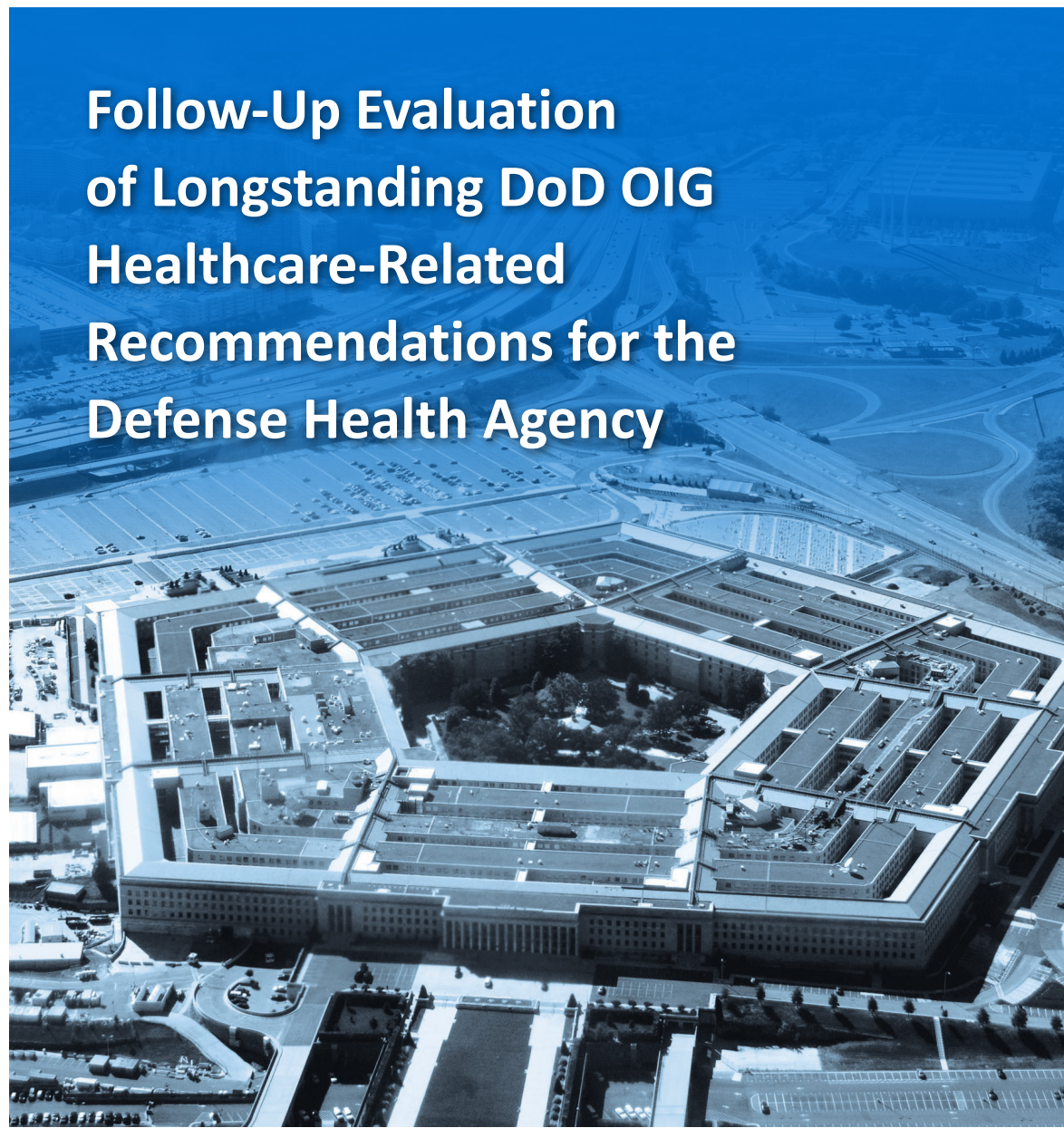




INSPECTOR GENERAL

U.S. Department of Defense

SEPTEMBER 29, 2025



Follow-Up Evaluation of Longstanding DoD OIG Healthcare-Related Recommendations for the Defense Health Agency

INDEPENDENCE ★ INTEGRITY ★ EXCELLENCE ★ TRANSPARENCY





Results in Brief

Follow-Up Evaluation of Longstanding DoD OIG Healthcare-Related Recommendations for the Defense Health Agency

September 29, 2025

Objective

The objective of this evaluation was to assess the extent to which the Director, Defense Health Agency (DHA) has taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General (DoD OIG).

Background

In accordance with the Office of Management and Budget Memorandum M-25-01, November 7, 2024, agencies must give high priority to resolving recommendations and implementing corrective actions, as these are critical for enhancing the effectiveness and efficiency of Government operations.

We conducted this follow-up evaluation to determine the status of 22 longstanding open healthcare-related recommendations directed to the DHA in seven DoD OIG reports that were published at least 3 years ago. The DoD OIG reports are:

- Report No. DODIG-2020-048, "Audit of Controls Over Opioid Prescriptions at Selected DoD Military Treatment Facilities," January 10, 2020;
- Report No. DODIG-2020-078, "Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities," April 6, 2020;
- Report No. DODIG-2020-112, "Evaluation of Access to Mental Health Care in the Department of Defense," August 10, 2020;
- Report No. DODIG-2021-126, "Evaluation of the Department of Defense's Mitigation of Foreign

Background (cont'd)

Suppliers in the Pharmaceutical Supply Chain," September 20, 2021;

- Report No. DODIG-2022-030, "Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members," November 9, 2021;
- Report No. DODIG-2022-071, "Audit of Active-Duty Service Member Alcohol Misuse Screening and Treatment," March 10, 2022; and
- Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021," April 5, 2022.

Finding

The DHA completed actions to close six longstanding DoD OIG healthcare-related recommendations and we administratively closed three longstanding recommendations. However, the DHA faced challenges closing the other 13 longstanding recommendations, which will remain open. These recommendations remain open and additional actions are necessary to satisfy the intent of the recommendations.

