Evaluation Report

NONDEPLOYABLE RESERVE COMPONENT PERSONNEL

Report Number 98-142 June 1, 1998

Office of the Inspector General
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June 1, 1998

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
COMMANDANT, MARINE CORPS
ASSISTANT SECRETARY OF THE NAVY (FINANCIAL MANAGEMENT AND COMPTROLLER)
ASSISTANT SECRETARY OF THE AIR FORCE (FINANCIAL MANAGEMENT AND COMPTROLLER)
AUDITOR GENERAL, DEPARTMENT OF THE ARMY

SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Report No. 98-142)

We are providing this report for review and comment. We considered management comments on a draft of this report in preparing the final report.

DoD Directive 7650.3 requires that all unresolved issues be resolved promptly. Comments from the Army Reserve Command, the Navy for the Marine Corps Reserve, and the Air Force Reserve are responsive and no additional comments are required. Comments from the Army National Guard and Air National Guard are partially responsive. Therefore, we request the Army National Guard to provide comments on Recommendation A.1. and the Air National Guard to provide additional comments on Recommendations A.2. and B.2. by July 31, 1998.

We appreciate the courtesies extended to the evaluation staff. Questions on the evaluation should be directed to Mr. Richard A. Brown at (703) 604-9483 (DSN 664-9483) (rbrown@dodig.osd.mil). See Appendix D for the report distribution. The evaluation team members are listed inside the back cover.

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Office of the Inspector General, DoD

Report No. 98-142 **June 1, 1998**
(Project No. 7RB-3007)

Nondeployable Reserve Component Personnel

Executive Summary

Introduction. Reserve forces are critical to the successful conduct of military operations in wartime and peacetime. These forces played a vital role in Operations Desert Shield and Desert Storm and in recent military operations, to include Bosnia. In 1991, the Department of the Army Inspector General's special assessment of Operations Desert Shield and Desert Storm mobilization indicated that dental and medical limitations were responsible for more than 60 percent (approximately 8,000) of nondeployable soldiers identified at mobilization stations. Soldiers were also nondeployable due to shortfalls in family care plans. Those shortfalls caused units to execute last minute personnel substitutions. In 1994, the General Accounting Office reported that DoD was lax in overseeing the Services implementation of its medical and physical fitness programs for reservists.

Evaluation Objective. The overall evaluation objective was to determine whether adequate procedures were in place to identify and manage nondeployable Reserve component personnel. We reviewed the adequacy of management control programs as they applied to the overall objective for the Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve. We will separately review and report on the Naval Reserve.

Evaluation Results. Based on our evaluation of 51 Reserve units, we believe management improvement and emphasis are needed to ensure full compliance with DoD policy.

- The Reserve components reviewed lacked consistency in the application of and adequate oversight of their family care plan processes. If family care plan inadequacies continue to exist, readiness and deployability could be affected during a full mobilization (Finding A).

- Except for the Army National Guard, the Reserve components reviewed were not meeting physical fitness standards and requirements. As a result, the Reserve components could not ensure that all their members could adequately demonstrate Service specific cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility needed to successfully perform mission specific duties (Finding B).

We identified material management control weaknesses in the identification of applicable members and the validation of family care plans and annual physical fitness testing of Reserve component members. See Appendix A for details on our review of the management control program. Management controls over identification and correction of dental and medical limitations were considered adequate. See Appendix C for a discussion of action taken to improve access to dental care.

Summary of Recommendations. We recommend that the Commander, U.S. Army Reserve Command; the Director, Army National Guard; the Director, Air National Guard; and the Commander, Marine Forces Reserve, identify applicable members, establish procedures requiring completion of and review and validation of family care plans, and establish family care plans as the subject of future inspections, evaluations, or audits. We recommend that the Chief, Air Force Reserve and the Director, Air

National Guard assign responsibility for monitoring family care plans to either the Military Personnel Flight Customer Service or to full-time support personnel. We also recommend that the Chief, Air Force Reserve direct the Air Force Reserve Inspector General to continue inspections of family care plans. In addition, we recommend that the Commander, Marine Forces Reserve direct each unit to report annually to Command Headquarters the number of members requiring family care plans; provide date of completion and implementation of "R-Net" database; and establish review of family care plans as a part of future inspections, evaluations, and audits. We recommend that the Commander, U.S. Army Reserve Command, establish physical fitness testing as the subject of future inspections, evaluations, and audits; the Director, Air National Guard submit a request for variance with the Air Force Surgeon General; and the Commandant, Marine Corps, to require all Marines, regardless of age, to take annual physical fitness tests.

Management Comments. The Army concurred with the recommendations. The Army Reserve Command stated that revisions to the Standard Installation Division Personnel System - U.S. Army Reserve, Center Level Application Software will ensure identification of members requiring family care plans and monitoring of the plans. Family care plans and physical fitness testing will be included in the Compliance Assessment Program, items of interest for the FY 1999 internal review plans, and considered for reporting as material management control weaknesses for FY 1998. The Army National Guard stated that a memorandum will be issued to the states reemphasizing the requirements of the family care plan. The Navy commenting for the Marine Corps Reserve concurred with the recommendations, and indicated that major subordinate commands of the Marine Forces Reserve will compile and monitor electronic rosters of members in need of family care plans. A database supporting family care plans will be established on the R-Net by July 1, 1998. Also, all Marines, regardless of age, will be required to take an annual physical fitness test. The Air Force Reserve Command concurred with the recommendations, and stated that responsibility for monitoring family care plans will be assigned to full-time support personnel; military personnel flights will perform annual staff assistance visits; and family care plan processes will remain a special interest item for Air Force Reserve Inspector General visits. The Air National Guard neither concurred nor nonconcurred, but stated that enough family care plan oversight is in place at the unit level and that command interest and renewed attention should sufficiently address the compliance issues. As a corrective action, the Air National Guard will add the Dependent Care Program as a special interest item to inspections and audits and will require units to submit an annual report on the family care plan. The Air National Guard further stated that it does not follow the Air Force policy on physical fitness testing because the Air Force Surgeon General concurred with the Air National Guard Instruction on physical fitness. See Part I for a discussion of management comments and Part III for the complete text of the comments.

Evaluation Response. Management actions on family care plans and physical fitness testing implemented by the Army Reserve Command, Marine Corps Reserve, and Air Force Reserve Command are responsive to the intent of the recommendations and no further comments are required. The Army National Guard comments are partially responsive. They did not specifically address actions for identifying and reporting on family care plans and action completion dates. The Air National Guard comments did not specifically address action completion dates for identifying and reporting on family care plans and for future administrative inspections, evaluations and audits, including assignment of responsibility for monitoring family care plans. Further, the Air National Guard did not request a variance in physical fitness testing from the U.S. Air Force Surgeon General in accordance with Air Force policy. Therefore, we request that the Army National Guard and Air National Guard provide additional comments in response to the final report by July 31, 1998.

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Part I - Evaluation Results

Evaluation Background

Introduction. Reserve forces are critical to the successful conduct of military operations in both peacetime and wartime. The mission of the Reserve component of all the Services is to provide trained, well-equipped individuals and units for active duty in time of national emergency or war or at such times as the national security requires. The Reserve components played a major role in Operations Desert Shield and Desert Storm and have been playing vital roles in recent military operations, to include Bosnia. In addition, Reserve forces are expected to play an increasingly important role in future military operations as DoD reduces the size of the Active Forces. About 780,000 Selected reservists and National Guardsmen are in the Reserve components.

The Army Reserve and the Army National Guard constitute the Reserve component of the Total Force of the Army. The Naval Reserve is the Reserve component for the Navy. The Marine Corps Reserve is the Reserve component of the Marine Corps. The Air Force Reserve and the Air National Guard constitute the Reserve component of the Air Force.

History. In 1991, the Department of the Army Inspector General's special assessment of Operations Desert Shield and Desert Storm mobilization indicated that the dental and medical limitations accounted for more than 60 percent (approximately 8,000) of nondeployable soldiers identified at mobilization stations. The inadequacy of Army family care plans also resulted in some nondeployable soldiers and caused last minute personnel substitutions. In 1994, the General Accounting Office (GAO) reported that DoD had been lax in overseeing the Services implementation of its medical and physical fitness programs for reservists. GAO recommended that the Under Secretary of Defense for Personnel and Readiness direct the Inspector General, DoD, to review management controls to ensure that fitness related problems are corrected. The Inspector General, DoD, received no request from the Under Secretary. However, knowing this was an agreed-upon requirement, the Inspector General, DoD, initiated the review.

This report covers evaluation results for the Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve. We will separately review and report on the Naval Reserve procedures in identifying and managing nondeployable members.

