



SECRETARY OF THE ARMY
WASHINGTON

MEMORANDUM FOR SEE DISTRIBUTION

15 MAY 2012

SUBJECT: Comprehensive Review and Corrective Action Plan

1. The Chief of Staff, Army (CSA) and I have been advised of allegations that certain behavioral health diagnoses and disability ratings of Soldiers processed through the Disability Evaluation System (DES) and the Integrated Disability Evaluation System (IDES) may have been influenced by factors other than the considered opinion of medical professionals applying the appropriate diagnostic criteria. Mindful of our responsibilities and commitment to our Soldiers, I hereby direct the following:
2. The Under Secretary of the Army and the Vice Chief of Staff Army (VCSA), shall:
 - a. Review and assess how the Army addresses behavioral health diagnoses and evaluations, especially as to Post-Traumatic Stress Disorder (PTSD), in the context of DES/IDES and make, where needed, recommendations for improvement.
 - b. Develop and present for my approval a comprehensive plan to correct any systemic breakdowns or concerns identified in the DES/IDES systems as they affect the diagnosis and evaluation of behavioral health conditions. This comprehensive plan must also articulate courses of action by which redress can be offered to Soldiers who have participated in the DES/IDES process, at any location across the Army, and who have been adversely impacted by any behavioral health system breakdown or concern identified. Subject to my approval of all or part of this comprehensive corrective action plan, the Under Secretary and the VCSA, shall execute same.
 - (1) Development of the comprehensive corrective action plan shall begin with a detailed review and evaluation of all pertinent reviews, inspections, investigations and assessments completed as of the date of this directive, and shall extend to include ongoing reviews, investigations, inspections and assessments as they are completed, or as relevant information becomes available, whichever first occurs. Access to all or part of these reviews, investigations, inspections and assessments may be curtailed only as required by law or regulation. This review will identify any remaining gaps in information or data collection, as well as any further express and implied tasks, and shall propose how such matters should be addressed or examined, taking into account the need for a timely, but full, exposition of the facts and a fair and final resolution of any issues or allegations.

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- (2) The comprehensive corrective action plan shall include the development of a synchronization matrix on which any recommendation rendered in the context of any prior review, investigation, inspection or assessment, together with any recommendation formulated under the cognizance of the Under Secretary and VCSA, and approved by me, shall be recorded, tracked, evaluated, acted on by appropriate authority and, as appropriate, implemented.
- (3) As an integral part of the development of the comprehensive corrective action plan, The Surgeon General/Commanding General, U.S. Army Medical Command, or her designee, as appropriate, with oversight by the Under Secretary and the VCSA, shall:
 - (a) Within 90 days from the date of this directive, conduct a statistical review and analysis of outcome diagnoses for Soldiers evaluated for behavioral health conditions in the DES/IDES from October 7, 2001 through April 30, 2012 and provide a report documenting same to the Under Secretary and VCSA. The report shall include, at minimum, the data elements set forth in Enclosure 1, for every clinic or military treatment facility (MTF) that conducted Medical Evaluation Boards (MEBs) between 2001 and the present. The Surgeon General, or her designee, may expand the scope of data collection and analysis as may be necessary, appropriate and practicable. Given the imperative of executing this task to the highest standards of accuracy and thoroughness within the time allowed, The Surgeon General, or her designee, may request, and shall receive, the assistance and support of qualified experts and/or other personnel and resources from any Army command, organization or activity.
 - (b) With full consideration of the information and insights generated in the course of the data collection, review and analysis referenced in paragraph 2b(3)(a), above, thoroughly evaluate the need for the collection and analysis of additional data, as may be required to effect the taskings set forth in this directive and propose courses of action for the collection of same. I reserve to myself the authority to determine the nature and scope of follow-on action to be undertaken. Accordingly, not later than 110 days from the date of this directive, the report generated under provisions of paragraph 2b(3)(a), above, together with the underlying data and the proposed courses of action for the collection of any additional data shall be presented to me for decision as to the way forward.

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- (c) In light of my intent to effect a comprehensive solution to any breakdowns or concerns identified in the DES/IDES systems as they affect the diagnosis and evaluation of behavioral health conditions, propose any needed follow-on actions, including, if necessary, appropriate means of offering redress to any Soldier or group of Soldiers who have been adversely affected by any such breakdown or concern.