This report will not include new recommendations. However, by implementing the remaining open recommendations, the DHA could help the DoD overcome several healthcare-related challenges, such as reducing pharmaceutical supply disruptions that compromise the standard of care to DoD beneficiaries. Additionally, by completing actions to close these recommendations, the DHA could improve patient access to appropriate levels of mental health care, arrange for continued care for those with existing mental health conditions, and limit delays to obtaining mental health care. The DHA's actions could also help the DoD avoid vulnerabilities associated with medical equipment and pharmaceutical storage, prevent medical personnel shortages and burnout, properly monitor opioid prescriptions and distribution, and hold opioid prescribers accountable for not following established guidance.





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

September 29, 2025

MEMORANDUM FOR DIRECTOR OF THE DEFENSE HEALTH AGENCY

SUBJECT: Follow-Up Evaluation of Longstanding DoD OIG Healthcare-Related Report
Recommendations for the Defense Health Agency (Report No. DODIG-2025-175)

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

Bryan T. Clark
Assistant Inspector General for Evaluations
Programs, Combatant Commands, and Operations

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Introduction

Objective

The objective of this evaluation was to assess the extent to which the Defense Health Agency (DHA) has taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General (DoD OIG).

Background

The 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 22 longstanding open healthcare-related recommendations issued in seven DoD OIG reports published at least 3 years ago.

DoD OIG Reports with Longstanding Healthcare-Related Recommendations

The DoD OIG has seven reports with 22 longstanding open healthcare-related recommendations directed to the DHA Director.

Report No. DODIG-2020-048, “Audit of Controls Over Opioid Prescriptions at Selected DoD Military Treatment Facilities”

The objective of this audit was to determine whether selected DoD military treatment facilities (MTFs) overprescribed opioids for DoD beneficiaries.² This report has one longstanding healthcare-related recommendation issued to the DHA Director, Recommendation 1.a.

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-2020-048, “Audit of Controls Over Opioid Prescriptions at Selected DoD Military Treatment Facilities,” January 10, 2020.

Report No. DODIG-2020-078, “Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities”

The objective of this audit was to determine whether DoD MTFs implemented physical security controls to prevent unauthorized access to facilities, equipment and sensitive areas.³ This report has three longstanding healthcare-related recommendations issued to the DHA Director, Recommendations 1.b, 1.c, and 1.g.

Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense”

The objective of this evaluation was to determine whether the DoD met outpatient mental health access to care standards for active-duty Service members and their families, in accordance with laws and applicable DoD policies.⁴ This report has seven longstanding healthcare-related recommendations issued to the DHA Director, Recommendations 2.a, 2.c.1, 2.c.2, 2.c.3, 2.c.4, 2.f.1, and 2.f.4.

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 reduced the risks of disruptions to the pharmaceutical supply chain, which is heavily reliant on foreign suppliers, in accordance with DoD Instruction (DoDI) 4140.01.⁵ This report has three longstanding healthcare-related recommendations issued to the DHA Director, Recommendations 2.a, 2.b.1, and 2.b.2.

Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members”

The objective of this evaluation was to determine whether or not the DoD provided suicide prevention resources for transitioning Service members as required by Presidential Executive Order (Exec. Order) No. 13822, 83 *Fed. Reg.* 1513 (2018) “Presidential Executive Order on Supporting Our Veterans During Their

³ Report No. DODIG-2020-078, “Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities,” April 6, 2020.

⁴ Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense,” August 10, 2020.

⁵ Report No. DODIG-2021-126, “Evaluation of the Department of Defense’s Mitigation of Foreign Suppliers in the Pharmaceutical Supply Chain,” September 20, 2021.

DoDI 4140.01, “DoD Supply Chain Materiel Management Policy,” March 6, 2019. This instruction establishes policy and assigns responsibilities for the management of materiel across the DoD supply chain.

Transition From Uniformed Service to Civilian Life.”⁶ This report has one longstanding healthcare-related recommendation issued to the DHA Director, Recommendation A.2.a.

Report No. DODIG-2022-071, “Audit of Active-Duty Service Member Alcohol Misuse Screening and Treatment”

The objective of this audit was to determine whether the DHA and Military Services screened and provided treatment of alcohol misuse in a timely manner according to DoD guidance.⁷ This report has one longstanding healthcare-related recommendation issued to the DHA Director, Recommendation B.1.c.

Report No. DODIG-2022-081, “Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021”

The objective of this evaluation was to determine the challenges and concerns encountered by medical personnel working at DoD MTFs during the COVID-19 pandemic.⁸ This report has six longstanding healthcare-related recommendations issued to the DHA Director, Recommendations A.1.a, A.1.b, A.1.c, A.1.d, A.2.a, and A.2.b.

Stakeholders and Issuances Associated with the Longstanding Recommendations Directed to the DHA Director

Executive Branch and DoD issuances establish roles and responsibilities of DoD stakeholders. These issuances include OMB memorandums, as well as DoD directives, instructions, manuals, directive-type memorandums, and administrative instructions (AI).

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-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members,” November 9, 2021.
Exec. Order No. 13822, 83 Fed. Reg. 1513 (2018), “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life,” January 9, 2018.

⁷ Report No. DODIG-2022-071, “Audit of Active-Duty Service Member Alcohol Misuse Screening and Treatment,” March 10, 2022.

⁸ Report No. DODIG-2022-081, “Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021,” April 5, 2022.

Under Secretary of Defense for Personnel and Readiness

The Under Secretary of Defense for Personnel and Readiness (USD[P&R]) is the Principal Staff Assistant and advisor to the Secretary of Defense for Total Force management; National Guard and Reserve Component 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.

Assistant Secretary of Defense for Health Affairs

The Assistant Secretary of Defense (Health Affairs) (ASD[HA]) is the advisor to the Secretary of Defense and USD(P&R) for all DoD health and force protection, policies, programs, and activities. To complete these responsibilities, the ASD(HA) exercises authority, direction, and control through the DHA.

