administration; logistics and materiel readiness; installations and environment; operational energy; nuclear deterrence, chemical, and biological defense; the acquisition workforce; and the defense industrial base.

Under Secretary of Defense for Personnel and Readiness

The USD(P&R) is the Principal Staff Assistant and advisor to the Secretary of Defense for Total Force management; National Guard and RC affairs; health affairs; readiness and training; military and civilian personnel requirements; language; dependents' education; equal opportunity; morale, welfare, recreation; and quality of life matters. Additionally, the USD(P&R) is authorized to promulgate DoD policy in DoD instructions.

Defense Health Agency

The DHA manages TRICARE, integrating health care delivery under the direct care and private-sector care components of the Military Health System; manages MTFs; ensures coordinated management of health care markets to create and sustain a cost-effective, coordinated, and high-quality health care system; and supports the effective execution of the DoD medical mission.

Defense Suicide Prevention Office

The Defense Suicide Prevention Office leads data-driven suicide prevention efforts for the DoD by advancing policy, oversight, program evaluation, and engagement to save the lives of Service members, their families, and the military community.

DoD Instruction 1241.01

Signed by the Deputy Secretary of Defense, DoDI 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatment and Incapacitation Pay Entitlements," reissued DoD Directive 1241.01 as an instruction to establish policy, assign responsibility, establish objectives, and provide guidance for

determining an entitlement to medical and dental treatment and pay and allowances for RC Service members with injury, illness, or disease incurred or aggravated in the line of duty.[8]

DoD Instruction 1300.24

DoDI 1300.24, "Recovery Coordination Program," establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for improvement to the care, management, and transition of recovering Service members across the Military Departments.[9] Additionally, the Instruction establishes the evaluation process for the Recovery Coordination Program to provide for a coordinated review of the policies, procedures, and issues of the program.

DoD Instruction 4140.01

DoDI 4140.01, "DoD Supply Chain Materiel Management Policy," establishes policy and assigns responsibilities for management of materiel across the DoD supply chain.[10]

DoD Instruction 5025.01

DoDI 5025.01, "DoD Issuances Program," assigns the Deputy Assistant Secretary of Defense the responsibility of establishing policy, assigning responsibilities, and providing procedures for the development, coordination, approval, publication, and review of DoD issuances.[11]

Office of Management and Budget Memorandum M-25-10

On January 20, 2025, the Executive Office of the President issued OMB Memorandum M-25-10, "Implementation of Regulatory Freeze," which establishes guidance to heads of executive departments and agencies on the requirements to postpone effective dates of certain published regulations.[12] However, the Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency Memorandum PCT000165-25, "Lifting Regulatory Freeze for the Department of Defense," rescinded this freeze on July 10, 2025.[13]

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8 DoDI 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements," April 19, 2016.

9 DoDI 1300.24, "Recovery Coordination Program," December 1, 2009.

10 DoDI 4140.01, "DoD Supply Chain Materiel Management Policy," March 6, 2019

11 DoDI 5025.01, "DoD Issuances Program," June 7, 2023.

12 OMB Memorandum M-25-10, "Implementation of Regulatory Freeze," January 20, 2025.

13 Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency Memorandum PCT00165-25, "Lifting Regulatory Freeze for the Department of Defense," July 10, 2025.

Finding

The Under Secretary of Defense for Personnel and Readiness and the Under Secretary of Defense for Acquisition and Sustainment Completed Actions to Close Four Longstanding DoD OIG Healthcare-Related Recommendations, and Six Recommendations Remain Open

The USD(P&R), through the DHA, completed actions to close three longstanding healthcare-related recommendations in Report No. DODIG-2020-133 by establishing milestones for their planned efforts to address Medical Treatment Facilities' COVID-19 challenges identified in the report, such as the coordination of staffing, personnel, and contracts regarding the use of contracted personnel. Additionally, the USD(A&S) completed actions to close one recommendation issued by the DoD OIG. Specifically, the USD(A&S) published guidance on roles and responsibilities, best practices, and strategies for managing supply chain risks to address Recommendation 1.a in Report No. DODIG-2021-126.

