

# United States Senate

WASHINGTON, DC 20510

November 6, 2003

The Honorable David M. Walker  
Comptroller General of the United States  
441 G. Street, N.W.  
Washington, D.C. 20548

Dear Comptroller Walker:

As the co-chairs of the U.S. Senate's 83-member National Guard Caucus, we recently conducted an investigation of National Guard and Army Reserve soldiers activated for mobilization who were placed on "medical hold" during the mobilization or demobilization phase at Fort's Stewart, Campbell, and Knox. A shortage of medical clinicians and housing at these facilities resulted in long delays for care which was compounded by placing injured or ill soldiers in housing inappropriate for their condition. Additionally, a sizeable share of the soldiers interviewed perceived that the quality of care they were receiving was not the same as the care provided the traditional active duty soldier.

We are concerned that the conditions we observed may be replicated at other Army mobilization sites. Therefore we ask that the General Accounting Office conduct a comprehensive study of all Army mobilization sites to determine the adequacy of medical care, housing and the standards of care for both active and Reserve military personnel. Specific questions and areas of interest we ask you to address follow:

**Scope of the Problem:** Identify the number of Reservists (National Guard/Army Reserve) on medical hold, the duration of the medical hold, and the site. Identify the nature of the medical hold i.e., whether it is pre-deployment or post-deployment related. Identify how many Reservists were activated with pre-existing conditions that prohibit them from deploying.

**Barracks Assessment:** Assess the quality of housing for soldiers on medical hold at all mobilization sites and provide a comparison of housing for active duty soldiers and activated Reservists.

**Medical Care:** Describe the state of medical care at Army mobilization sites for soldiers in medical hold to include the number of clinicians and specialists available at or near the mobilization sites. Identify the length of time a soldier has to wait for appointments, how long it takes to enter the Medical Evaluation Board process, the average length of MEB's at each site, how many different clinicians a soldier may see while being treated, and if the care provided the traditional active duty soldier is the same or comparable to the care provided Reservists.

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**Medical Liaisons:** Are Reservists on medical hold provided adequate guidance on the Army's TRICARE system, the MEB process and VHA benefits?

**Unit Structure:** How are Reservists on medical hold organized? Identify the leadership and unit structure and if unit leaders are also on medical hold.

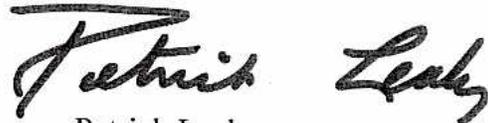
**Recommendation:** Develop recommendations on how to streamline the process and improve housing and the mobilization process.

The next mobilization cycle is scheduled to occur beginning in the January 2004 - April 2004 time frame, therefore we ask that you expedite your review. Please do not hesitate to contact us if you require additional information.

Sincerely,



Christopher S. Bond  
Co-Chair  
U.S. Senate National Guard Caucus



Patrick Leahy  
Co-Chair  
U.S. Senate National Guard Caucus