Defense Health Agency

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

Defense Logistics Agency Troop Support

Defense Logistics Agency (DLA) Troop Support is a major subordinate command of the DLA. It is responsible for four supply chains which provide the DoD and government partners with food and feeding equipment; clothing and textile items; construction and equipment materiel; and medical materiel and pharmaceuticals in support of 51,000 global customers through a network of 3,700 suppliers.

Exec. Order No. 13822, 83 Fed. Reg. 1513 (2018), "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life"

Exec. Order No. 13822, 83 Fed. Reg. 1513 (2018) directed the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security to collaborate to address the complex challenges faced by our transitioning uniformed Service members and veterans.

DHA-AI 6025.08, “Pain Management and Opioid Safety in Military Medical Treatment Facilities”

DHA-AI 6025.08 establishes DHA Instructions that: (1) create the Department of Veterans Affairs (VA)-DoD Stepped Care Model for Pain Management as the comprehensive standardized pain management model, (2) educate patients and clinicians regarding management of pain, (3) provide tools to assist clinicians in evidence-based and patient-centered pain management, and (4) conduct research projects to improve the DHA’s approach to pain management.⁹

DoDI 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members”

DoDI 6490.10 establishes policy for the Military Departments, assigns responsibilities, and prescribes guidelines for establishment of Military Department policy and procedures to ensure continuity of behavioral health (BH) care at the losing and gaining installations when Service members transition from one health care provider to another when transferring to a new duty station or transitioning out of the Service.¹⁰

DoD Supply Chain Risk Management Guidebook

The DoD Supply Chain Risk Management 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.¹¹

Office of Management and Budget M-25-10, “Implementation of Regulatory Freeze”

The Executive Office of the President issued the January 20, 2025 OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” which establishes guidance to the heads of executive departments and agencies on the requirements to postpone effective dates of certain published regulations.¹²

⁹ DHA-AI 6025.08, “Pain Management and Opioid Safety in Military Medical Treatment Facilities,” February 8, 2023.

¹⁰ DoDI 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” March 26, 2012, Incorporating Change 1, Effective October 28, 2015.

¹¹ DoD Supply Chain Risk Management Guidebook,” June 9, 2025.

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

Memorandum PCT000165-25, “Lifting Regulatory Freeze for the Department of Defense”

Memorandum PCT000165-25, “Lifting Regulatory Freeze for the department of Defense,” rescinds the January 20, 2025 OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” which established guidance to the heads of executive departments and agencies on the requirements to postpone effective dates of certain published regulations.¹³

DoDI 6200.03, “Public Health Emergency Management (PHEM) Within the DoD”

DoDI 6200.03 establishes policy, assigns responsibilities, and provides direction to ensure that mission assurance and readiness for public health emergencies caused by all-hazards incidents.¹⁴ The Instruction also defines a public health emergency within the DoD to include the occurrence or imminent threat of an illness or health condition that poses a high probability of a significant number of deaths, serious or long-term disabilities, widespread exposure to an infectious or toxic agent, overwhelmed health care resources, or severe degradation of mission capabilities.

¹³ Memorandum PCT000165-25, “Lifting Regulatory Freeze for the Department of Defense,” July 10, 2025.

¹⁴ DoDI 6200.03, “Public Health Emergency Management Within the DoD,” March 28, 2019.

Finding

The Defense Health Agency Took Action to Close 6 Longstanding Healthcare-Related Recommendations and We Administratively Closed 3, but 13 Remain Open

The DHA completed actions to close six longstanding healthcare-related recommendations issued to the DHA Director in Report No. DODIG-2020-112, Report No. DODIG-2022-030, Report No. DODIG-2022-071, and Report No. DODIG-2022-081. For example, to satisfy Report No. DODIG-2022-030's Recommendation A.2.a related to the gaps in the continuity of care for Service Members transitioning from DoD to VA care, the DHA transitioned the DoD to MHS GENESIS, which facilitates the use and tracking of the separation health assessment by Service Members, thereby satisfying the requirements of the recommendation. We also administratively closed Report No. DODIG-2020-078 Recommendation 1.b, Report No. DODIG-2020-112 Recommendation 2.c.1, and Report No. DODIG-2022-081 Recommendation A.2.a.¹⁵

However, 13 longstanding DHA recommendations remain open in Report No. DODIG-2020-048, Report No. DODIG-2020-078, Report No. DODIG-2020-112, Report No. DODIG-2021-126, and Report No. DODIG-2022-081 because additional actions are necessary to satisfy the intent of the recommendation, such as the publication of updated DHA guidance, the implementation of new programs, and the completion of security assessments.

Although this report does not include new recommendations, the DHA's implementation of the remaining open longstanding recommendations could benefit the DoD. These benefits include reducing pharmaceutical supply disruptions, improving access to mental health care, and improving patient safety by identifying opioid prescribing practices that are inconsistent with established guidelines.

Nine Longstanding Recommendations Are Closed

The DHA completed actions to close six longstanding DoD OIG healthcare-related recommendations issued to the DHA Director in Report No. DODIG-2020-078, Report No. DODIG-2020-112, Report No. DODIG-2022-030, Report No. DODIG-2022-071, and Report No. DODIG-2022-081. We also administratively closed Recommendation 1.b in Report No. DODIG-2020-078, Recommendation 2.c.1 in

¹⁵ The DoD OIG administratively closes a recommendation when circumstances have changed to the point that an original recommendation can no longer be closed through stakeholder actions.