- (d) Transmit expeditiously to the VCSA the two investigations conducted under provisions of Army Regulation 15-6, entitled "Investigation of Madigan Army Medical Center (MAMC) Behavioral Health Role in the Integrated Disability Evaluation System (IDES)" (appointed on 8 February 2012) and "Command Climate under COL Homas' tenure and any improper influence on Forensic Psychiatry Section (FPS)" (appointed 24 February 2012), with all allied papers. Notwithstanding the provisions of any Army regulation, directive, policy or practice, authority over both investigations is hereby withdrawn from The Surgeon General/Commanding General, U.S. Army Medical Command and/or her subordinate officials. Separate and apart from the duties assigned to him above and notwithstanding any other provision of this directive, I hereby vest in the VCSA all requisite authority and jurisdiction to review and take action on the findings and recommendations set forth in both investigations, including the authority to take adverse administrative action against military personnel, to refer allegations against military personnel to a commander for review and appropriate action and to delegate to other Department of the Army officials the authority to take disciplinary and administrative actions against Department of the Army civilian personnel.

- (e) Constitute a multi-disciplinary panel of medical experts to advise the Under Secretary and VCSA on the policies and procedures that should govern the Army's diagnosis and evaluation of PTSD. The panel also shall advise the Under Secretary and VCSA on the adequacy of personnel (*e.g.*, sufficiency of numbers, quality and diversity of expertise and training) across the behavioral health community.

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- (f) Support the Army Research Institute in developing and administering a survey of every behavioral health provider or evaluator, regardless of professional discipline and no matter where located, as to whether considerations other than the appropriate diagnostic criteria influenced the diagnosis or evaluation of PTSD or other behavioral health conditions in the Army. The results of this survey shall be provided to the Under Secretary and the VCSA. Survey responses that suggest in any way that considerations other than the appropriate diagnostic criteria influenced the diagnosis or evaluation of PTSD or other behavioral health conditions will be brought to the attention of the Under Secretary and VCSA.
- (g) The Deputy Chief of Staff, G-1, Headquarters, Department of the Army and the U.S. Army Physical Disability Agency shall diligently assist and support The Surgeon General/Commanding General, U.S. Army Medical Command, or her designee, in the execution of the above-referenced tasks.

3. The Sergeant Major of the Army shall serve as a special advisor to the Under Secretary and VCSA in this matter.

4. A temporary Task Force shall be established to assist the Under Secretary and the VCSA in the execution of the above tasks, in tracking and responding to related taskings as they may arise and in synchronizing related efforts across the Army. A Task Force Charter, including information about the objectives/tasks, structure and cost of the Task Force, shall be submitted through the CSA, for my review and approval, no later than 14 days from the date of this directive.

5. The officials and organizations designated below shall undertake the actions tasked independently of the Under Secretary, VCSA and Task Force. The tasked officials and organizations shall provide periodic updates on their activities to the Under Secretary, VCSA and the Task Force to ensure synchronization of effort Army-wide, to avoid duplication and, as appropriate, to share relevant information as soon as practicable. Such periodic reports may, as necessary, apply appropriate caveats to ensure the confidentiality of shared information protected by law and regulation and to maintain the viability of investigative, advisory and/or deliberative processes. Further, the formal findings, recommendations and/or other results of actions undertaken as set forth below shall be shared, to the extent authorized by law and regulation, with the Under Secretary, VCSA and/or Task Force to inform the development and execution of the comprehensive corrective action plan.

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a. The Assistant Secretary of the Army (Manpower and Reserve Affairs) shall, in light of his responsibilities for the overall supervision of the manpower and reserve affairs of the Department of the Army:

- (1) On request from the Under Secretary or VCSA, provide subject matter expertise and advice in support of the execution of the tasks set forth in this directive.
- (2) Review the draft comprehensive corrective action plan, together with any associated report and allied papers, prior to submission to the CSA and me, and provide the Under Secretary and VCSA with comment thereon, particularly as to the feasibility, advisability and suitability of any findings and recommendations pertaining to medical and health affairs policy or the DES/IDES systems. The Under Secretary and VCSA shall append any comments submitted by the Assistant Secretary of the Army (Manpower and Reserve Affairs) to the final report submitted to the CSA and me.
- (3) Participate in any Interim Progress Review provided to the CSA or me.
- (4) Acting through the Deputy Assistant Secretary of the Army (Review Boards), collaborate with The Surgeon General/Commanding General, U.S. Army Medical Command, or her designee, in the execution of her task to propose any needed follow-on action, including, if necessary, appropriate means of offering redress to any Soldier or group of Soldiers who have been adversely affected by any breakdown or concern identified in the DES/IDES systems as they affect the diagnosis and evaluation of behavioral health conditions. The Deputy Assistant Secretary of the Army (Review Boards) shall ensure that her agency's involvement in any such course of action presented to the CSA and me as part of the final comprehensive corrective action plan appropriately facilitates the correction of individual records of Soldiers who may have been adversely impacted by any breakdown in the behavioral health system, if warranted when considering all aspects of the case.