However, six longstanding USD(P&R) recommendations requiring publication of DoD issuances remain open in Report No. DODIG-2015-002, Report No. DODIG-2015-016, and Report No. DODIG-2017-038. These recommendations remain open partially because, according to an Office of the USD(P&R) official, the DoD publication coordination process is currently paused as a result of the regulatory freeze established by OMB Memorandum M-25-10.[14] The Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency issued Memorandum PCT000165-25 on July 10, 2025, which rescinded the freeze.

Although this report will not include new recommendations, the USD(P&R)'s implementation of the open recommendations could help improve standardization of line of duty documentation for RC Service members, enable local commanders to use DoD Suicide Event Report data to produce reports specific to their units and installations, and establish the oversight efforts for the Recovery Coordination Program.

[14] According to DoDI 5025.01, it can take up to 205 workdays for coordination and completion of DoD issuance.

The USD(P&R) and the USD(A&S) Closed Four Longstanding Healthcare-Related Recommendations

The USD(P&R), through the DHA, completed actions necessary to close three longstanding healthcare-related recommendations. The USD(A&S) also completed actions to close one additional recommendation issued by the DoD OIG. See Table 1 for a summary of the DoD OIG reports with longstanding open healthcare-related recommendations that are now closed.

Table 1. DoD OIG Reports with Open Recommendations That Are Now Closed

Report Number	Recommendation Number	Days Open (as of July 9, 2025)	Completion Status
DODIG-2020-133	1.a, 1.d, 1.e	1,743	Closed[1]
DODIG-2021-126	1.a	1,388	Closed[2]

Source: The DoD OIG.

[1] Based on actions taken by the USD(P&R).

[2] Based on actions taken by the USD(A&S).

Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic"

We closed Recommendations 1.a, 1.d, and 1.e, which stated that the USD(P&R) should establish milestones to develop guidance for coordinating the staffing of multi-Service MTFs during a pandemic, issue clarifying guidance for defining essential personnel for civilian healthcare workers, and update contracts to allow for more flexibility regarding the use of contracted personnel during extenuating circumstances, such as a pandemic. The USD(P&R) established milestones for their planned efforts to address COVID-19 challenges of MTFs in the report. Specifically, for Recommendations 1.a and 1d, the DHA reorganized the Defense Health Networks in 2023 to provide a new coordinating structure for the Defense Health Networks headquarters and revised DHA-AI 104 to provide greater clarity related to the identification of mission essential functions and associated personnel. According to an Office of the USD(P&R) official, these efforts should be fully implemented by March 30, 2026. For Recommendation 1.e, the DHA provided Performance Work Statements that identified the specific language that allows contract workers the flexibility to work in different locations, or areas as long as they are qualified. An Office of the USD(P&R) official told us that these efforts should be fully implemented by October 31, 2025. By fully implementing

Recommendations 1.a, 1.d, and 1.e, the USD(P&R) will address COVID-19 challenges identified in the report related to the coordination of staffing, personnel, and contracts regarding the use of contracted personnel.

Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain"

We closed Recommendation 1.a, which stated that the USD(A&S) should develop and issue implementing guidance for DoD supply chain risk management for DoD materiel in accordance with DoD Instruction 4140.01. The Office of the USD(A&S) developed and subsequently issued the DoD Supply Chain Risk Management Guidebook on June 9, 2025. The Guidebook provides an overview of recommended roles, best practices, and strategies for managing supply chain risk, aligning with the existing program risk management framework outlined in the DoD Risk, Issue, and Opportunity Management Guide. The Guidebook establishes that program managers are responsible for establishing formal risk management processes that prioritize and mitigate programmatic risks within constraints. The program manager's role includes related activities, such as capabilities-based assessment, information communication technology and program protection, materiel management, and cyber-supply chain risk management. By implementing this recommendation, the USD(A&S) is attempting to address the security and resiliency of medical and pharmaceutical supply chains.

The USD(P&R) Faced Challenges Closing Six Longstanding DoD OIG Healthcare-Related Recommendations That Will Remain Open

The USD(P&R) faced challenges closing six recommendations; therefore, they will remain open until the USD(P&R) publishes the appropriate instructions related to each recommendation. See Table 2 for a summary of the DoD OIG reports with longstanding healthcare-related recommendations that remain open.