Report No. DODIG-2020-112, and Recommendation A.2.a in Report No. DODIG-2022-081. 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 Closure Date)	Completion Status	Closure Date
DODIG-2020-078	1.b	1,948	Administratively Closed	August 7, 2025
DODIG-2020-112	2.a	1,822	Closed	August 7, 2025
DODIG-2020-112	2.c.1	1,822	Administratively Closed	August 7, 2025
DODIG-2020-112	2.f.1	1,793	Closed	July 9, 2025
DODIG-2022-030	A.2.a	1,337	Closed	July 9, 2025
DODIG-2022-071	B.1.c	1,216	Closed	July 9, 2025
DODIG-2022-081	A.1.a	1,219	Closed	August 7, 2025
DODIG-2022-081	A.1.b	1,219	Closed	August 7, 2025
DODIG-2022-081	A.2.a	1,190	Administratively Closed	July 9, 2025

Source: The DoD OIG.

Report No. DODIG-2020-078, “Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities”

We administratively closed Recommendation 1.b, which stated that the DHA Director should determine whether community-based clinics under DHA control have established a baseline level of protection for leased facilities and established access controls to limit entry to authorized personnel only. Recommendation 1.g of the same report states that the DHA Director should conduct physical security inspections for all MTFs and implement controls to reduce identified weaknesses. Therefore, we determined that Recommendation 1.b is redundant since completing the necessary actions to close Recommendation 1.g, will also satisfy the intent of Recommendation 1.b. Recommendation 1.g includes the requirements of Recommendation 1.b to determine if community-based clinics have established a baseline level of protection and established personnel access controls.

Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense”

For Report No. DODIG-2020-112, we conducted follow-up and closed Recommendations 2.a, 2.c.1, and 2.f.1. Specifically, Recommendation 2.a stated that the DHA Director should develop a single MHS-wide staffing approach for the behavioral health System of Care that estimates the number of appointments and personnel required to meet the enrolled population’s demand for services. The DHA recently established a manpower model that includes BH staffing positions intended to aid MTFs in meeting the enrolled population’s demand for BH services. The model identifies the number of personnel needed to support enrolled populations; for example, allocating one BH Consultant into Family Medicine Clinics when the enrolled adult population exceeds 3,000; and one Behavioral Health Care Facilitator when the enrolled adult population exceeds 7,500. The model also includes a Group Practice Manager position, responsible for collaborating with MTF clinic leadership and the Integrated Referral Management and Appointment Centers to issue an appropriate supply of appointments. By implementing this recommendation, the DHA can estimate the number of providers needed to meet the mental health needs of active-duty Service members and their families.

We administratively closed Recommendation 2.c.1, which stated the DHA Director should update and clarify the access to care standard for a non-urgent initial behavioral health assessment in DHA and TRICARE policy to be consistent with the 7-day standard established by the HA Policy 11-005.¹⁶ We closed this recommendation because HA Policy 11-005 was canceled on July 25, 2025.

We closed Recommendation 2.f.1, which stated that the DHA Director should standardize the way it tracks the time from patient request or referral for mental health care to the time of the initial non-urgent mental health assessment. DHA actions to establish a Near Real Time dashboard that displays the average time from a patient’s referral to appointment, and DHA requirement that TRICARE managed care support contractors report on access to care for TRICARE enrolled beneficiaries meets the requirements of this recommendation. By implementing this recommendation, the DHA can monitor access to BH care and identify when intervention is needed to ensure that patient care is not delayed.

¹⁶ Health Affairs Policy 11-005, “TRICARE Policy for Access to Care.”

Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members”

We closed Recommendation A.2.a, which stated that the DHA Director should, in collaboration with the Office of the ASD(HA) Director of Mental Health Policy and Oversight and the Director of the DoD and Veteran’s Affairs Collaboration Office, identify the causes for the breaks in arranging for continuous mental health care for Service members transitioning from the MHS to the Veteran’s Health Administration. It also stated they should implement solutions to increase the number of Service members who have continuous care arranged between the MHS and the Veteran’s Health Administration or civilian mental health providers.

The DoD fully transitioned to the new electronic medical record system, MHS GENESIS, which helps the use and tracking of separation health assessments as Service members transition from DoD to VA care. In December 2024, the DHA established a form in MHS GENESIS to track referrals to inTransition.¹⁷ By implementing this recommendation, the DHA has improved its ability to provide uninterrupted mental health care for transitioning Service members, as required by Exec. Order No. 13822, 83 *Fed. Reg.* 1513 (2018) and DoDI 6490.10.¹⁸

Report No. DODIG-2022-071, “Audit of Active-Duty Service Member Alcohol Misuse Screening and Treatment”

We closed Recommendation B.1.c, which stated that the DHA Director should review the civilian hiring and retention practices for substance abuse personnel and make improvements to reduce vacant positions. The DHA established the Recruitment, Retention, and Hiring Working Group, which is responsible for identifying: (1) the primary factors contributing to BH provider recruitment, retention, and hiring challenges, and (2) processes and procedures that impede the work of BH clinicians. Additionally, the DHA conducted a review of a 12-step hiring process to identify where process delays exist. The DHA also developed a Frequently Asked Questions web site with information related to Direct Hire Authority, retention and recruitment incentives, position descriptions,

¹⁷ The inTransition program is a free, confidential program that offers specialized coaching and assistance for active duty Service members, National Guard members, reservists, veterans and retirees who need access to mental health care when relocating to another assignment; returning from deployment; transitioning from active duty to Reserve Component or Reserve Component to active duty; preparing to leave Military Service; or, any other time they need a new mental health provider or need a provider for the first time.

¹⁸ Exec. Order No. 13822, 83, *Fed. Reg.* 1513 (2018) “Presidential Executive Order on Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life,” January 9, 2018.
DoDI 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” March 26, 2012, Incorporating Change 1, Effective October 28, 2015.

streamlined interview questions, and common hiring scenarios. By implementing this recommendation, the DHA addressed civilian hiring and retention practices for substance abuse personnel to help reduce vacant positions.