Evaluation Objective

The objective of the program evaluation was to determine whether adequate procedures were in place to identify and manage nondeployable Reserve component personnel. We also reviewed the adequacy of management control programs as they applied to the objective for the Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve.

See Appendix A for a discussion of the scope, methodology, and management control program coverage; Appendix B for a summary of prior coverage related to the evaluation objective; and Appendix C for a discussion of action taken to improve access to dental care.

Finding A. Family Care Plans

The Reserve components (Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve) reviewed lacked consistency in the application of and the adequate oversight of their family care plan processes. The Reserve components had not fully complied with the DoD Family Care Plan policy to identify all members requiring family care plans and to ensure the adequacy of every member's family care plan. In addition, except for the Air Force Reserve, the Reserve components had not placed command emphasis on monitoring family care plans. If family care plan inadequacies continue to exist, readiness and deployability could be affected during a full mobilization.

Guidance

DoD Policy. DoD Instruction 1342.19, "Family Care Plans," July 13, 1992, establishes policy, assigns responsibilities, and prescribes procedures on family care plans. The Instruction requires Military Departments to ensure that systems are in place to monitor family care plans within their respective Services. The Instruction also requires Military Departments to implement procedures to ensure that commanders, commander representatives, supervisors, or designated personnel within the Reserve components annually validate each member's family care plan, review the adequacy of the plan, and ensure that the plan covers all reasonable contingencies.

DoD Instruction 1342.19 requires all single parent members with custody of children and dual military couples with dependents, including members who otherwise bear sole responsibility for the care of children under the age of 19 or family members who are unable to care for themselves in the member's absence, to initiate and maintain a family care plan. The family care plan ensures that covered family members receive adequate care, supervision, and support during the member's absence.

Commanders or supervisors have the primary responsibility to ensure that members who meet the criteria have an up-to-date family care plan. Members must submit the family care plan to their commander, the commander representative, or a supervisor for review. A family care plan must include arrangements for the financial well-being of family members covered by the family care plan during short- and long-term separations. Arrangements for financial care must include powers of attorney, allotments, or other appropriate means to ensure the self-sufficiency and financial security of family members. A family care plan must also include a statement signed by the caregiver acknowledging and accepting responsibility for care of the member's family and provisions for short- and long-term separations. Copies of powers of attorney prepared for the caregiver must be included with the statement signed by the caregiver. The member is responsible for providing the caregiver with the necessary documents, including powers of attorney and wills.

Army Policy. Army Regulation 600-20, "Army Personnel Command Policy," Interim Change I04, September 17, 1995, implements DoD requirements and provides guidance for mission, readiness, and deployability needs for Army active duty, Army Reserve, and Army National Guard. Members must implement family care plans during any periods of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization and deployment, or other types of active duty.

Air Force Policy. Air Force Instruction 36-2908, "Family Care Plans," July 15, 1994, implements DoD requirements, establishes policy, assigns responsibilities, and outlines procedures governing family care plans. The Instruction applies to the Active Air Force, Air Force Reserve, Individual Ready Reserve, and Air National Guard. Air Force members must have family care arrangements that cover all reasonably foreseeable situations, both short- and long-term.

Marine Corps Policy. Marine Corps Order 1740.13A, "Family Care Plans," December 3, 1993, implements DoD requirements and establishes policy and procedures for family care plans. The Order applies to active duty and Reserve members and requires provisions for all possible contingencies, both short- and long-term deployments or absences.

Meeting DoD Family Care Plan Requirements

The Reserve components reviewed lacked consistency in the application of and the adequate oversight of their family care plan processes. The Reserve components had not fully complied with the DoD Family Care Plan policy to identify all members requiring family care plans and to ensure the adequacy of every member's family care plan. In addition, except for the Air Force Reserve, the Reserve components had not placed command emphasis on monitoring family care plans. Specifically, the Army Reserve, Army National Guard, and Marine Corps Reserve did not have a system in place to identify all members requiring family care plans and did not have accurate information in the family care plans. In addition, the Air Force Reserve and Air National Guard family care plans had incomplete and outdated information. Further, the Air National Guard had not fully complied with DoD policy to identify all members requiring family care plans.

Army Reserve and Army National Guard

The Army Reserve components (Army Reserve and Army National Guard) lacked consistency in the application of and the adequate oversight of their family care plan processes. Based on our evaluation of 16 units, the Army Reserve components had not fully complied with DoD policy to identify all

members requiring family care plans and to ensure the adequacy of every member's family care plan. In addition, the Army Reserve components had not placed command emphasis on monitoring family care plans.

Identification of Members. The Army Reserve components lacked consistency in application because they did not have a system in place to identify all members requiring family care plans. Both Active and Reserve components of the Army use the Standard Installation Division Personnel System to manage personnel-related information. However, the system was not engineered to track family care plans and no other system was in place to accomplish the required monitoring function. As a result, the Army Reserve components could not adequately identify members requiring family care plans. Consequently, the Army Reserve components could not ensure the adequacy of existing plans.

Command Oversight of the Plans. The Army Reserve components lacked consistency in the adequate oversight of their family care plan processes. The Army Reserve Command Inspector General identified family care plans in its inspection checklist. However, neither the Inspectors General nor the Internal Review offices of the Reserve Regional Support command included family care plans in regularly scheduled oversight due, in part, to lack of command emphasis. When inspectors general conducted premobilization reviews, they found that family care plans ranged from marginally adequate to unsatisfactory. The Army National Guard Headquarters did not provide oversight of the Army National Guard units. A State Area Command review of the family care plans of the Army National Guard was performed in only 13 states.

Air Force Reserve and Air National Guard

The Air Force Reserve and Air National Guard lacked consistency in the application of and the adequate oversight of their family care plan processes. Based on our evaluation of 25 units, the Air Force Reserve component members had incomplete and inaccurate family care plans. In addition, the Air National Guard had not fully complied with DoD policy to identify all members requiring family care plans. Further, the Air National Guard had not placed command emphasis on monitoring family care plans.

Process of Reviewing and Validating Family Care Plans. The Air Force Reserve components lacked consistency in application because they did not have a standard process for monitoring family care plans. The level of thoroughness in reviewing and validating family care plans varied at the 17 Air Force Reserve units and the 8 Air National Guard units we visited. The reviews and validations of family care plans could be accomplished by either the unit commanders, first sergeants, Military Personnel Flight Customer Service, or full-time support personnel. Reviews and validations of family care plans by unit commanders or first sergeants, who faced time constraints associated with unit training assemblies, were not adequate in accordance with DoD and Air Force requirements. During their 2-day unit training assemblies, unit commanders and first sergeants were involved with other assignments and

taskings, which made it difficult for them to adequately review and validate family care plans. However, reviews and validations accomplished by the Military Personnel Flight Customer Service, which was staffed with full-time personnel who did not have time constraints, generally adequately identified members who had not completed family care plans; and they reviewed and validated the adequacy of family care plan requirements, such as powers of attorney, designated caregivers, etc.

Identification of Members. The Air Force Reserve components lacked consistency in the identification of members requiring family care plans. The Air Force Reserve, because of command emphasis, ensured that all members requiring family care plans were identified. The Air Force Reserve maintained and tracked family care plans that were to be completed or already completed by members. In July 1997, the Air Force Reserve reported that 4,041 Air Force Reserve members required family care plans. In comparison, the Air National Guard had not fully complied with DoD policy to identify all members requiring family care plans. As a result, the Air National Guard could neither ensure that all members requiring family care plans had completed a plan nor ensure the deployability of all its members.

Command Oversight of the Plans. Command emphasis on monitoring family care plans varied by Air Force Reserve component. The Air Force Reserve placed emphasis on its family care program. The Air Force Reserve Inspector General had been performing inspections at a rate of one unit per month in an effort to ensure full compliance by all Air Force Reserve units. Following the completion of 23 wing or group inspections from October 1995 through October 1997, the Air Force Reserve Inspector General reported that 10 wings or groups were not meeting satisfactorily the family care plan requirements. Satisfactory ratings were given to wings or groups that had all the required documentation for the family care plans, had no discrepancies, and contained accurate and up-to-date information. Satisfactory ratings were achieved by wings or groups in which the responsibility for monitoring family care plans were assigned to the Military Personnel Flight Customer Service or to full-time support personnel and not the unit commanders or first sergeants. The Air Force Reserve Inspector General found incomplete family care plans, expired powers of attorney, powers of attorney that were not executed for all designees, and annual validations that were not performed. The Inspector General concluded that improvements in the validation process were still warranted. On the other hand, the Air National Guard had neither placed command emphasis on monitoring family care plans nor performed oversight of family care plans. As a result, the Air National Guard could not ensure the adequacy of its family care plans.