b. The Inspector General is hereby directed:

- (1) To conduct a special inspection, with the following objectives:
 - (a) Assess whether commanders, Soldiers and other participants in DES/IDES are sufficiently informed about, and understand, their respective roles; their rights and duties; and the sources of information and assistance available to them; all with a view to optimizing their participation in, and the overall effectiveness of, DES/IDES processes.

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- (b) Review the effect of the Army's implementation of IDES on the diagnosis and evaluation of behavioral health conditions.
- (c) Review and evaluation of the sufficiency of appeal procedures available to Soldiers participating in the DES/IDES processes.
- (d) To the extent arising from tasks outlined in this directive, collect and report to the Under Secretary and the VCSA any observations that command climate or other non-medical factors affected behavioral health diagnoses and evaluations.
- (e) In furtherance of this special inspection, The Inspector General may, in his discretion, require the assistance and support of qualified inspectors general from any Army command, activity or other organization. Complaints or concerns submitted to, or received by, any Army inspector general regarding any matter addressed in this directive will be forwarded immediately to The Inspector General, who will, in turn, coordinate with the Under Secretary of the Army and the VCSA and issue appropriate guidance or instruction to the Army inspector general who forwarded the matter. No inspector general assessment, inspection or investigation related to any matter addressed in this directive may be initiated absent advance coordination with, and approval by, The Inspector General.
- (f) In the course of this special inspection, The Inspector General is authorized unlimited access to Army activities and personnel, locations, organizations and documents, including any pertinent investigations, inquiries and audits, whether complete or ongoing. If, at any time in the conduct of his special inspection, The Inspector General believes that I should consider enlarging, restricting or terminating his inspection, or otherwise modifying this directive, he shall report this situation to me, together with his recommendation as to the action I should take in response. The Inspector General shall keep the CSA and me fully and currently informed as to the status of his special inspection and advise the CSA and me immediately of any matters that require immediate action.
- (g) To provide the CSA and me a report of his special inspection no later than 180 days from the date of this directive.

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- (h) To ensure appropriate coordination with the Department of Defense Inspector General on all matters pertinent to the special inspection directed above and other related matters.
- (i) If any matter generates an allegation that a senior official of the Army has engaged in impropriety or misconduct, to include the alleged failure to oversee properly any part of the DES/IDES process for which that senior official exercised some responsibility, that allegation will be referred immediately to The Inspector General for review and action, as appropriate.

c. The Army Auditor General shall complete the audit of the U.S. Army Medical Command Ombudsman Program and shall provide me his report of same no later than 180 days from the date of this directive.

6. The following officials shall provide general support to me, the CSA, the Under Secretary, the VCSA, the Task Force and to any Army official or organization designated herein, throughout the pendency of this matter:

a. The Chief of Legislative Liaison (CLL) shall communicate with Congress and coordinate, as appropriate, with the Assistant Secretary of Defense for Legislative Affairs on all matters related to the development and execution of the comprehensive corrective action plan and related actions. In addition, the CLL will assist in the preparation of information for Members of Congress and shall ensure the accuracy, consistency and synchronization of responses to Congressional inquiries and requests for information and documents related to these matters. All actions and communications by the Budget Congressional Liaison, Office of the Assistant Secretary of the Army (Financial Management and Comptroller) (SAFM-BUL) in regard to the matters at issue, shall be undertaken in full coordination with the CLL.

b. The Chief of Public Affairs (CPA) will ensure appropriate coordination with the Assistant Secretary of Defense (Public Affairs), prepare appropriate public affairs guidance in anticipation of the public announcement of Army activities regarding the development and execution of the comprehensive corrective action plan and related matters and shall spearhead the development and execution of the Army Strategic Communication effort in this matter.

c. The General Counsel and The Judge Advocate General shall ensure the provision of appropriate legal support to the efforts described above.

