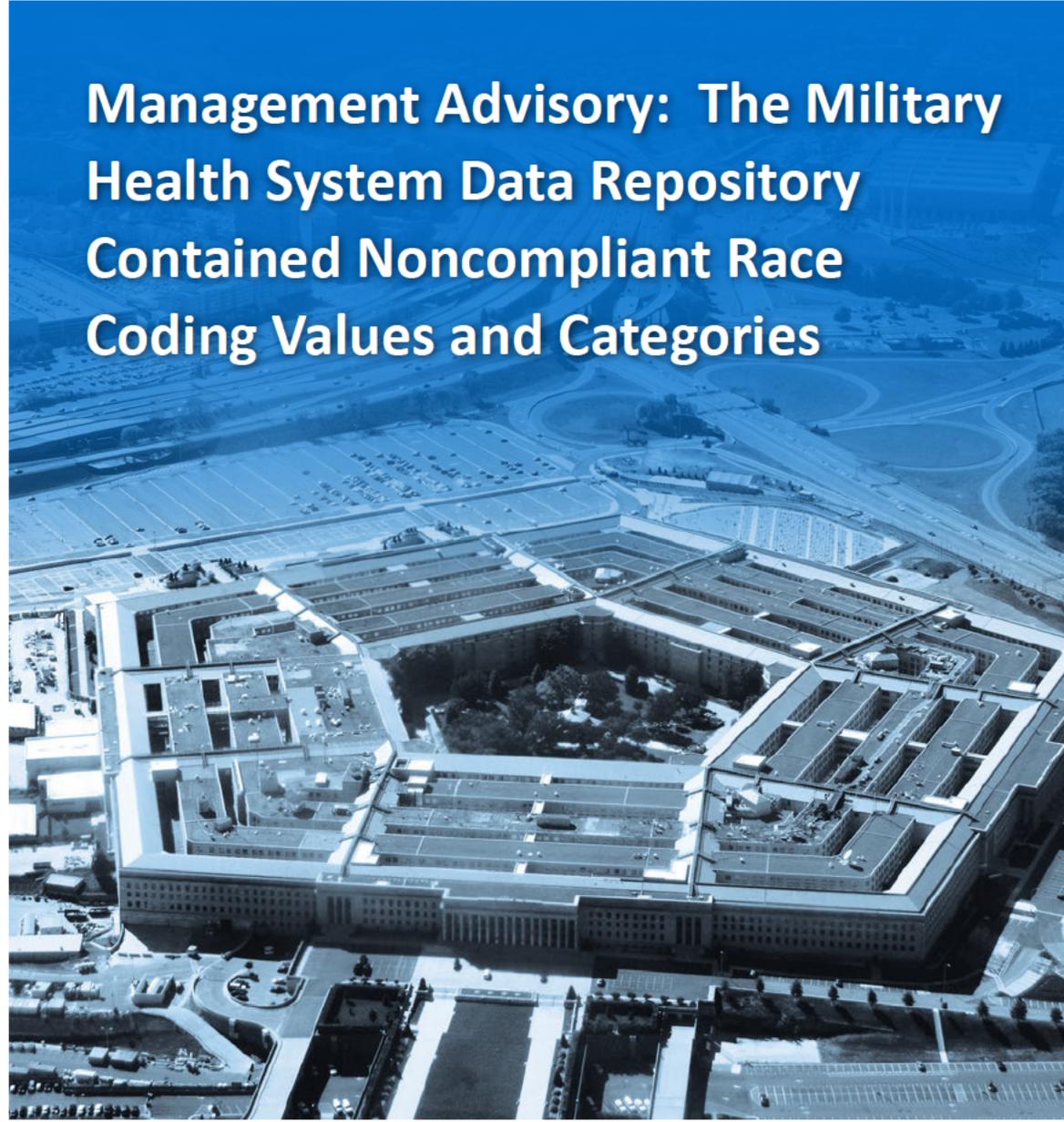




INSPECTOR GENERAL

U.S. Department of Defense

MAY 24, 2022



Management Advisory: The Military Health System Data Repository Contained Noncompliant Race Coding Values and Categories

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE





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

May 24, 2022

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER
AND RESERVE AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY
DIRECTOR, DEFENSE HUMAN RESOURCES ACTIVITY
DIRECTOR, DEFENSE MANPOWER DATA CENTER

SUBJECT: Management Advisory: The Military Health System Data Repository Contained Noncompliant Race Coding Values and Categories (Report No. DODIG-2022-099)

The purpose of this management advisory is to inform the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) that race codes used in the Military Health System Data Repository (MDR) did not comply with DoD policies. We conducted this work with integrity, objectivity, and independence in accordance with the Council of the Inspectors General on Integrity and Efficiency's Quality Standards for Federal Offices of Inspector General.