Report No. DODIG-2022-081, “Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021”

For Report No. DODIG-2022-081, we conducted follow-up and closed Recommendations A.1.a, A.1.b, and A.2.a. Specifically, Recommendation A.1.a stated that the DHA Director should establish a working group to streamline the hiring process to allow MTF facilities to more quickly fill civilian staffing positions. The DHA made progress addressing MTF staffing challenges, including the establishment of a working group to streamline hiring. In 2023, the Temporary Job Offer Pilot Program was implemented to expedite job offers. To enhance recruitment, the DHA expanded hiring authorities, including direct hire and veteran-centric hiring programs. The DHA also expanded the use of title 38 pay authorities, which includes the Physician, Dentists, and Podiatrist Pay Program, Special Salary Rates, and title 5 recruiting, retention, and relocation incentives. By implementing this recommendation, the DHA addressed civilian hiring practices for medical personnel to reduce vacant positions.

We closed Recommendation A.1.b, which stated the DHA Director should establish a working group to determine if MTF civilian nurse salaries match local market rates and take actions to reduce disparities where MTF salaries are not commensurate with the local market. DHA officials provided documentation showing that they compare DHA civilian salaries to the median salaries in the same occupational codes compiled by the Bureau of Labor Statistics and to salaries of VA medical personnel. Based on these comparisons, the DHA uses similar pay authorities as the VA by amending salaries in certain locations to create Special Salary Rates. DHA officials stated that the DHA Human Capital Division is currently working with the Defense Health Networks to track and report the impact the SSRs have on staffing shortages. By implementing this recommendation, the DHA is attempting to reduce disparities in pay between DHA medical personnel and non-DHA medical personnel to help reduce staff turnover and the number of vacant positions.

We administratively closed Recommendation A.2.a, which stated that the DHA Director should establish the manpower requirements for the COVID-2019 mission within the MTFs. On May 11, 2023, the Federal Public Health Emergency declared by the U.S. Department of Health and Human Services expired. Additionally,

in 2024 the President revoked several COVID-2019-related Executive Orders.¹⁹ Recommendation A.2.a. required the DHA Director to take actions to improve the ability of MTFs to meet their COVID-2019 mission requirements, but because the COVID-19 Public Health Emergency has expired, we determined that this recommendation should be administratively closed.

The DHA Faced Challenges Closing 13 Longstanding Recommendations That Will Remain Open

The DHA faced challenges closing 13 recommendations; therefore, these recommendations remain open. These recommendations remain open because additional actions are necessary to satisfy the intent of the recommendation, such as the publication of updated DHA guidance, the implementation of new programs, and the completion of inspections.

DHA officials stated that a pause to the publication process, resulting from an OMB-directed regulatory freeze on all DoD publications on January 20, 2025, caused delays in the DHA’s ability to close several open recommendations. However, the Assistant to the Secretary of Defense (Privacy, Civil Liberties, and Transparency) rescinded this freeze on July 10, 2025, and a DHA official confirmed that the Acting DHA Director now has no hindrances to publishing DHA policies. See Table 2 for a summary of DoD OIG reports with longstanding healthcare-related recommendations that remain open.

Table 2. The DHA Longstanding Healthcare-Related Recommendations That Are Remaining Open

Report Number	Recommendation Number	Days Open (as of August 8, 2025)	Estimated Completion
DODIG-2020-048	1.a	2,036	September 2025
DODIG-2020-078	1.c	1,949	To be determined*
DODIG-2020-078	1.g	1,949	To be determined*
DODIG-2020-112	2.c.2	1,823	December 2025
DODIG-2020-112	2.c.3	1,823	December 2025
DODIG-2020-112	2.c.4	1,823	December 2025
DODIG-2020-112	2.f.4	1,823	To be determined*

¹⁹ Exec. Order No. 14122, 89 Fed. Reg. 27355 (2024), “COVID-19 and Public Health Preparedness and Response,” April 12, 2024, revoked Exec. Order No. 13910, 85 Fed. Reg. 17001 (2020), “Preventing Hoarding of Health and Medical Resources to Respond to the Spread of COVID-19,” March 23, 2020; Exec. Order No. 13991, 86 Fed. Reg. 7045 (2021), “Protecting the Federal Workforce and Requiring Mask Wearing,” January 20, 2021; and Exec. Order No. 13998, 86 Fed. Reg. 7205 (2021), “Promoting COVID-19 Safety in Domestic and International Travel,” January 21, 2021.

Table 2. The DHA Longstanding Healthcare-Related Recommendations That Are Remaining Open (cont'd)

Report Number	Recommendation Number	Days Open (as of August 8, 2025)	Estimated Completion
DODIG-2021-126	2.a	1,417	December 2026
DODIG-2021-126	2.b.1	1,417	November 2026
DODIG-2021-126	2.b.2	1,417	November 2026
DODIG-2022-081	A.1.c	1,220	September 2025
DODIG-2022-081	A.1.d	1,220	December 2025
DODIG-2022-081	A.2.b	1,220	March 2026

Source: The DoD OIG.

* The DHA recommended closure of these recommendations; however, we disagree that the actions the DHA has taken thus far warrant closures. Additionally, the DHA did not provide an estimated completion date for the actions necessary to close these recommendations.

Report No. DODIG-2020-048, “Audit of Controls Over Opioid Prescriptions at Selected DoD Military Treatment Facilities”

For Report No. DODIG-2020-048, we conducted follow-up on Recommendation 1.a, which stated that the DHA Director should continue to monitor morphine milligram equivalent per day by beneficiary, examine data for unusually high opioid prescriptions, and hold providers accountable for overprescribing opioids when appropriate. The DHA has taken some actions to implement the recommendation, such as publishing DHA-AI 6025.08 on pain management and opioid safety in MTFs and developing an inspection checklist for MTFs and DHA Networks—to use to determine compliance with the DHA-AI 6025.08. However, the Healthcare Delivery Compliance Inspection program checklist has not been implemented, nor does it fully incorporate the DHA-AI or Recommendation 1.a requirements. This recommendation will remain open until the DHA: (1) approves the Healthcare Delivery Compliance Inspection program and provides us with the results of its inspections; (2) provides us with documentation to support the implementation of DHA-AI 6025.08’s requirements to monitor beneficiaries with greater than 50 morphine milligram equivalent per day, collect data about high opioid prescriptions, and identify providers whose prescribing practices are inconsistent with guidelines; and (3) updates the inspection checklist to include an assessment of MTF Directors’ actions taken to hold identified providers accountable.