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d. The Administrative Assistant to the Secretary of the Army, in coordination with the Director of the Army Staff, shall provide the Under Secretary of the Army, the VCSA, the Task Force and the officials enumerated above, with appropriate administrative support, to include National Capital Region Office space and office furnishings, equipment and supplies, as may be available.

e. The Assistant Secretary of the Army (Financial Management and Comptroller) shall coordinate additional funding, as available, that may be required by the Under Secretary of the Army, the VCSA, the Task Force and by the officials and organizations enumerated above in the execution of tasks assigned by this directive.

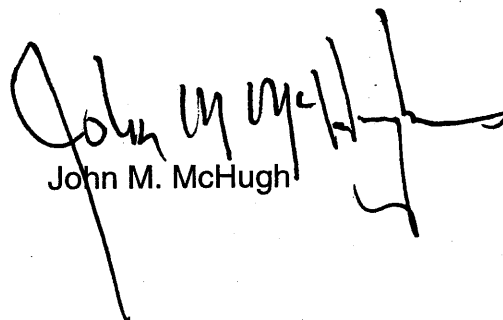
7. The Under Secretary of the Army and the VCSA will work with the CSA and me to provide appropriate information and liaison to the Office of the Secretary of Defense and to the Chairman of the Joint Chiefs of Staff.

8. The Under Secretary and the VCSA will provide the CSA and me with Interim Progress Reviews at 30-day intervals, beginning on the date of this directive. Except as otherwise stated, the officials and organizations named in this directive, including the Task Force, will complete all assigned and implied tasks and submit to the CSA and me a report documenting same, together with their findings and any recommendations for follow-on action, within 210 days from this date.

9. Although the effort described above focuses on behavioral health diagnoses and evaluations, should any official or organization tasked become aware of information, or make findings and recommendations that may affect aspects of the DES/IDES as regards other medical or health conditions, that official or organization shall bring to the attention of appropriate officials the broader context to which such information, finding or recommendation may be applicable.

10. Nothing in this memorandum is intended to be construed as interfering with or undermining the independent discretion of commanders or supervisors in determining the appropriateness of any disciplinary or adverse action within their purview and relating to the matters at issue.

11. All commands, organizations, activities and personnel of the Department of the Army will fully support the above named officials and organizations in the execution of their tasks.


John M. McHugh

Enclosure

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DISTRIBUTION:

Principal Officials of Headquarters, Department of the Army
Commander

U.S. Army Forces Command

U.S. Army Training and Doctrine Command

U.S. Army Materiel Command

U.S. Army Europe

U.S. Army Central

U.S. Army North

U.S. Army South

U.S. Army Pacific

U.S. Army Africa

U.S. Army Special Operations Command

Military Surface Deployment and Distribution Command

U.S. Army Space and Missile Defense Command/Army Forces Strategic Command

Eighth U.S. Army

U.S. Army Network Enterprise Technology Command/9th Signal Command (Army)

U.S. Army Medical Command

U.S. Army Intelligence and Security Command

U.S. Army Criminal Investigation Command

U.S. Army Corps of Engineers

U.S. Army Military District of Washington

U.S. Army Test and Evaluation Command

U.S. Army Installation Management Command

Superintendent, U.S. Military Academy

Director, U.S. Army Acquisition Support Center

CF:

Director, Office of Business Transformation

Commander, U.S. Army Cyber Command

Executive Director, Army National Cemeteries Program

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Enclosure 1

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=SUM(B7:B9)

Of the total number of MEBs initiated:

→ of the # were initiated due solely or in part to a behavioral health diagnosis
 → of the # were initiated due to a diagnosis OTHER THAN behavioral health issue

MEBs initiated due solely or in part to a behavioral health diagnosis were determined to have met medical retention standards
 # were determined NOT to meet medical retention standards

MEBs initiated due solely or in part to a behavioral health diagnosis were initiated with a PTSD diagnosis, of which

→ of the # had their PTSD diagnosis affirmed by MEB Physicians, of which # were determined to have met medical retention standards
 # were determined NOT to meet medical retention standards
 # PTSD diagnoses were NOT affirmed by MEB Physicians

→ of the # MEBs initiated due to a diagnosis OTHER THAN a behavioral health issue

→ of the # were additionally diagnosed with a new behavioral health issue, of which # were determined to have met medical retention standards
 # were determined NOT to meet medical retention standards

→ of the # MEBs initiated due to a diagnosis OTHER THAN a behavioral health issue, and additionally diagnosed with a new behavioral health issue,

→ of the # were additionally diagnosed with PTSD, and of which # were determined to have met medical retention standards
 # were determined NOT to meet medical retention standards