Marine Corps Reserve

The Marine Corps Reserve lacked consistency in the application of and the adequate oversight of its family care plan processes. Based on the evaluation of 10 units, the Marine Corps Reserve did not have a uniform system in place to

identify members requiring family care plans and those whose plans contained inaccurate information. This occurred because the Marine Corps Reserve had not complied fully with the DoD Family Care Plan policy. In addition, the Marine Forces Reserve* had not placed command emphasis on monitoring family care plans.

Identification of Members. The reserve units reviewed lacked consistency in the application of the plan because the Marine Forces Reserve did not have a system in place to identify members requiring family care plans. Also, the reserve units did not ensure the adequacy of each member's family care plan. Of the 10 units we visited, 8 could not ascertain the number of members requiring family care plans. Commanding officers depended solely on members to voluntarily initiate family care plans. However, at two units, commanding officers identified members requiring family care plans by interviewing all their unit members during the unit training assembly and determining who needed to prepare a plan. Further, the reserve units had not adequately validated family care plans. For example, at four sites we visited, we noted expired powers of attorney, non-review of powers of attorney for adequacy, and family care plans that were not being validated as correct by the member and the designated caregiver.

Command Oversight of the Plans. The Marine Corps and the Marine Forces Reserve had not placed command emphasis on the oversight of family care plan processes. Marine Corps Order 1740.13A required the verification of family care plans to be included during the conduct of inspections. However, neither the Marine Corps Inspector General nor the Marine Forces Reserve Inspector had reviewed the family care plans.

Command Corrective Action. As a result of our review, the Marine Forces Reserve initiated corrective action. It initiated the development of a database for family care plans on a wide area network, "R-Net," to ensure the identification of members requiring family care plans and the validation of the plans. The Marine Forces Reserve Inspector had also initiated plans to review family care plans.

Future Deployability

The Reserve components consist of about 780,000 members. Future deployability of some reservists, as demonstrated in Operations Desert Shield and Desert Storm, necessitates the timely establishment and maintenance of required family care plans. Except for the Air Force Reserve, the Reserve components we reviewed did not adequately identify members requiring family care plans or ensure that their members completed the required family care

*The Marine Forces Reserve is the Headquarters command for the Marine Corps Reserve. It provides policy, guidance, direction, and support to Marine reservists and Reserve units.

plans. We believe the Reserve components should establish a system to identify and monitor family care plans. In addition, Reserve components should put in place oversight mechanisms to ensure compliance with DoD and Service policies including annual reporting to command headquarters on unit compliance; thus, resulting in enhanced capability to meet future deployments.

Recommendations, Management Comments, and Evaluation Response

A.1. We recommend that the Commander, U.S. Army Reserve Command; Director, Army National Guard; and Director, Air National Guard:

a. Establish procedures to identify all members meeting the criteria for a family care plan, ensure completion of a family care plan, and ensure annual review and validation of each member's family care plan.

b. Establish procedures requiring each unit to report annually to Command Headquarters the number of members requiring family care plans, the number of plans that are being completed, the number of plans that have been completed, and the number of family care plans reviewed and validated.

c. Establish family care plans as a subject of future administrative inspections, evaluations, and audits to ensure compliance.

Army Reserve Command Comments. The Army Reserve Command concurred, stating that adequate procedures for the identification of soldiers who are required to complete family care plans already exist in Army Regulation 600-20. It indicated that compliance with procedures is the responsibility of every commander and first sergeant and must remain at their level. It will remind commanders and first sergeants of the importance of those responsibilities during the May 1998 U.S. Army Reserve Command General Officers and Command Sergeants Major Conference. It also stated that by April 30, 1998, results of a Command-wide review of family care plans including the total number of soldiers and the number of required family care plans, approved family care plans, and family care plans pending approval are to be reported. Additionally, by May 31, 1998, changes in system codes and related fields for family care plans entered in the Standard Installation Division Personnel System - U.S. Army Reserve, Center Level Application Software to enable continuous monitoring of family care plans will be completed. By June 30, 1998, guidance requiring the review and validation of family care plans during annual training, individual duty training "family days," and mobilization exercises will be published. Finally, family care plans will be included in the Compliance Assessment Program by June 30, 1998, an item of interest for FY 1999 internal review plans, considered as a material management control weakness for FY 1998, and incorporated in the Army Reserve Command management control process beginning in FY 1999.

Army National Guard Comments. The Army National Guard concurred, stating that adequate policies and procedures have been established and believed that the problems reported were due to a lack of implementation of policies and procedures. As a corrective action, the Army National Guard planned to issue a readiness memorandum to the states reemphasizing the implementation of family care plans during any period of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization and deployment, or other types of active duty. Unit commanders will be required to report all nondeployable personnel on the quarterly unit status report. Family care plans will be an area for inspection within the Organizational Inspection Program, conducted at least annually by the battalion level or higher. In addition, the Army National Guard will recommend that the state senior leadership consider the need to prepare and monitor family care plans as a potential auditable area for internal review to audit within the next 12 months.

Air National Guard Comments. The Air National Guard neither concurred nor nonconcurred, stating that sufficient guidance is in place to ensure compliance with DoD Instruction 1342.19 and Air Force Instruction 36-2908 and that the problems reported are due to noncompliance with rather than lack of policy or guidance. As a corrective action, the Air National Guard stated that it will add the Dependent Care Program as a special interest item to inspections and audits. All units will be required to submit an annual family care plan report to the Headquarters Air National Guard Readiness Center Personnel Directorate. The report will include the number of members requiring family care plans, plans that are being completed, plans that have been completed, and plans that have been reviewed and validated.

Evaluation Response. Comments from the Army National Guard and Air National Guard were partially responsive. For the Army National Guard, we request information on what actions are planned or taken to identify and report the number of members requiring family care plans, plans that are being completed, plans that have been completed, and plans that have been reviewed and validated and the action completion date. For the Air National Guard, we request completion dates for the reporting on family care plans and for future administrative inspections, evaluations, and audits to ensure compliance with the preparation and validation of the family care plans.

A.2. We recommend that the Chief, Air Force Reserve and the Director, Air National Guard assign responsibility for monitoring family care plans to either the Military Personnel Flight Customer Service or to full-time support personnel to ensure that all applicable members complete a family care plan and to ensure adequate review and validation of the plans.

Air Force Reserve Comments. The Air Force Reserve concurred, and stated that it would assign responsibility for monitoring family care plans to full-time support personnel to ensure all applicable members complete a family care plan and to ensure adequate review and validation of the plans. The Air Force Reserve Command will direct the military personnel flights to perform annual

staff assistance visits to all units with members requiring family care plans, and will require a 90-day followup on discrepancies found. The estimated completion date for the above actions is October 1, 1998.

Air National Guard Comments. The Air National Guard neither concurred nor nonconcurred. The Air National Guard stated that enough oversight is in place at the unit level to ensure all applicable members complete a family care plan and ensure adequate review and validation of the plans through the responsibilities listed in Air Force Instruction 36-2908.

Evaluation Response. The Air National Guard comments did not specifically address assignment of responsibility for monitoring family care plans to ensure all applicable members complete a family care plan and ensure adequate review and validation of the plans. We request that the Air National Guard provide additional comments in response to the final report.

A.3. We recommend that the Chief, Air Force Reserve direct the Air Force Reserve Inspector General to continue inspections of family care plan processes to ensure that Air Force Reserve units fully comply with the policy.

Air Force Reserve Comments. The Air Force Reserve concurred, and stated that the Air Force Reserve Inspector General will be directed to continue inspections of family care plan processes to ensure units fully comply with the policy. The Air Force Reserve Command Family Care Plan Program will remain a special interest item for Air Force Reserve Inspector General visits.

A.4. We recommend that the Commander, Marine Forces Reserve:

a. Direct unit commanders to conduct interviews of all unit members to ensure identification of members meeting the criteria and completion of family care plans.

b. Direct each unit to create a local database to ensure that members requiring family care plans are tracked and family care plans are maintained.

c. Direct each unit to annually report to command headquarters the number of members requiring family care plans and the number of family care plans that have been completed including the number of family care plans reviewed and validated.

d. Provide the date of completion and implementation of the wide area network, "R-Net," including the processes and procedures for monitoring family care plans.

e. Establish family care plans as a subject of ongoing and future administrative inspections, evaluations, and audits to ensure compliance with Marine Corps Order 1740.13A.

Navy Comments for the Marine Corps Reserve. The Navy concurred, and stated that interviews of all Marine Corps Reserve unit members will be completed by October 1, 1998. Major subordinate commands of the Marine Forces Reserve and Force units will be directed to compile and monitor electronic rosters of all members in need of family care plans. On January 1, 1999, reporting of the number of members requiring family care plans and the number of family care plans completed, including plans that have been reviewed and validated, will be implemented. The first reports are due March 31, 1999. In addition, a database supporting family care plans will be established on the R-Net by July 1, 1998. The inspection, evaluation, and audit of family care plans was incorporated into the Marine Forces Reserve inspector order on March 15, 1998.