Report No. DODIG-2020-078, “Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities”

For Report No. DODIG-2020-078, we conducted follow-up on Recommendations 1.c and 1.g, which will remain open. In Recommendation 1.c, we recommended that the DHA Director assess generator and fuel storage security at each MTF under the DHA’s control and implement controls that meet DoD requirements for generator and fuel storage tanks. In June 2025, a DHA official told us that they directed the nine DHA Networks to ensure that all subordinate MTFs conducted on-site self-assessments of all approved generator facilities and fuel storage areas; however, in July 2025, a DHA official stated that the DHA OIG paused the remaining FY 2025 self-assessments. Based on our review of the assessments provided by the DHA, we determined that the DHA is in the process of assessing MTF generator and fuel storage security and implementing internal controls to meet DoD requirements.²⁰ This recommendation will remain open until the DHA completes all FY 2025 MTF generator and fuel storage security assessments and implements any resulting Corrective Action Plans to meet DoD requirements for generator and fuel storage tanks.

In Recommendation 1.g, we recommended that the DHA Director conduct physical security inspections at all MTFs to determine where weaknesses exist and implement controls to reduce those weaknesses. In June 2025, DHA officials stated that they directed all MTFs to conduct physical security self-inspections and implement controls to reduce the identified weaknesses. In July 2025, a DHA official stated that the physical security self-assessments were paused by the DHA OIG. As of July 2025, the DHA provided documentation showing that the DHA J-34 Protection Division completed 30 on-site physical security assessments. Based on our review of the assessments and Corrective Action Plans, we determined that the DHA is in the process of conducting MTF physical security assessments and implementing internal controls to reduce the identified weaknesses. This recommendation will remain open until the DHA completes physical security assessments for all MTFs and MTFs have implemented controls to reduce any identified weaknesses and vulnerabilities.

²⁰ By DoD requirements, we are referring to DoDI 5200.08, “Security of DoD Installations and Resources and the DoD Physical Security Review Board,” December 10, 2005, Incorporating Change 3, Effective November 20, 2015; DHA-PI 4180.01, “Emergency Power, Standby Generators, and Stored Energy Power Systems,” January 5, 2022; DHA-AI 5210.01, “Physical Security Program,” July 12, 2023; Unified Facilities Code (UFC) 3-460-01, “Design: Petroleum Fuel Facilities,” July 16, 2019, Change 3, June 8, 2023; UFC 3-540-01, “Engine Driven Generator Systems for Prime and Standby Power Applications,” August 1, 2024, Change 3, January 26, 2023; UFC 4-010-01, “DoD Minimum Antiterrorism Standards for Buildings,” December 12, 2018, Change 2, July 30, 2022; and UFC 4-510-01, “Design: Military Medical Facilities,” February 3, 2023, Change 3, November 30, 2023.

Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense”

For Report No. DODIG-2020-112, we conducted follow-up on Recommendations 2.c.2, 2.c.3, 2.c.4, and 2.f.4, which will remain open.

For Recommendation 2.c.2, we recommended that the DHA Director update DoD, DHA, and TRICARE policy to develop a standard definition and required elements for an initial non-urgent mental health assessment and develop a way to track whether the assessment is completed within the 7-day standard in primary or specialty care. The DHA provided a draft copy of DHA-Procedures Manual (PM) 6025.15, “Standard Processes and Procedures for Optimizing Access to Care within the DHA’s Direct Care System.” The draft PM states that patients with a new non-urgent BH condition must be offered a primary care appointment within 7 calendar days, and referrals for non-urgent specialty care must be offered within 28 days. However, the PM did not define or identify the elements that constitute an initial non-urgent BH appointment. DHA officials told us that BH clinics screen all beneficiaries to determine if a full BH visit is required and they identified several elements of the screening process. However, the required elements of the screening and the required elements of an initial non-urgent BH appointment were not included in the draft PM. This recommendation will remain open until we verify that the DHA includes a standard definition and required elements of an initial non-urgent mental health assessment in DHA policy or guidance.

For Recommendation 2.c.3, we recommended that the DHA Director update and clarify DoD, DHA, and TRICARE policy to describe standard procedures for implementing centralized appointing for BH services. In the DHA Director’s response to Report No. DODIG 2020-112, the Director stated that as DHA-Interim Procedures Memorandum (DHA-IPM) 18-001 evolves into a DHA Procedural Instruction it will specify requirements for central appointing and templating to reduce variance, optimize capacity, and enhance patient experience.²¹ In June 2025, the DHA provided us a draft copy of DHA-PM Number 6025.15, which states that MTFs will simplify their appointment process to be conducive with centralized booking. However, the draft PM does not specify if centralized appointing is required for BH services or provide any additional details about the procedures for implementing centralized appointing. This recommendation will be closed once we verify that the DHA publishes policy or guidance that includes greater details and specified requirements for centralized appointing for BH services.

²¹ DHA-IPM 18-001, “Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures, and Appointment Types in Primary, Specialty, and Behavioral Health Care in MTFs,” February 4, 2020.

For Recommendation 2.c.4, we recommended that the DHA Director update and clarify DoD, DHA, and TRICARE policy to standardize the outpatient mental health care process of providing BH services from first patient contact through follow-up care for a patient needing non-urgent outpatient mental health care. DHA officials provided us with a draft copy of DHA-PM 6025.15, which states that patients with a new non-urgent BH condition must be offered a primary care appointment within 7 calendar days, and referrals for non-urgent specialty care must be offered within 28 days unless the provider determines more urgent care is needed. DHA officials stated they expect this PM to be published by December 31, 2025. This recommendation will remain open until the DHA publishes DHA-PM 6025.15.

