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NAVAL POSTGRADUATE SCHOOL

Monterey, California



THESIS

AN ANALYSIS OF THE NAVY'S OVERSEAS SCREENING
POLICY

by
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December 1990

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91-13983



91 10 24 088

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

REPORT DOCUMENTATION PAGE				
1a REPORT SECURITY CLASSIFICATION UNCLASSIFIED			1b RESTRICTIVE MARKINGS	
2a SECURITY CLASSIFICATION AUTHORITY			3 DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release; distribution is unlimited.	
2b DECLASSIFICATION/DOWNGRADING SCHEDULE				
4 PERFORMING ORGANIZATION REPORT NUMBER(S)			5 MONITORING ORGANIZATION REPORT NUMBER(S)	
6a NAME OF PERFORMING ORGANIZATION Naval Postgraduate School	6b OFFICE SYMBOL (If applicable) 55	7a NAME OF MONITORING ORGANIZATION Naval Postgraduate School		
6c ADDRESS (City, State, and ZIP Code) Monterey, CA 93943-5000		7b ADDRESS (City, State, and ZIP Code) Monterey, CA 93943-5000		
8a NAME OF FUNDING/SPONSORING ORGANIZATION	8b OFFICE SYMBOL (If applicable)	9 PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER		
8c ADDRESS (City, State, and ZIP Code)		10 SOURCE OF FUNDING NUMBERS		
		Program Element No.	Project No.	Task No.
				Work Unit Accession Number
11 TITLE (Include Security Classification) AN ANALYSIS OF THE NAVY'S OVERSEAS SCREENING POLICY				
12 PERSONAL AUTHOR(S) Archer, Scott L., and Walker, John D.				
13a TYPE OF REPORT Master's Thesis	13b TIME COVERED From To	14 DATE OF REPORT (year, month, day) DECEMBER 1990	15 PAGE COUNT 52 53	
16 SUPPLEMENTARY NOTATION The views expressed in this thesis are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.				
17 COSATI CODES			18 SUBJECT TERMS (continue on reverse if necessary and identify by block number)	
FIELD	GROUP	SUBGROUP		
			Overseas Screening Early Returns Screening Deficiencies Screening Failures	
19 ABSTRACT (continue on reverse if necessary and identify by block number)				
This study analyzes the performance of the Navy's Overseas Screening Policy for 1989, with specific emphasis on determining how many personnel were returned to the U.S. prior to the end of their tour. Overseas screening in its present form is the result of 16 years worth of development. The purpose of screening is to avoid sending members overseas with problems that cannot be handled by the overseas command. The data collected for this thesis included information on personnel incarcerated overseas, administratively discharged while overseas, medically evacuated from overseas, and those returned at the request of an overseas command. Estimates made from the data showed that the number of early returns is much higher than previously thought, and that there are substantial costs associated with these early returns.				
20 DISTRIBUTION/AVAILABILITY OF ABSTRACT ☒ UNCLASSIFIED/UNLIMITED ☐ SAME AS REPORT ☐ LIMITS			21 ABSTRACT SECURITY CLASSIFICATION UNCLASSIFIED	
22a NAME OF RESPONSIBLE INDIVIDUAL Alice M. Crawford			22b TELEPHONE (Include Area code) (408) 646-2481	22c OFFICE SYMBOL AS/Cr

DD FORM 1473, 84 MAR

83 APR edition may be used until exhausted

All other editions are obsolete

SECURITY CLASSIFICATION OF THIS PAGE

UNCLASSIFIED

Approved for Public Release, Distribution Unlimited

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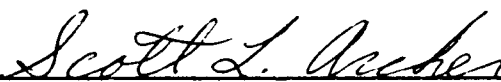
Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE IN MANAGEMENT

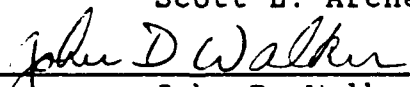
from the

NAVAL POSTGRADUATE SCHOOL
December 1990

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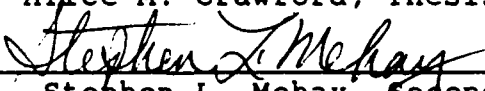