Finding B. Physical Fitness Testing

Except for the Army National Guard, the Reserve components reviewed were not meeting physical fitness standards and requirements. This occurred because the Reserve components had not adequately implemented and tested members in accordance with DoD and Service implementing guidance for physical fitness. In addition, the Army Reserve lacked uniform command emphasis. As a result, Reserve components could not ensure that all their members could adequately demonstrate Service-specific cardio-respiratory endurance, muscular strength and endurance, and the whole body flexibility needed to successfully perform mission specific duties.

Guidance

DoD Policy. The DoD policy on physical fitness and body fat is contained in DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," July 20, 1995. The policy states that physical fitness is essential to combat readiness. Individual Service members must possess the cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility to successfully perform in accordance with their Service-specific mission and military specialty. The policy requires each Service, Active and Reserve components, to establish its specific requirements and conduct the physical fitness training for its particular needs and mission. The policy also states that all Service members, regardless of age, must be formally evaluated and tested for the record, at least annually.

Army Policy. Physical fitness testing procedures are identified in Army Regulation 350-41, "Training in Units," March 19, 1993. The Regulation states that the purpose of physical fitness testing is to give soldiers an incentive to stay in good physical condition and to allow commanders a means of assessing the general fitness levels of their units. The Army's implementing guidance is in Army Field Manual 21-20, "Physical Fitness Training," September 30, 1992. The Army's physical fitness training program extends to all branches of the total Army, which includes the Army Reserves and Army National Guard.

Air Force Policy. Air Force Policy Directive 40-5, "Fitness and Weight Management," May 20, 1994, establishes policy to promote good physical condition to increase force readiness. Air Force Instruction 40-501, "The Air Force Fitness Program," February 1, 1996, implements Air Force Policy Directive 40-5 and the physical requirements of DoD Directive 1308.1. The Instruction applies to all Air Force members.

Air National Guard Policy. Air National Guard Instruction 40-501, "Air National Guard Fitness Program," October 10, 1996, outlines the Air National Guard fitness program, as required by DoD Directive 1308.1.

Marine Corps Policy. Marine Corps Order 6100.3J, "Physical Fitness Testing," February 29, 1988, establishes policy and implementing instructions concerning physical fitness.

Meeting DoD Requirements

Except for the Army National Guard, the Reserve components reviewed were not meeting physical fitness standards and requirements. This occurred because the Reserve components had not adequately implemented and tested members in accordance with DoD and Service implementing guidance for physical fitness. Specifically, the Army Reserve failed to uniformly implement Army physical fitness standards. In addition, the Air Force Reserve failed to meet DoD and Air Force requirements for annual physical fitness testing. Further, the Air National Guard did not follow Air Force policy on physical fitness testing. Moreover, the Marine Corps Reserve did not meet the DoD annual physical fitness testing requirement because it exempted members who were 46 or older.

Army Reserve and Army National Guard

The Army Reserve components we visited were not consistent in the implementation and physical fitness testing of members. Five of the eight Army Reserve units visited were not meeting physical fitness standards and requirements. This occurred because the Army Reserve lacked command emphasis and had not adequately implemented and tested members in accordance with DoD and Army implementing guidance for physical fitness. In contrast, all eight Army National Guard units we visited met and sometimes exceeded standards.

The Army Reserve lacked uniform command emphasis and had not adequately implemented and tested members in accordance with DoD and U.S. Army implementing guidance for physical fitness. The degree of thoroughness in implementing Army physical fitness standards was directly attributed to the mission of the unit and a commander's prerogative. At eight Army Reserve units, we noted varying degrees of thoroughness in meeting the Army's physical fitness standards. At two units, test scores could have been entered in error because not enough personnel were assigned to oversee the testing. At two other units, test scores had been recorded for individuals who had not taken the test. Further, at another unit visited, the previous commander had not required that annual testing be accomplished. However, at eight Army National Guard units, the Army physical fitness standards were thoroughly implemented. The Army National Guard units met and sometimes exceeded the physical fitness standards.

Air Force Reserve and Air National Guard

The Air Force Reserve and Air National Guard units reviewed were not meeting physical fitness standards and requirements. This occurred because the Air Force Reserve and Air National Guard had not adequately implemented and tested members in accordance with DoD and Service implementing guidance for physical fitness. Specifically, the Air Force Reserve failed to meet DoD and Air Force requirements for annual physical fitness testing. In addition, the Air National Guard did not follow Air Force policy on physical fitness testing. Air Force Instruction 40-501 requires that physical fitness of each Air Force member, active duty; Air Force Reserve; and Air National Guard, be assessed by using cycle ergometry (a computerized stationary bicycle) annually.

Air Force Reserve. The 17 Air Force Reserve units we reviewed failed to meet DoD and Air Force requirements for annual physical fitness testing. Because of resource and time constraints, the exclusive use of cycle ergometry resulted in the Air Force Reserve conducting physical fitness testing every 2 years rather than annually as required by DoD and Air Force policy. In April 1996, the Air Force Reserve changed the frequency of testing from every 2 years to every 5 years for nonflyers and every 3 years for flyers. The intent of the Air Force Reserve was to combine the physical fitness testing with the medical examination requirements. However, its action did not meet the DoD and Air Force requirement for annual physical fitness testing.

As a result of our review, the Air Force Reserve requested approval for a variance in testing physical fitness. On July 11, 1997, the U.S. Air Force Surgeon General authorized the Air Force Reserve to test unit members by utilizing either the cycle ergometry or by completing a timed 3-mile walk. The time limits varied with the age and sex of each member. All unit members who failed or had not taken the cycle ergometry test in 1997 and who could safely complete annual physical fitness testing, were required to complete fitness testing no later than December 31, 1997. After December 1997, the fitness testing was to become an annual requirement so as to meet Service specific cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility requirements in accordance with DoD policy.

Air National Guard. The eight Air National Guard units we reviewed were not following Air Force policy on the use of cycle ergometry for its annual physical fitness testing. Instead, the Air National Guard used either the cycle ergometry test, a timed 1.5-mile run, or a 3-mile walk to meet its annual physical fitness testing requirement. The Air National Guard did not use cycle ergometry as an exclusive method for testing physical fitness due to multiple constraints. The constraints included the time required to administer the test, cost of equipment and manpower, and the nonsuitability of the cycle ergometry method for testing large populations.

In accordance with Air Force policy, alternative test methods must be approved by the U.S. Air Force Surgeon General. The Air National Guard had not requested approval to use the run or walk for its physical fitness testing. They

planned to continue to use the run or walk method of testing its personnel, and as such, needed to request a variance to the annual cycle ergometry testing through the U.S. Air Force Surgeon General.

Marine Corps Reserve

The 10 Marine Corps Reserve units we reviewed were not meeting DoD physical fitness standards and requirements because of an age exemption. Marine Corps Order 6100.3J, did not comply with the DoD requirement for annual physical fitness testing regardless of age. The Order contained an exemption from physical fitness testing for Marines who were 46 or older. As of December 12, 1997, 1,646 (5 percent) Reserve members were 46 or older. The standard physical fitness testing consists of three events. For males, the events are the pull-up or chin-up, bent-knee sit-up, and a timed 3-mile run. For females, the events are the flexed-arm hang, bent-knee sit-up, and a timed 1.5-mile run.

As a result of our review, the Marine Corps agreed to implement corrective action and reissue its testing policy. The revised Order will require all Marines, regardless of age, to be evaluated and tested annually.

Physical Endurance

Except for the Army National Guard, the Reserve components we reviewed could not ensure that all their members could adequately demonstrate Service-specific cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility needed to successfully perform mission specific duties. We believe that the Reserve components should put in place oversight mechanisms to ensure compliance with DoD and Service policies. In addition, to ensure consistency in application, the Army Reserve should make physical fitness testing the subject of future inspections, evaluations, and audits.

Recommendations, Management Comments, and Evaluation Response

B.1. We recommend that the Commander, U.S. Army Reserve Command, perform inspections, evaluations, and audits of its physical fitness program to ensure uniform and consistent application of physical fitness standards.

Army Reserve Command Comments. The Army Reserve Command concurred, and stated that the importance of conducting uniform and consistent Army physical fitness testing will be emphasized during the May 1998 U.S. Army Reserve Command General Officers and Command Sergeants Major

Conference. The Readiness Command will be required to include physical fitness testing in the Compliance Assessment Program to ensure all units properly comply with the Army requirements. Physical fitness testing will become an item of interest for the FY 1999 internal review plans, considered for reporting as a material management control weakness for FY 1998, and incorporated into the Army Reserve Command management control process beginning in FY 1999.