Table 2. DoD OIG Reports with Recommendations That Remain Open

Report Number	Recommendation Number	Days Open (as of July 9, 2025)	Estimated Completion
DODIG-2015-002	4	3,927	January 2027
DODIG-2015-016	2.a, 3.a, 4.a	3,890	January 2026
DODIG-2017-038	B.1, B.2	3,112	August 2025*

Source: The DoD OIG.

* According to an Office of the USD(P&R) official, this date assumes that the incoming USD(P&R) approves the DoDI 1300.24 to proceed through final stages of the issuance process. If a decision is made to restart the issuance process, the date will likely shift to late 2026 or 2027.

Report No. DODIG-2015-002, "Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components"

In Recommendation 4, the DoD OIG stated that the USD(P&R) should establish policy that assigns responsibilities to commanders and medical authorities to manage medical histories and line of duty (LOD) documentation for deployed or temporary duty RC Service members in a standardized manner across all Services so that both are complete and available to their units in a timely manner.

Since the publication of the report, and to temporarily resolve the recommendation, the DHA created a standardized memorandum that accompanies the individual RC Service LOD form when a Service member requests LOD treatment at an MTF. According to a DHA official, this memorandum will remain in place until the Office of the USD(P&R) updates and publishes DoDI 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements." The DHA official stated that the revised Instruction will direct the Military Services to follow the DHA-Procedural Instruction, titled "Reserve Component (RC) Line of Duty (LOD) Determination for Medical, Dental, and Behavioral Health Treatment," which will include a standardized DHA LOD form. According to an Office of the USD(P&R) official, "the DoDI 1241.01 revision kick-off meeting is anticipated to be the last week of July 2025, and the Working Group will begin revisions in August 2025." We reviewed the temporary standardized memorandum and the draft DHA LOD Procedural Instruction. We will review the draft DoDI 1241.01 when it is distributed for coordination. If the revised Instruction directs the Military Services to follow the DHA LOD DHA-PI and standardized form, the intent of the recommendation will have been met. However, the recommendation will remain open until the USD(P&R) publishes the Instruction, and we verify that it meets the intent of the recommendation.

Report No. DODIG-2015-016, "Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment"

In Recommendations 2.a, 3.a, and 4.a, the DoD OIG recommended that the USD(P&R) publish guidance requiring suicide event boards to establish and enable a multidisciplinary approach for obtaining the data necessary to make comprehensive DoDSER submission and authorize senior commanders to produce unit/installation reports to better understand suicide trends, make informed local suicide prevention policy, and relate their trends to Service and DoD trends.

In August 2023, the Office of the Assistant Secretary of Defense for Health Affairs and the Defense Suicide Prevention Office (DSPO) agreed that the DSPO should take over the responsibilities of drafting and coordinating the new

DoDI 6490.OQ, "Multidisciplinary Review Boards to Evaluate Suicide Events Involving Service Members" because the topic is non-medical suicide prevention.[15] In May 2024, the official performing the duties of the USD(P&R) approved the transfer of responsibility. Since May 2024, the DSPO drafted the Instruction, which is in the formal coordination stage of the Washington Headquarters Services' Issuances process. In April 2025, the DoD OIG reviewed the draft Instruction, verified that it would meet the intent of the open recommendations, and submitted an official DoD Issuance Coordination Response to DSPO. Therefore, the recommendations will remain open until the USD(P&R) publishes the Instruction.

Report No. DODIG-2017-038, "Assessment of Warriors in Transition Program Oversight"

In Recommendations B.1 and B.2, the DoD OIG recommended that the DASD(WCP) establish guidance for writing Recovery Coordination Program oversight reports that include the requirement to specifically assign a person or organization to take action on each recommendation, as well as establish policy that ensures follow-up of all Recovery Coordination Program oversight report recommendations until corrective actions are completed. In December 2016, the Acting USD(P&R), responding for the DASD(WCP), agreed with our recommendation, stating that the revision to DoDI 1300.24, "Recovery Coordination Program," will designate the DASD(WCP)'s, the Military Departments', and U.S. Special Operations Command's responsibilities in establishing procedures to track DoD OIG report recommendations and to ensure that corrective actions are developed, approved, and completed in a timely manner. In October 2024, the USD(P&R) circulated a draft version of the Instruction. The DoD OIG reviewed and concurred with the changes and stated the draft Instruction met the intent of the recommendations. Once published, we will review the Instruction to determine if it meets the intent of the recommendations. Until then, the recommendations will remain open.