For Recommendation 2.f.4, we recommended that the DHA Director track the reasons patients are unable to book appointments in direct and purchased care. The DHA provided documentation showing that they track the reason patients are unable to book appointments in the direct care system in its “all-referral report;” specifically, whether patients were unable to obtain an appointment due to the capabilities or capacity of the MTF to treat the patient. DHA officials stated that patients who are unable to schedule an MTF appointment within access standards are referred to the private sector for care. However, DHA officials stated that they do not capture the reason beneficiaries with referrals are unable to schedule care with private sector providers because they would have to reach out to every patient with an un-activated referral. DHA officials also stated that the current TRICARE contracts require the managed care support contractors to help book the initial appointment if the beneficiary requests assistance but does not require them to track the reasons patients could not make an appointment. When asked whether they planned to issue any guidance to the managed care support contractors or MTFs to meet the intent of this recommendation, DHA officials stated they provide guidance to MTFs about how to determine the reason patients cannot get an MTF appointment. However, the DHA did not state that they had plans to issue guidance to the managed care support contractors to track the reasons why patients could not make BH appointments with private sector care providers. This recommendation will remain open until we verify that the DHA has developed and implemented a method to identify the reasons patients are unable to book appointments with private sector care providers.

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

For Report No. DODIG-2021-126, we conducted follow-up on Recommendations 2.a, 2.b.1, and 2.b.2, which will remain open.

For recommendation 2.a, we recommended that after the DoD publishes implementing guidance for supply chain risk management, the DHA Director should develop and publish implementing guidance for supply chain risk management, specifically for pharmaceuticals. The Office of the Under Secretary of Defense for Acquisition and Sustainment published the DoD Supply Chain Risk Management Guidebook on June 24, 2025. Subsequently, the DHA drafted a PM titled “Risk Management for the Department of Defense Pharmaceutical Supply Chain.” The draft PM contains guidance for supply chain risk management, specifically for pharmaceuticals and identifies the DHA Components responsible for policy execution. According to a DHA official, the time it takes to get a new policy approved and through all formal coordination is extensive, and they estimated that the PM would be published by December 1, 2026. This recommendation will remain open until the DHA publishes their DHA-PM with existing applicable content.

For recommendation 2.b.1, we recommended that the Director, DHA complete the implementation of its Drug Supply Chain Security Act (DSCSA) Compliance Strategy by establishing policies and procedures for drugs purchased with Government Purchase Cards or local contracts. DHA officials stated that all DSCSA efforts for the DoD have been assigned to the DHA’s Pharmaceutical Supply Chain Risk Management Working Group (P-SCRM WG), which is currently working on a DHA-AI and a DoD Instruction to address the DSCSA requirements. The draft DHA-AI includes guidance for the use of government purchase cards and contracts, particularly on MTF requirements under the DSCSA for medications purchased outside the DLA Pharmaceutical Prime Vendor Program. However, a DHA official stated that the Food and Drug Administration granted the DHA an exemption to implementing DSCSA requirements until November 27, 2026. This recommendation will remain open until the DHA publishes the DHA-AI and DoD Instruction or adds to an existing DoD Instruction with current applicable content.

For recommendation 2.b.2, we recommended that the DHA Director complete the implementation of its Drug Supply Chain Security Act Compliance Strategy, in coordination with the Commander of DLA Troop Support, by establishing policy and procedures for drugs purchased with Defense Logistics Agency-managed processes, including DLA Depot Stock, Direct Vendor Delivery, and DLA Electronic Catalog. DHA officials stated that DLA Troop Support continues to oversee the development and implementation of process and system changes needed to comply with the DSCSA requirements. The officials stated that the DLA is collaborating with the DHA P-SCRM WG to establish a program that meets the needs of the DoD, including the Pharmaceutical Prime Vendor, DLA Depot, Direct Vendor Delivery, and Electronic Catalog acquisition programs. The DHA’s P-SCRM WG May 2025 meeting minutes show that DHA’s ongoing collaborative effort with the DLA Troop

Support to implement DHA's DSCSA Compliance Strategy. The P-SCRM WG's draft DoD Instruction lists the DHA's roles and responsibilities and specifically directs the DHA Director to coordinate with the DLA about the use of DLA management processes; however, the working group is still working on the draft DoD Instruction. In alignment with the exemption granted by the FDA to the DoD, the DHA is projecting an estimated completion date of November 2026. This recommendation will remain open until the DHA publishes the DHA-AI and DoD Instruction or updates an existing DoD Instruction with current applicable content.

Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021"

For Report No. DODIG-2022-081, we conducted follow-up on Recommendations A.1.c, A.1.d, and A.2.b, which will remain open.

For recommendation A.1.c, we recommended that the DHA Director establish a working group to address the lack of knowledge of Military Service requests for individual and large group deployments of medical staff from MTFs, and the associated risks to health care delivery. Since the release of our report, the DHA has been collaborating with the Military Departments to establish a Global Force Management Working Group Charter. In June 2025, the DHA shared a draft of the charter designating it as an enduring entity responsible for addressing Global Force Management-related issues that affect healthcare delivery and MTF operations. The draft charter states that the working group will inform the DHA of all Military Department and Combatant Command training events that could affect MTF staffing and patient care, so that the DHA can assess their impact on healthcare delivery and Combat Support Agency activities. This recommendation will remain open until the DHA publishes the Global Force Management Working Group charter with existing applicable content.

For recommendation A.1.d, we recommended that the Director of the DHA establish a working group to assess the ability of Military MTFs to rapidly receive augmentation of medical staff from the Reserve Components. In August 2025, the DHA Reserve Affairs Office established a working group, to establish milestones for improving the ability of MTFs to receive Reserve augmentation; therefore, we determined that the DHA is in the process of taking action to meet the intent of the recommendation. This recommendation will remain open until the DHA demonstrates that the DHA's working group has established clear milestones to assess the effectiveness of efforts to rapidly expand MTFs with personnel from Reserve Components.