B.2. We recommend that the Director, Air National Guard, prepare and submit to the U.S. Air Force Surgeon General a request for variance in physical fitness testing to either use the cycle ergometry or complete a timed 1.5-mile run or 3-mile walk.

Air National Guard Comments. The Air National Guard neither concurred nor nonconcurred, stating that it does not follow the Air Force policy on physical fitness testing because the Air Force Surgeon General concurred with Air National Guard Instruction 40-501. The Air National Guard stated that before publication of its Instruction it briefed the Surgeon General and his staff on the results of a pilot test that determined cycle ergometry testing was too resource intensive and not feasible. Further, a total force integrated product team met to discuss an appropriate fitness test for the reserve components. The Air National Guard stated that in March 1998, the Air Force Surgeon General approved a Rockport 1-mile walk pilot test, to include one each, active duty; guard; and reserve unit. A proposal for deployment of the pilot test is scheduled for May 1998.

Evaluation Response. Comments from the Air National Guard are not fully responsive. While the U.S. Air Force Surgeon General is aware of the pilot test, we believe that the recommendation is still valid because no specific variance was requested, granted and documented in accordance with Air Force policy. Therefore, if it plans to continue using the run or walk method of testing its personnel, the Air National Guard should request a variance to the annual cycle ergometry testing through the U.S. Air Force Surgeon General. We request that the Air National Guard provide additional comments in response to the final report.

B.3. We recommend that the Commandant, Marine Corps, revise Marine Corps Order 6100.3J, "Physical Fitness Testing," February 29, 1988, to require all Marines, regardless of age, to take annual physical fitness tests.

Navy Comments for the Marine Corps Reserve. The Navy concurred and stated that effective July 1, 1998, all Marines, regardless of age, will be required to take an annual physical fitness test.

Part II - Additional Information

Appendix A. Evaluation Process

Scope

We reviewed the processes and analyzed corresponding DoD and Service regulations and instructions used by the Army Reserve Command, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve to identify and manage nondeployable Reserve component personnel. Specifically, we evaluated the Reserve components' 1996 and 1997 policies and procedures on family care plans, physical fitness testing, dental and medical programs, and key employees.*

Methodology

In the survey phase, we judgmentally selected units from each of the Reserve components. We visited three Army Reserve units, three Army National Guard units, four Air Force Reserve wings and four assigned units, two Air National Guard units, two Naval Reserve units, and five Marine Corps Reserve units. We interviewed responsible officials, examined records, collected and analyzed FYs 1996 and 1997 data pertaining to family care plans, physical fitness test scores, dental and medical program, and key employees. We found no problems with key employees and therefore, did not include them during the verification phase of the evaluation.

During the verification phase, we developed a questionnaire to gather information on family care plans, physical fitness testing, and dental and medical programs. We sent the questionnaire to units that had deployed between FYs 1995 and 1997 and those that were targeted to deploy between August and November 1997. Based on our analyses of the responses to the questionnaire, we identified and visited responsible officials at 5 Army Reserve, 5 Army National Guard, 6 Air Force Reserve wings and 13 assigned units, 6 Air National Guard units, and 5 Marine Corps Reserve units. We reviewed FYs 1996 and 1997 records of family care plans, physical fitness tests, dental and medical programs, and collected pertinent data. See Appendix C for a discussion of action taken to improve access to dental care.

We will separately review and report on the Naval Reserve procedures in identifying and managing nondeployable members.

*A key employee is one who occupies a position that cannot be vacated during a national emergency or mobilization without seriously impairing the capability of an organization to function effectively.

Use of Computer-Processed Data. We did not rely on computer-processed data and did not use statistical sampling to achieve the evaluation objective.

Evaluation Type, Dates, and Standards. We performed this program evaluation from May through December 1997 in accordance with standards implemented by the Inspector General, DoD. Accordingly, we included tests of management controls considered necessary.

Contacts During the Evaluation. We visited or contacted individuals and organizations within the DoD. Further details are available upon request.

Management Control Program

DoD Directive 5010.38, "Management Control (MC) Program," August 26, 1996, requires DoD organizations to implement a comprehensive system of management controls that provides reasonable assurance that programs are operating as intended and to evaluate the adequacy of those controls.

Scope of Review of Management Control Program. We reviewed the adequacy of management controls at the Reserve components as they related to the management of nondeployable reservists. Specifically, we reviewed management controls over family care plan, physical fitness, dental and medical programs, and key employees. We reviewed management's self-evaluation applicable to those controls.

Adequacy of Management Controls. We considered management controls over the identification and correction of dental and medical limitations and management of key employees adequate. See Appendix C for a discussion of action taken to improve access to dental care. However, we identified material management control weaknesses for all the Reserve components as defined by DoD Directive 5010.38. The Reserve components had not complied with established DoD family care plan procedures. The management controls over family care plans were not adequate to ensure the completion, review, and validation of family care plans. Further, except for the Army National Guard, the Reserve components had not complied with established procedures on physical fitness testing. Recommendations in this report, if implemented, will correct the material weaknesses. A copy of the report will be provided to the senior official responsible for management controls in the Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve.

Adequacy of Management's Self-Evaluation. The Reserve components did not identify family care plans and physical fitness testing as assessable units and, therefore, did not identify the material management control weaknesses identified by the evaluation.

Appendix B. Summary of Prior Coverage

General Accounting Office

GAO Report No. NSIAD-94-36, (OSD Case No. 9576), "RESERVE FORCES: DoD Policies Do Not Ensure That Personnel Meet Medical and Physical Fitness Standards," March 1994. The report discusses the adequacy of DoD and Service medical retention policies and practices for reservists, physical fitness test results as a measure of reservists' preparedness for military missions, and management controls to ensure the achievement of fitness program objectives. GAO recommended that the Secretary of Defense revise the DoD physical fitness policy to require reservists to be medically able to deploy worldwide; direct the Services to adopt mission specific physical fitness testing programs; improve controls over physical fitness testing and reporting; and direct the Inspector General, DoD, to confirm that adequate management controls had been established to correct fitness-related problems identified in the report. DoD agreed with the report's overall findings and agreed to separate personnel who repeatedly fail physical fitness tests, implement controls to prevent fitness test scores from being inappropriately changed, and direct the Inspector General to assess whether adequate management controls had been established.

GAO Report No. NSIAD-92-208, (OSD Case No. 9083), "OPERATION DESERT STORM: War Highlights Need to Address Problem of Nondeployable Personnel," August 1992. The report states that the number of nondeployable personnel in both the Active and the Reserve Forces is unintentionally masked by the force selection, mobilization, and packaging efforts and helps to screen for and substitute personnel to avoid nondeployability problems. Some Reserve units screen their personnel at home stations so nondeployables do not report to mobilization stations, whereas other units do not screen their personnel. GAO recommended that the Secretary of Defense provide additional policy guidance and emphasis, as needed, to require the Services to identify the magnitude of temporary and permanent nondeployable personnel in both Active and Reserve Forces; and strengthen the Status of Resources and Training System to require the Services to more fully reflect the impact of temporary and long-term nondeployable personnel, both Active and Reserve in their reports. DoD concurred with the GAO principal findings. DoD revised its family care planning guidance, conducted a review of retention and deployability criteria, and rewrote supporting personnel plans for contingencies.

GAO Report No. NSIAD-92-67, (OSD Case No. 8919), "OPERATION DESERT STORM: Army Had Difficulty Providing Adequate Active and Reserve Support Forces," March 1992. The report states that many units are not authorized to have all of their required wartime personnel in peacetime. In addition, GAO found that units contain personnel unable to deploy because they did not complete initial training, have medical problems, or cannot meet other

deployment criteria. To assist Congress in analyzing the DoD proposed legislative changes to the President's Selected Reserve call-up authority (Title 10 United States Code, Section 673b [10 U.S.C. 673b]), GAO recommended that the Secretary of Defense supplement proposed legislative changes with information clearly identifying the specific obstacles encountered by each Service in selecting and mobilizing Reserves under 10 U.S.C. 673b and the specific actions DoD and the Services can take to mitigate those difficulties that do not require legislative changes. The DoD response to the final report indicated that the means of reducing personnel shortages in early deploying units would be examined and assured access to trained manpower consistent with 10 U.S.C. 673b to meet personnel needs. In addition, DoD would examine a range of potential improvements to the Status of Readiness and Training System, including the adoption of performance-based measures within the training portions of the current system.