We provided a draft copy of this management advisory to the USD(P&R) and requested written comments on the recommendation. Comments from the USD(P&R) addressed the recommendation; therefore, we consider the recommendation resolved but open. As discussed in the Recommendation, Management Comments, and Our Response section of this management advisory, we will close the recommendation once we receive documentation showing that the intent of the recommendation is met.

We appreciate the cooperation and assistance provided to us during our review. Please direct comments [REDACTED]

A handwritten signature in black ink, appearing to read "Theresa S. Hull", is positioned above the typed name.

Theresa S. Hull
Deputy Inspector General
Diversity and Inclusion and Extremism
in the Military



Background

Race Coding Values and Categories

The Office of Management and Budget (OMB) oversees and coordinates the implementation of Federal regulations across the Executive Branch. In October 1997, OMB published a notice in the Federal Register, “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity,” that replaced and superseded existing OMB guidance from 1977.¹ In its 1997 revision, OMB modified and separated race and ethnicity categories to accept the recommendations of the Interagency Committee for the Review of the Racial and Ethnic Standards.²

For example, the 1997 revisions separated the “Asian or Pacific Islander” race category into two categories—“Asian” and “Native Hawaiian or Other Pacific Islander.” As shown in Table 1, the revisions expanded the race categories from four to five: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The revision also changed the term “Hispanic” to “Hispanic or Latino.” Finally, the 1997 revision specified two categories for data on ethnicity: “Hispanic or Latino” and “Not Hispanic or Latino.”

Table 1. Categories of Race Listed in Federal Register Notice

Categories
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Source: Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 62 Fed. Reg. 58,782, 58,789 (Oct. 30, 1997).

The 1997 revision defined the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting, directing an implementation date of no later than January 1, 2003.

¹ OMB Statistical Policy Directive No. 15, “Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” May 12, 1977. On October 30, 1997, OMB announced revisions to the standards for classification of Federal data on race and ethnicity in “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity,” 62 Fed. Reg. 58,782 (Oct. 30, 1997).

² OMB established an Interagency Committee for the Review of the Racial and Ethnic Standards, whose members “represent[ed] the many and diverse Federal needs for racial and ethnic data, including statutory requirements for such data.”

The DoD issued mandatory guidance for all DoD entities on reporting of military personnel data elements. DoD Instruction 1336.05 defines “race code,” and DoD Manual 1336.05, enclosure 13, specifies the race code associated with each race category that corresponds with OMB guidance.³ See Table 2 for an excerpt from the DoD Manual 1336.05 list of race codes.

Table 2. Values and Categories Related to Race According to the DoD

Code	Code Definition
A	American Indian/Alaskan Native (A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.)
B	Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands. For example, this category includes China, India, Japan, Korea, Philippine Islands, and Thailand.)
C	Black (A person having origins in any of the black racial groups of Africa.)
D	Native Hawaiian/Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
E	White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Source: DoD Manual 1336.05.

Roles and Responsibilities Related to DoD Implementation of Race Coding

Although the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) provides overall guidance for DoD reporting of active duty Service members, several DoD entities have specific responsibilities related to DoD implementation of race coding. Under the direction of the USD(P&R), the Director of the Defense Human Resources Activity provides comprehensive personnel data management and analysis for the DoD, including data quality control.

The Defense Manpower Data Center (DMDC), which also serves under the USD(P&R), collects and maintains data for personnel, training, and other databases for the DoD. The DMDC also supports the information requirements of the USD(P&R) and members of the DoD personnel and training communities with accurate and timely data.