For recommendation A.2.b, we recommended that the Director of the DHA identify the medical personnel requirements in the MTFs, including clinicians, nurses, and support staff needed for future long-term pandemic response and biological incidents. The DHA has taken several actions, that when completed, will meet the intent of the recommendation. The DHA coordinated with the ASD(HA) to provide input for the update of DoDI 6200.03, "Public Health Emergency Management (PHEM) within the DoD," which is currently under staffing review. The DHA is also finalizing their Pandemic and Incident Response Plan, shifting primary responsibility from the DHA Public Health to the DHA Emergency Manager to better align with the Pandemic and & Infectious Disease planning at MTFs. The DHA expects to publish the update to DoDI 6200.03 by March 17, 2016, and complete the Pandemic and Incident Response Plan by January 30, 2026. This recommendation will remain open until the DHA publishes DoDI 6200.03 and completes the Pandemic and Infectious Disease Plan.

DHA Delays in Addressing Recommendations Could Compromise Patient Care, Exacerbate Vulnerabilities in Healthcare Facilities, and Increase Personnel Shortages

The DHA's implementation of the remaining open longstanding recommendations could help the DoD overcome several healthcare-related challenges, such as reducing pharmaceutical supply disruptions which could compromise the standard of care to DoD beneficiaries. Additionally, by completing actions to close these recommendations the DHA could improve patient access to appropriate levels of mental health care, arrange for continued care for those with existing mental health conditions, and limit delays to obtaining mental health care. DHA actions could also help the DoD avoid vulnerabilities associated with medical equipment and pharmaceutical storage, prevent medical personnel shortages and burnout, properly monitor opioid prescriptions and distribution, and hold opioid prescribers accountable for not following established guidance.

To improve the effectiveness and efficiency of its operations, the DHA must take corrective action to resolve open DoD OIG report recommendations in a timely manner. Patient safety is at risk when recommendations remain open for years and personnel shortages can intensify. This can negatively impact the health and welfare of Service members and their families, as well as degrade the DoD's ability to meet the mission.

Appendix

Scope and Methodology

We conducted this evaluation from April 2025 through September 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 and conclusions.

To determine the status of each open recommendation, we requested information and interviewed personnel from the Office of the USD(P&R) and the DHA. We also reviewed relevant Exec. Orders and OMB Memorandums. We compared these documents with the originally published recommendations to determine the extent to which the DHA took action to implement longstanding healthcare-related recommendations. Specifically, we reviewed the following executive orders, memorandums, guidance, and supporting documentation.

- Exec. Order No. 13822, 83 *Fed. Reg.* 1513 (2018), “Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life,” January 9, 2018.
- Exec. Order No. 14122, 89 *Fed. Reg.* 27355 (2024), “COVID-19 and Public Health Preparedness and Response,” April 12, 2024.
- Deputy Secretary of Defense Memorandum, “Stabilizing and Improving the Military Health System,” December 6, 2023.
- “DoD Supply Chain Risk Management Guidebook,” June 9, 2025.
- DoDI 4140.01, “DoD Supply Chain Materiel Management Policy,” March 6, 2019.
- DoDI 6200.03, “Public Health Emergency Management (PHEM) Within the DoD,” March 28, 2019.
- DoDI 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” March 26, 2012, Incorporating Change 1, Effective October 28, 2015.
- DHA-AI 6025.08, “Pain Management and Opioid Safety in Military Medical Treatment Facilities,” February 8, 2023.

- Direct Type Memorandum 24-003, “Military Health System Manpower Requirements Determination Resourcing and Assignment,” June 28, 2024.
- OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” January 20, 2025.
- Memorandum PCT000165-25, “Lifting Regulatory Freeze for the Department of Defense,” July 10, 2025.
- Draft DHA-AI 6025.44, “Defense Health Agency Healthcare Delivery Compliance Inspection Program,” June 2025.
- ASD(HA) Policy Memorandum 11-005, “TRICARE Policy for Access to Care,” February 23, 2011.
- ASD(HA) 2024 “Military Health System Human Capital Distribution Plan Business Rules,” July 1, 2024.
- DHA-IPM 18-001, “Standard Appointing Process, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in MTFs,” February 4, 2020.
- Military Health System Strategy Plan FY 2024 to FY 2029, December 15, 2023.
- “Military Health System Staffing Transparency and Resourcing Impact Business Rules PR00057824508c,” July 1, 2024.

Prior Coverage

During the last 5 years, the DoD OIG issued seven reports that were the subject of this follow-up evaluation on longstanding healthcare-related recommendations directed to the DHA.

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

DoD OIG

Report No. DODIG-2020-048, “Audit of Controls Over Opioid Prescriptions at Selected DoD Military Treatment Facilities,” January 10, 2020.

Report No. DODIG-2020-078, “Audit of Physical Security Controls at Department of Defense Medical Treatment Facilities,” April 6, 2020.

Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense,” August 10, 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.

Report No. DODIG-2022-030, "Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members," November 9, 2021.

Report No. DODIG-2022-071, "Audit of Active-Duty Service Member Alcohol Misuse Screening and Treatment," March 10, 2022.

Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021," April 5, 2022.

Acronyms and Abbreviations

AI	Administrative Instruction
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
BH	Behavioral Health
COVID-19	Coronavirus Disease–2019
DHA	Defense Health Agency
DLA	Defense Logistics Agency
DSCSA	Defense Supply Chain Security Act
DoDI	DoD Instruction
Exec. Order	Executive Order
Fed. Reg.	Federal Register
IPM	Interim Procedures Memorandum
MHS	Military Health System
MTF	Military Treatment Facility
OMB	Office of Management and Budget
PHEM	Public Health Emergency Management
PM	Procedures Manual
P-SCRM WG	Pharmaceutical Supply Chain Risk Management Working Group
UFC	Unified Facilities Criteria
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs



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