GAO Report No. NSIAD-91-263, (OSD Case No. 8769), "NATIONAL GUARD: Peacetime Training Did Not Adequately Prepare Combat Brigades For Gulf War," September 1991. The report states that medical screening at the mobilization stations identifies numerous problems that impair soldiers' ability to deploy, including chronic asthma, dental problems, diabetes, hepatitis, seizures, spinal arthritis, and ulcers. GAO recommended that the Secretary of the Army revise National Guard medical screening policies and procedures to provide screening of round-out brigade personnel at age 40, and explore alternatives to identify and correct serious dental ailments of round-out brigade personnel. DoD generally concurred with the GAO recommendations and stated that the Army was changing its regulations, developing validation procedures, and studying the subject of dental problems in the Army Reserve component.

Department of the Army Inspector General

Department of the Army Inspector General Report, "Special Assessment of Operation Desert Shield/Storm," December 1991, states that nondeployable soldiers disrupt mobilization and cause units to undergo extensive cross-leveling (extensive use of lower ranking enlisted soldiers filling Non-Commissioned Officer positions, particularly drill sergeant positions). Dental and medical limitations account for more than 60 percent (approximately 8,000) of nondeployable soldiers at mobilization stations. Initial demobilization visits found no evidence of follow-up action to preclude permanently nondeployable soldiers from rejoining units at home station. Differences between mobilization, deployability, and retention standards remain problems. The Army Inspector General suggested corrective actions in the areas of family support programs and dental and medical programs. The corrective actions are intended to improve the overall pre-mobilization planning and screening.

Appendix C. Selected Reserve Dental Program

TRICARE Dental Program. The DoD has taken a positive step in assisting the Reserve components in managing dental health screening. Reservists dental health is an important factor in determining readiness for deployment. During the Persian Gulf War dental and medical limitations accounted for up to 60 percent (approximately 8,000) of reservists being nondeployable. The 1996 National Defense Authorization Act directed the establishment of a dental insurance program for members of the Selected Reserve of the Uniformed Services, titled the TRICARE Selected Reserve Dental Program (the Dental Program). Surveys showed that approximately 40 percent of the reservists and National Guardsmen did not have dental benefits due to the cost. On June 27, 1997, DoD awarded Humana Military Healthcare Services, Inc., the contract to administer the Dental Program. Effective October 1, 1997, the Assistant Secretary of Defense (Reserve Affairs), working in conjunction with Humana, began offering the newly available Dental Program to members of the Selected Reserve and National Guard. The only other criteria is that eligible Selected reservists[1] and National Guardsmen[2] must have at least 1 year of commitment remaining.

Selected reservists and National Guardsmen who elect the Dental Program must pay 4 months of premiums up front to enroll, and thereafter, have their share of the overall monthly premium automatically withheld from their monthly drill pay. The premiums cover routine diagnostic and preventive services, such as cleanings and X-rays and emergency services for mouth injuries or severe pain. Enrollees are responsible for co-payments for restorative services, such as fillings, temporary crowns, tooth extractions, and root removals. Root canals and permanent crowns are not included as benefits.

Resourcing for the Program. There are about 780,000 Selected reservists and National Guardsmen eligible for the voluntary dental plan. Premiums for the Dental Program are set at $4.36 a month for the first year and cover up to $1,000 of dental work annually. The Government's share is $6.53 a month or 60 percent of the total cost of the premiums. The DoD Appropriations Act for FY 1997 provided $7.5 million to the Defense Health Program for the Dental Program. Any unused funds are allowed to be carried over into FY 1998. In addition, the Defense Health Program has $10 million targeted in FY 1998 for the Dental Program. To support the Dental Program, DoD has programmed $34 million to $40 million each year in FYs 1999 through 2003.

Enrollment of Reservists. DoD anticipated the enrollment, for the first year, to be approximately 25 percent or 195,000 Selected reserve and National

[1]Selected reservists consists of Reserve unit members within the Ready Reserve who are essential to wartime missions and includes full-time support personnel and individual mobilization augmentees.

[2]National Guardsmen includes Army National Guard and the Air National Guard.

Guardsmen. The Office of the Assistant Secretary of Defense (Reserve Affairs) stated that there were 19,000 applications as of November 30, 1997, with 12,000 approved and enrolled. A marketing strategy is being developed to increase enrollment in the Dental Program. Because the Dental Program is relatively new, its overall effectiveness is not yet readily measurable.

Appendix D. Report Distribution

Office of the Secretary of Defense

Under Secretary of Defense (Comptroller)
  Deputy Chief Financial Officer
  Deputy Comptroller (Program/Budget)
Under Secretary of Defense (Personnel and Readiness)
Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Public Affairs)
Assistant Secretary of Defense (Reserve Affairs)
Director, Defense Logistics Studies Information Exchange

Joint Staff

Director, Joint Staff

Department of the Army

Auditor General, Department of the Army
Commander, Army Reserve Command
Chief, National Guard Bureau
  Chief, Internal Review and Audit Compliance

Department of the Navy

Assistant Secretary of the Navy (Financial Management and Comptroller)
Auditor General, Department of the Navy
Director, U.S. Naval Reserve

Marine Corps

Commandant of the Marine Corps
Commander, Marine Forces Reserve

Department of the Air Force

Assistant Secretary of the Air Force (Financial Management and Comptroller)
Auditor General, Department of the Air Force
Chief, Air Force Reserve

Unified Commands

Commander in Chief, U.S. European Command
Commander in Chief, U.S. Pacific Command
Commander in Chief, U.S. Atlantic Command
Commander in Chief, U.S. Southern Command
Commander in Chief, U.S. Central Command
Commander in Chief, U.S. Space Command
Commander in Chief, U.S. Special Operations Command
Commander in Chief, U.S. Transportation Command
Commander in Chief, U.S. Strategic Command

Other Defense Organizations

Director, Defense Contract Audit Agency
Director, Defense Logistics Agency
Director, National Security Agency
  Inspector General, National Security Agency
Inspector General, Defense Intelligence Agency

Non-Defense Federal Organizations and Individuals

Office of Management and Budget
General Accounting Office
  National Security and International Affairs Division
    Technical Information Center
  Health, Education, and Human Services Division

Chairman and ranking minority member of each of the following congressional committees and subcommittees:

  Senate Committee on Appropriations
  Senate Subcommittee on Defense, Committee on Appropriations
  Senate Committee on Armed Services
  Senate Committee on Governmental Affairs
  House Committee on Appropriations
  House Subcommittee on National Security, Committee on Appropriations
  House Committee on Government Reform and Oversight
  House Subcommittee on Government Management, Information and Technology, Committee on Government Reform and Oversight
  House Subcommittee on National Security, International Affairs, and Criminal Justice, Committee on Government Reform and Oversight
  House Committee on National Security

Part III - Management Comments

Department of the Army Comments

DAPE-ZD (SAAG-PMO-L/18 Mar 98) (36-2b) 1st End COL Youngquist
(703) 614-3367
SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007) – REASSIGNMENT OF HQDA PRINCIPAL OFFICIAL

HQDA (DAPE-ZD), Washington, DC 20310-0300 22 APR 1998

THRU ~~Director of the Army Staff~~ DAVID K. MACEWEN, LTC, GS, DOEDC
~~Assistant Secretary of the Army (M&RA)~~ Todd A. Weiler, Acting PDASA(M&RA) 28 APR 1998

FOR Inspector General, Department of Defense, ATTN: Logistics Support Directorate, 400 Army Navy Drive, Arlington, VA 22202-2884

1. The report, subject as above, recommends the Army National Guard (ARNG) and U.S. Army Reserve (USAR) improve management and increase emphasis on the family care plan process. Furthermore, it recommends the USAR improve physical fitness standards and requirements. The Army concurs with the recommendations. Specific comments on each finding and anticipated corrective actions by the ARNG and USAR are described below.

2. ARNG family care plans:

DoDIG Recommendation: The ARNG establish procedures to identify members needing a family care plan, ensure completion, establish review and validation procedures, establish annual reporting procedures, and ensure compliance.

ARNG Response: Concur. The following actions will be taken:

a. Ensure ARNG members implement family care plans during periods of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization, and deployment or other types of active duty.

b. Reinforce instructions, procedures, and necessary forms per AR 600-20.

c. Require unit commanders to report all nondeployable personnel on their quarterly Unit Status Report.

d. Require all commanders to have current and complete family care plans on file for each soldier identified during Phase 1 planning of mobilization.

e. Require review of family care plans be an inspectable area within the Organizational Inspection Program at least annually.

3

DAPE-ZD
SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007) – REASSIGNMENT OF HQDA PRINCIPAL OFFICIAL

f. Recommend that over the next 12 months, the state senior leadership make preparing and monitoring family care plans an auditable area for Internal Review.

3. USAR family care plans:

DoDIG Recommendation: Establish procedures to identify all members meeting the criteria for a family care plan, ensure completion of a family care plan, and ensure annual review and validation of each member's family care plan.