The Assistant Secretary of Defense for Health Affairs, who also reports to the USD(P&R), oversees the Defense Health Agency (DHA). The Military Health System Data Repository (MDR) is a centralized data repository that receives, stores, and distributes DHA healthcare data worldwide. The MDR receives data from over 260 DoD healthcare facilities worldwide and processes more than 60 billion records each year.

³ DoD Instruction 1336.05, “Automated Extract of Active Duty Military Personnel Records,” July 28, 2009, (Incorporating Change 3, August 26, 2021) and DoD Manual 1336.05, “Defense Manpower Data Center Domain Values for Military Personnel Data Extracts,” July 28, 2009, (Incorporating Change 2, May 17, 2019).

The DMDC provides three separate fields representing race code to the DHA for use in DHA data sets that populate the MDR databases. According to a DHA official, the DHA uses the race codes shown in Table 3 in at least three of its databases: the Composite Health Care System foundational database, the Armed Forces Health Longitudinal Technology Application, and Essentris.⁴

Table 3. Values and Categories Related to Race Listed in the MDR Data Dictionary

Value	Category
C	White
M	Asian or Pacific Islander
N	Black
R	American Indian or Alaskan Native
X	Other
Z	Unknown

Note: Values are displayed in the order listed in the MDR Data Dictionary.
Source: Military Health System Data Repository.

Observations

We determined that coding values and categories that identify race in the MDR did not comply with DoD and OMB regulations. A DHA official stated that more than 36 million records appeared to have coding that did not comply with DoD regulations. Table 4 shows how the categories and codes in DoD Manual 1336.05 differ from the values in the MDR Data Dictionary.

Table 4. Comparison of Race Categories and Codes in DoD Manual 1336.05 and the MDR Data Dictionary

Category as Shown in the MDR	DoD Manual 1336.05 Code	MDR Data Dictionary Value
White	E	C
Asian or Pacific Islander	B/D	M
Black	C	N
American Indian or Alaskan Native	A	R
Other		X
Unknown		Z

Source: DoD Manual 1336.05, Military Health System Data Repository, and the DoD OIG.

⁴ The Composite Health Care System serves as the foundation for the Armed Forces Health Longitudinal Technology Application as DoD's legacy electronic health record system. Essentris, now known as CIS, used in hospital environments, is the military's inpatient electronic health record that documents inpatient care for all Service members and their beneficiaries.

As Table 4 shows, the categories and codes or values in DoD Manual 1336.05 and the MDR Data Dictionary do not match. For example, the DHA MDR data sets for Comprehensive Ambulatory Professional Encounter Record Basic and Active Duty Dental Plan list the race code for Black as “N” as shown in Table 3 instead of “C,” as shown in Table 2. According to a DHA official, as of January 12, 2022, the DHA and the Program Executive Office, Defense Healthcare Management Systems were investigating the source of the race codes and plan to work with the appropriate parties to address noncompliant information.

Conclusion

The OMB standards modified and separated the race and ethnic categories to accept the recommendations of the Interagency Committee for the Review of the Racial and Ethnic Standards. OMB directed that Federal programs adopt these standards no later than January 1, 2003.

DoD Instruction 1336.05 and DoD Manual 1336.05 assign responsibilities and provide procedures for reporting military personnel data elements, including the use of race and ethnicity categories that comply with OMB standards, as shown in Table 2. In addition, this DoD guidance specifies race codes associated with race categories.

We determined that race codes and categories in the MDR, administered by the DHA, did not comply with OMB and DoD regulations. For example, DHA databases contained more than 36 million records that contained noncompliant coding. Furthermore, the DMDC transmitted the categories and codes to multiple DHA databases, further disseminating the noncompliant race codes and categories.

Recommendation, Management Comments, and Our Response

Recommendation

We recommend that the Under Secretary of Defense for Personnel and Readiness review the race codes and categories used in DoD personnel databases and update those databases to ensure compliance with DoD regulations.

Under Secretary of Defense for Personnel and Readiness Comments

The Under Secretary of Defense for Personnel and Readiness (USD[P&R]) agreed with the recommendation. The USD(P&R) stated that he will direct the Assistant Secretary of Defense for Health Affairs to provide a plan of action within 90 days of April 29, 2022, to resolve coding values and categories that identify race in the Military Health System (MHS) Data Repository that do not comply with Federal standards.