The USD(P&R)'s Delays in Addressing Longstanding Recommendations Restricts the Implementation of Several Policies and Procedures

The USD(P&R)'s implementation of the longstanding open recommendations could help improve standardization of line of duty documentation for Reserve Component Service members, enable local commanders to use DoD Suicide Event Report data to produce reports specific to their units and installations, and establish the oversight efforts for the Recovery Coordination Program. To improve the effectiveness and

[15] Draft DoDI 6490.OQ, "Multidisciplinary Review Boards to Evaluate Suicide Events Involving Service Members," as of April 2025.

efficiency of Government operations, the USD(P&R) must take corrective action to resolve open DoD OIG report recommendations in a timely manner. When recommendations remain open for years, suicide risk, specifically, is not being reduced and the Recovery Coordination Program's corrective actions from DoD OIG reports are not being implemented, which can harm the health and welfare of Service members and their families and degrade mission readiness, recruiting, and retention.

Appendix

Scope and Methodology

We conducted this evaluation from April 2025 through July 2025 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020 by the Council of Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

To determine the status of each open recommendation, we requested information and interviewed personnel from the Office of the USD(P&R). We also requested information from the Office of the ASD(A&S). Additionally, we obtained and reviewed supporting documentation from the OMB, the Office of the USD(P&R), and the Office of the ASD(A&S).

Specifically, we reviewed the following list of E.O.'s, memorandums, DoD issuances, and supporting documentation and compared these documents with the originally published recommendations to determine the extent to which the USD(P&R) and the USD(A&S) took action to implement longstanding healthcare-related recommendations.

- E.O. 14122, "COVID-19 and Public Health Preparedness and Response," April 12, 2024.
- Deputy Secretary of Defense "Stabilizing and Improving the Military Health System," December 6, 2023.
- DoDI 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatment and Incapacitation Pay Entitlements," April 19, 2016.
- DoDI 1300.24, "Recovery Coordination Program," December 1, 2009.
- DoDI 4140.01, "DoD Supply Chain Materiel Management Policy," March 6, 2019.
- DoDI 5025.01, "DoD Issuances Program," June 7, 2023.
- Office of the USD(A&S), "DoD Supply Chain Risk Management Guidebook," June 9, 2025.
- Draft DoDI 6490.0Q, "Multidisciplinary Review Boards to Evaluate Suicide Events Involving Service Members," April 2025.

- Draft DHA-Procedural Instruction No. 1241.xx, "Reserve Component (RC) Line of Duty (LOD) Determination for Medical, Dental, and Behavioral Health Treatment," no date.
- OMB Memorandum M-25-10, "Implementation of Regulatory Freeze," January 20, 2025.
- Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency Memorandum PCT000165-25, "Lifting Regulatory Freeze for the Department of Defense," July 10, 2025.

Prior Coverage

During the last 11 years, the DoD OIG issued five reports that were the subject of this follow-up evaluation on longstanding healthcare-related recommendations directed to either the USD(P&R) or the USD(A&S).

Unrestricted DoD OIG reports can be accessed at http://www.dodig.mil/reports.html/.

DoD OIG

Report No. DODIG-2015-002, "Assessment of DoD-Provided Healthcare for Members of the United States Armed Forces Reserve Components," October 8, 2014.

Report No. DODIG-2015-016, "Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment," November 14, 2014.

Report No. DODIG-2017-038, "Assessment of Warriors in Transition Program Oversight," December 31, 2016.

Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic," September 30, 2020.

Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain," September 20, 2021.

Acronyms and Abbreviations

COVID-19	Coronavirus Disease – 2019
DASD(WCP)	Deputy Assistant Secretary of Defense for Warrior Care Policy
DHA	Defense Health Agency
DoDI	DoD Instruction
DoD OIG	DoD Office of Inspector General
DoDSER	DoD Suicide Event Report
DSPO	Defense Suicide Prevention Office
LOD	Line of Duty
MTF	Military Treatment Facility
OMB	Office of Management and Budget
RC	Reserve Component
TRICARE	Treatment, Retired, Invalid, Care for Active and Reserve Employees
USD(A&S)	Under Secretary of Defense for Acquisition and Sustainment
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

Whistleblower Protection
U.S. Department of Defense

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