USAR Response: Concur. We believe adequate procedures for the identification of soldiers who are required to complete family care plans already exist in AR 600-20, Change 2, dated 1 Apr 92. Compliance with these procedures is the responsibility of every commander and first sergeant. Monitoring and enforcement of family care plans must remain at their level. We will remind them of the importance of these responsibilities during the May 98 USARC General Officers (GO) and Command Sergeants Major (CM) Conference. Also, by 30 Jun 98, guidance will be published requiring the review and validation of family care plans during annual training, individual duty training "family days." and mobilization exercises.

DoDIG Recommendation: Establish procedures requiring each unit to report annually to Command Headquarters the number of members requiring family care plans. the number of plans that are being completed, the number of plans that have been completed, and the number of family care plans reviewed and validated.

USAR Response: Concur. On 7 Jan 98, the USARC Deputy Commanding General (DCG) directed an USARC-wide family care plan review. Subordinate commanders to the lowest level were required to review and validate needed family care plans for their soldiers. Results of the review are to be reported by 30 Apr 98. The report will include the following: total number of soldiers, number of required family care plans, number of approved family care plans, and number of family care plans pending approval. In addition, new family care plan related field changes to SIDPERS-USR/CLAS were made available to the unit level during Apr 98. These changes relate to the following fields: family care plan code, family care plan date, single parent indicator, SSN of military spouse, and military service of spouse. Completion of these fields is targeted to be input into the system by 31 May 98. We will monitor the information in these fields on a continual basis instead of the recommended annual reporting requirement.

DoDIG Recommendation: Establish family care plans as a subject of future administrative inspections, evaluations, and audits to ensure compliance.

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DAPE-ZD
SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007) – REASSIGNMENT OF HQDA PRINCIPAL OFFICIAL

USAR Response: Concur. The USAR Readiness Command (USARRC) will be directed, by 30 Jun 98, to make sure family care plans are included in their Compliance Assessment Program (CAP) to ensure all units are complying with family care plan requirements. In addition, family care plans were discussed at the Apr 98 USARC IR Professional Development Conference (PDC), and will be made an item of interest for FY99 IR plans. Finally, family care plans will be considered for reporting as a material management control weakness (MW) for FY98, and will be incorporated into the USARC's Management Control Process (MC) beginning with FY99.

4. USAR physical fitness testing:

DoDIG Recommendation: That the Commander, USARC, perform inspections, evaluations, and audits of its physical fitness program to ensure uniform and consistent application of physical fitness standards.

USAR Response: Concur. The importance of conducting uniform and consistent APFT will be emphasized during the May 98 USARC GO and CSM Conference. In addition, by 30 Jun 98, the USARRC will be directed to make sure APFT reviews are included in their CAP to ensure all units are properly complying with APFT requirements. Also, APFT was discussed at the Apr 98 USARC IR PDC, and will be made an item of interest for FY99 IR plans. Finally, APFT will be considered for reporting as a MW for FY98, and will be incorporated into the USARC's MCP beginning with FY99.

5. The HQDA point of contact is COL Youngquist, 614-3367.

P. E. VOLLRATH
Lieutenant General, GS
Deputy Chief of Staff
for Personnel

CF:
OCAR, ATTN: DAAR-PE (LTC Westmoreland)
NGB, ATTN: NGB-ARC-M (Ms. Condon)
SAAG-PMO-L (Ms. Rinderknecht)

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DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND
1401 DESHLER STREET SW
FORT MCPHERSON, GA 30330-2000

REPLY TO
ATTENTION OF

AFRC-IRP-L (36-2a) 28 April 1998

MEMORANDUM FOR Commander, U.S. Army Forces Command,
ATTN: AFCS-IR

SUBJECT: Department of Defense Inspector General Draft Evaluation Report on Nondeployable Reserve Component Personnel, Project No. 7RB-3007, February 27, 1998

1. Our comments to subject report are enclosed.

2. If you have any questions or need additional information, contact Mr. John Price at 464-8183, or Mr. Frank Hayes at 464-8192.

FOR THE COMMANDER:

Encl

FRANK J. BONO
Director, Internal Review and
Management Controls

CF:
Chief, Army Reserve, ATTN: DAAR-PE
Chief, Army Reserve, ATTN: DAAR-OFD
HQ, USARC, ATTN: DCSOPS
HQ, USARC, ATTN: DCSPER
HQ, USARC, ATTN: IG

U.S. Army Reserve Command (USARC) Reply
DODIG Draft Evaluation Report
Nondeployable Reserve Component (RC) Personnel
Project No. 7RB-3007, 27 Feb 98

FINDING A - Family Care Plans

SUMMARY.

The Reserve components (Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve) reviewed lacked consistency in the application of and the adequate oversight of their family care plan processes. The Reserve components had not fully complied with the DOD Family Care Plan policy to identify all members requiring family care plans and to ensure the adequacy of every member's family care plan. In addition, except for the Air Force Reserve, the Reserve components had not placed command emphasis on monitoring family care plans. If family care plan inadequacies continue to exist, readiness and deployability could be affected during a full mobilization.

ADDITIONAL FACTS.

Family care plan issues did not prevent any Army Reserve soldier from deploying. Furthermore, reviews of unit family care plans have been ongoing. USARC Inspector General (IG) general inspections have assessed family care plans as part of their mobilization checklist. The checklist, recommended in Command Oversight of Family Care Plans, has been published. Unit commanders and staff officers from the battalion level and higher have been using the published checklist. Subordinate command Internal Review (IR) offices also have reviewed family care plans during the last three fiscal years (FYs).

RECOMMENDATION.

A-1. We recommend that the Commander, U.S. Army Reserve Command; Director, Army National Guard; and Director, Air National Guard:

a. Establish procedures to identify all members meeting the criteria for a family care plan, ensure

completion of a family care plan, and ensure annual review and validation of each member's family care plan.

b. Establish procedures requiring each unit to report annually to Command Headquarters the number of members requiring family care plans, the number of plans that are being completed, the number of plans that have been completed, and the number of family care plans reviewed and validated.

c. Establish family care plans as a subject of future administrative inspections, evaluations, and audits to ensure compliance.

COMMAND COMMENTS. Our responses are keyed to the specific subparagraphs in recommendation A-1.

A-1.a. Concur. We believe adequate procedures for the identification of soldiers who are required to complete family care plans already exist in AR 600-20, Change 2, dated 1 Apr 92. Compliance with these procedures is the responsibility of every commander and first sergeant. Monitoring and enforcement of family care plans must remain at their level. We will remind them of the importance of these responsibilities during the May 98 USARC General Officers (GO) and Command Sergeants Major (CSM) Conference. Also, by 30 Jun 98, guidance will be published requiring the review and validation of family care plans during annual training, individual duty training "family days," and mobilization exercises.

A-1.b. Concur. On 7 Jan 98, the USARC Deputy Commanding General (DCG) directed an USARC-wide family care plan review. Subordinate commanders to the lowest level were required to review and validate needed family care plans for their soldiers. Results of the review are to be reported by 30 Apr 98. The report will include the following: total number of soldiers, number of required family care plans, number of approved family care plans, and number of family care plans pending approval. In addition, new family care plan related field changes to SIDPERS-USR/CLAS were made available to the unit level during Apr 98. These changes relate to the following fields: family care plan code, family care plan date, single parent indicator, SSN of military spouse, and military service of spouse. Completion of these fields is targeted to be input into the system by 31 May 98. We will

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monitor the information in these fields on a continual basis instead of the recommended annual reporting requirement.

A-1.c. Concur. The U.S. Army Reserve Readiness Command (USARRC) will be directed, by 30 Jun 98, to make sure family care plans are included in their Compliance Assessment Program (CAP) to ensure all units are complying with family care plan requirements. In addition, family care plans were discussed at the Apr 98 USARC IR Professional Development Conference (PDC), and will be made an item of interest for FY 99 IR Plans. Finally, family care plans will be considered for reporting as a material management control weakness (MW) for FY 98, and will be incorporated into the USARC's Management Control Process (MCP) beginning with FY 99.

FINDING B - Physical Fitness Testing

SUMMARY.

Except for the Army National Guard, the Reserve components reviewed were not meeting physical fitness standards and requirements. This occurred because the Reserve components had not adequately implemented and tested members in accordance with DOD and Service implementing guidance for physical fitness. In addition, the Army Reserve lacked uniform command emphasis. As a result, Reserve components could not ensure that all their members could adequately demonstrate Service-specific cardio-respiratory endurance, muscular strength and endurance, and the whole body flexibility needed to successfully perform mission specific duties.

ADDITIONAL FACTS.

In Sep 93, the USARC DCG directed an IG Special Inspection of Army Physical Fitness Testing (APFT). The inspection was conducted at USARC major subordinate commands and their subordinate units from Apr 94 through Jun 94. The results of the inspection required the USARC IG to conduct five follow-up inspections and one general inspection from Oct 96 through Jun 97. In addition, during

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the last three FYs, subordinate command IRs also have reviewed APFT.