The USD(P&R) stated that the codes and terminology found in some MHS data repositories were the acceptable standards and were widely used in the Federal Government, and they can be found on birth certificates, marriage licenses, and death certificates. For this reason, the implementation guidance for Office and Management Budget (OMB) Directive 15 stated

that agencies were not required to update all historical records. The USD(P&R) stated that the number of records with the outdated race and ethnicity code in the MHS Data Repository was not necessarily an accurate measurement of what needs to be corrected. Additionally, the USD(P&R) stated that because of the changes in the race and ethnicity groups under OMB Directive 15, many of the historical records with the outdated code could not be updated by the MHS without the direct involvement and self-determination of the record holder.

The USD(P&R) also stated that the DoD OIG should consider noting in our report that OMB established a Federal minimum standard, and it is not the only acceptable Federal race and ethnicity code. The medical and research community has a well-established scientific need for a more extensive list of races and ethnicities. The USD(P&R) stated that the MHS, U.S. Food and Drug Administration, Centers for Disease Control and Prevention, and other Federal agencies use an expanded race and ethnicity framework.

Our Response

Comments from the USD(P&R) meet the intent of the recommendation; therefore, the recommendation is resolved but will remain open. We will close this recommendation once the USD(P&R) provides documentation that race coding values and categories used in DoD personnel databases comply with DoD regulations.

As the USD(P&R) stated in his response, the codes and terminology used in the MHS were the acceptable standard, were widely used in the U.S. Government, and many of the historical records with outdated codes cannot be updated without the involvement and self-determination of the record holder. The intent of our recommendation is to address the noncompliant data sets in the current MDR Data Dictionary and the systems that still use and rely on those noncompliant data sets. The intent of our recommendation is not to correct or recode historical records.

The USD(P&R) stated that OMB Directive 15 only established a Federal minimum standard, and that other, non-DoD Federal agencies use an expanded race and ethnicity framework. We agree that the DoD medical and research communities have a need for an extensive list of races and ethnicities, with corresponding code values. Accordingly, we note that the DoD Manual 1336.05, enclosure 13, contains a standard domain value set of more than 30 race codes corresponding to various race categories. The intent of our recommendation is to address race and ethnicity codes used in the MDR Data Dictionary and DoD systems that do not comply with DoD regulations. We did not examine, nor does our recommendation address, race and ethnicity code values used by non-DoD agencies.

Management Comments

Under Secretary of Defense for Personnel and Readiness



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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APR 29 2022

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Response to Draft Department of Defense Inspector General, "Management Advisory: The Military Health System Data Repository Contained Noncompliant Race Coding Values and Categories"

Thank you for the opportunity to review the draft, "Management Advisory: The Military Health System Data Repository Contained Noncompliant Race Coding Values and Categories." I concur with the recommendation in the draft management advisory and I am providing additional comments below. In response to your findings, I am directing the Assistant Secretary of Defense for Health Affairs to, within 90 days of this signed memorandum, provide a plan of action to resolve coding values and categories that identify race in the Military Health System (MHS) Data Repository that do not comply with Federal standards.

It should be noted that the code and terminology cited in use in some military health data systems were the acceptable standard, were widely used in the Federal Government, and can be found on birth certificates, marriage licenses, and death certificates. For this reason, the implementation guidance for Office and Management Budget (OMB) Directive 15 stated that Agencies were not required to update all historical records. Therefore, the number of records with the outdated race and ethnicity code in the MHS Data Repository is not necessarily an accurate measurement of what needs to be corrected. Additionally, because of the changes in the race and ethnicity groups under OMB Directive 15, many of the historical records with the outdated code cannot be updated by the MHS without the direct involvement and self-determination of the record holder.

I recommend you also consider noting in the report that OMB Directive 15 only established a Federal minimum standard, and it is not the only acceptable Federal race and ethnicity code. The medical and research community has a well-established scientific need for a more extensive list of race and ethnicities. Like the Food and Drug Administration, Centers for Disease Control and Prevention, and other Federal agencies, the MHS also has requirements to use an expanded race and ethnicity framework.

My point of contact is [REDACTED]

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

cc:
Acting Assistant Secretary of Defense for Health Affairs

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U.S. DEPARTMENT OF DEFENSE

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