RECOMMENDATION.

B-1. We recommend that the Commander, U.S. Army Reserve Command, perform inspections, evaluations, and audits of its physical fitness program to ensure uniform and consistent application of physical fitness standards.

COMMAND COMMENTS.

Concur. The importance of conducting uniform and consistent APFT will be emphasized during the May 98 USARC GO and CSM Conference. In addition, by 30 Jun 98, the USARRC will be directed to make sure APFT reviews are included in their CAP to ensure all units are properly complying with APFT requirements. In addition, APFT was discussed at the Apr 98 USARC IR PDC, and will be made an item of interest for FY 99 IR Plans. Finally, APFT will be considered for reporting as a material management control weakness (MW) for FY 98, and will be incorporated into the USARC's Management Control Process (MCP) beginning FY 99.

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DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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ARLINGTON, VA 22204-1382

NGB-ARC-M (36-5d) 21 APR 1998

MEMORANDUM FOR Inspector General, Department of Defense, ATTN: COL Youngquist, 400 Army Navy Drive, Arlington, VA 22202-2884

SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007)

1. Reference: DoD IG Report Project No. 7RB-3007, 27 Feb 98, subject as above.

2. The Army National Guard has reviewed subject report. We feel that adequate policies and procedures have been established to: identify applicable members, complete and validate Family Care Plans, and evaluate/oversee the program. However, based on the results of the report it appears the problem is not the lack of policies and procedures, but the lack of implementation of policies and procedures. Therefore we will take the following action. A readiness memorandum will be sent to the states by 30 Apr 98 reemphasizing:

a. Guard members must implement family care plans during any period of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization and deployment or other types of active duty.

b. Instructions, procedures and necessary forms for preparing a Family Care Plan are found in AR 600-20.

c. Unit Commanders at all levels are required to report all Nondeployable personnel on their quarterly Unit Status Report per AR 220-1, Unit Status Reporting.

d. Commanders are required to have current and complete Family Care Plans on file for each soldier identified during Phase 1 planning of mobilization (Chapter 2, FORSCOM Regulation 500-3-3, RC Unit Commanders Handbook.)

e. The review of the Family Care Plans should be an inspectable area within the Organizational Inspection Program (OIP) and conducted at least annually by the Battalion Level or higher (AR 1-201, Army Inspection Policy.)

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NGB-ARC-M
SUBJECT: Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007)

3. We will also recommend that the state senior leadership consider the need to prepare and monitor Family Care Plans as a potential auditable area for Internal Review to audit within the next 12 months.

4. The POC for this action is Ms. Pat Condon, NGB-ARC-M, 703-607-7704.

FOR THE DIRECTOR, ARMY NATIONAL GUARD:

for DAVID E. LAPE
Lieutenant Colonel, GS
Chief, Comptroller Division

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Department of the Navy Comments

DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

MAY 6 1998

MEMORANDUM FOR DIRECTOR, READINESS AND LOGISTICS SUPPORT DIRECTORATE

SUBJECT: Evaluation Report of Non-deployable Reserve Component Personnel (Project No. 7RB-3007) - INFORMATION MEMORANDUM

The Department of the Navy has reviewed the draft Evaluation Report on Non-deployable Reserve Component Personnel and provides the following comments on each recommendation affecting the Marine Corps Reserve.

a. Paragraph A.4.a. Concur. Unit commanders will conduct interviews with all unit members to ensure identification of members meeting the criteria and completion of family care plans. The Major Subordinate Commands (MSC) of the Marine Forces Reserve (MARFORRES) (4th Marine Division, 4th Marine Aircraft Wing, 4th Force Service Support Group, and the Marine Corps Reserve Support Command), and Force units attached to the MARFORRES, have been directed to compile and monitor electronic rosters of all members potentially in need of family care plans. Interviews to be completed by October 1, 1998.

b. Paragraph A.4.b. Concur. The Marine Corps Total Force System currently contains data elements that specifically identify, by virtue of service spouse data or dependent data, members potentially in need of family care plans. On an annual basis, commands are required to audit those files for accuracy and compliance with current directives. Efforts will be renewed to ensure the completeness of these audits and corrective actions taken in the event of discrepancies. Audits to be completed by October 1, 1998.

c. Paragraph A.4.c. Concur. Commencing January 1, 1999, COMMARFORRES will implement the recommended reporting process. The first reports from MSC's are due to that Headquarters on March 31, 1999.

d. Paragraph A.4.d. Concur. The R-Net was completed in 1996. The COMMARFORRES will ensure that a database supporting family care plans is established on the R-Net, with an anticipated completion and dissemination of the template by July 1, 1998.

e. Paragraph A.4.e. Concur. The necessity to inspect, evaluate, and audit to ensure compliance with Marine Corps

Order 1740.13A, Family Care Plans, has been incorporated into the Marine Forces Reserve inspector order. Since March 15, 1998, unit inspections include evaluation of family care plans.

f. Paragraph B.3 Concur. Effective July 1, 1998, all Marines, regardless of age, will be required to take an annual physical fitness test.

By implementing management controls over family care plans as addressed by the Inspector General's recommendations, the MARFORRES will be in compliance with DoD Instruction 1342.19, "Family Care Plans." A November 3, 1997, change to Marine Corps Order 6100.3J requires all Marines, regardless of age, to take an annual physical fitness test. Rigorous management controls are in place to ensure compliance.

My point-of-contact is LtCol Mark Dudenhefer, who can be reached at 693-0241.

Bernard Rostker

BERNARD ROSTKER
Assistant Secretary of the Navy
(Manpower and Reserve Affairs)

Air National Guard Comments

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
2500 ARMY PENTAGON
WASHINGTON, D.C. 20310-2500

APR 28 1998

MEMORANDUM FOR INSPECTOR GENERAL, DEPARTMENT OF DEFENSE

SUBJECT: Management Comments to Evaluation Report on Nondeployable Reserve Component Personnel (Project No. 7RB-3007)

The following management comments are provided in response to Physical Fitness Testing in the Air National Guard (ANG).

The ANG does not follow the Air Force policy on physical fitness testing because the Air Force Surgeon General concurred with the ANG Instruction 40-501, Air National Guard Annual Fitness Program. Prior to this publication, the ANG pilot-tested the Cycle Ergometry Test at 3 of our 88 units. Evaluation after 2 years determined the cycle ergometry testing was not feasible for our ANG members. The program is too resource intensive. Results of our evaluation were briefed to the Surgeon General and his staff.

Air Force active duty does not test its members for specific muscular strength, endurance, and whole body flexibility as required in DODD 1308.1. The Air Force Surgeon General has directed his Medical Operations Agency staff to devise a test (August 1998) for these measurements.

In the past year, a total force integrated product team met to discuss an appropriate fitness test for the reserve components. A recommendation was made and the Air Force Surgeon General has approved (March 1998) the Rockport 1.0 miles walk pilot test, to include one active duty, guard, and reserve unit. A proposal for deployment of the pilot test is scheduled to transpire in May 1998.

I wholeheartedly support the efforts of the Air Force Surgeon General and his willingness to consider supporting an alternative fitness test for the ANG.

PAUL A. WEAVER, JR.
Major General, USAF
Director, Air National Guard

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DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU

U.S. AIR FORCE
1947 - 1997

MEMORANDUM FOR DoD/IG (Mr. Richard Brown)

FROM: NGB/CF

SUBJECT: Nondeployable Reserve Component Personnel

We have reviewed the suggestions of the DoD IG, and concluded that sufficient guidance is in place to ensure compliance with DoD Instruction 1342.19 and AFI 36-2908. Enough oversight is currently in place at the unit level to ensure all applicable members complete a family care plan and to ensure adequate review and validation of the plans through the responsibilities listed in AFI 36-2908.

The errors found by the DoD IG team at eight Air National Guard units are compliance items and are not due to a lack of policy or guidance. To address this compliance issue, we are adding the Dependent Care Program as a special interest item to inspections and audits. Additionally, we are now requiring Air National Guard units to submit an annual "Family Care Plan Report" to the Headquarters Air National Guard Readiness Center Personnel Directorate. This report will include (1) the number of members requiring family care plans, (2) the number of plans that are being completed, (3) the number of plans that have been completed, and (4) the number of family care plans reviewed and validated.

This command interest and renewed attention should sufficiently address these compliance issues. Point of contact is Chief Menting, DSN 278-7500 and Email mentingm@ang.af.mil.

PAUL A. WEAVER, JR.
Major General, USAF
Director, Air National Guard

Evaluation Team Members

This report was prepared by the Readiness and Logistics Support Directorate, Office of the Assistant Inspector General for Auditing, DoD.

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