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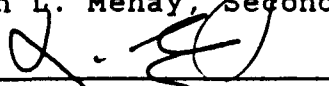
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ABSTRACT

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I. INTRODUCTION

Overseas duty is different from stateside duty in many ways. Aside from the obvious differences in culture and environment, there are many aspects of overseas duty that affect the quality of life for the service member and his/her family. The cost of living in such places as Japan or Europe is generally higher than stateside locations such as San Diego or Norfolk. On-base services such as commissary and exchange facilities are likely to be less extensive than those on stateside bases, service members may not have the same access to needed hospital services at overseas stations as they do in the U.S., and the availability of assistance for family-related problems is limited.

Because of these differences, the Navy carefully screens personnel designated for overseas duty. The purpose of the screen is to identify existing and/or potential problems that may be exacerbated by the conditions inherent in duty overseas, and to keep sailors with these problems from being sent overseas. The overall aim of the policy is to reduce the likelihood that a service member will end up at a foreign duty station with a problem that may necessitate his or her return to the U.S. prior to the end of the scheduled tour.

A. PROBLEM

A small percentage of those who go overseas do not complete their tours. For some, the reasons are purely for the convenience of the government (for example, the billet is deleted, the member is needed elsewhere, etc.); therefore, personnel falling in this category will not be included in the present analysis. For others, problems arise while overseas that exceed the capacity of the services available at the area command, such as medical or dental conditions that cannot be treated at the overseas hospital. These cases are also outside the scope of this study. Some, however, arrive at their overseas duty station with a pre-existing problem that could have been detected had the member been screened properly. For example, some members/dependents are sent with medical conditions that require stateside treatment, financial problems that are only made worse by the cost of relocating, or family problems, which are magnified when the family is faced with the additional challenge of assimilating into a foreign culture.

Substantial costs are incurred when screening is not done properly. Not only does the overseas command have to pay the direct costs of returning a member, it also may incur many indirect costs, e.g., the loss of productive man-hours from the member, losses involved with an unfilled billet (as may occur when there is a delay in getting a replacement for a returned member), and adverse effects on the morale and

productivity of the command. The member also incurs both direct and indirect costs associated with an unplanned relocation: additional moving costs above what is paid by the Navy, possible negative effects on the career, and added strain on family life.

This group causes unnecessary hardships for the overseas commands and hospitals and puts an additional burden on base support facilities. From figures provided by the Overseas Screening Office at the Naval Military Personnel Command (NMPC-662), 17,775 enlisted sailors were sent overseas in fiscal year 1989. Of that number, 144 were returned at the request of an overseas command, with projected direct costs of approximately \$2 million [Ref. 1].

The issue of early returns has received considerable attention since 1975 when the cost of early returns from overseas assignments was reported to be in excess of \$6 million [Ref. 2]. While this number was admitted to be a very conservative estimate (for example, it omitted any of the indirect costs described earlier), it has been the driving force behind much of the subsequent effort aimed at improving screening.

Another reason overseas screening has received attention in recent years is related to diplomatic relations. U.S. negotiators involved in sensitive talks with foreign governments about the future of overseas bases, such as the Philippines, are interested in avoiding any embarrassing or

politically damaging incidents by the members of the Armed Forces stationed overseas. In a message to all Naval commands in 1988, the Chief of Naval Operations remarked that "When the overseas screening process fails, embarrassment to the United States, personal hardship, and unwarranted burden on commands... frequently result." [Ref. 3] Anticipated budget cuts will require even greater emphasis on proper screening to ensure that scarce resources are not wasted on members who should never have been sent overseas.

B. OBJECTIVES

In a 1990 letter to the Superintendent of the Naval Postgraduate School from Rear Admiral (RADM) Hazard, the Director of the Pride, Professionalism and Personal Excellence Division of the Navy, (which controls the Overseas Screening Department), it was requested that the screening policy be evaluated in terms of service members and families returned from overseas, and the reasons for their return. The primary objective of this study, therefore, is to provide a complete assessment of the effectiveness of the overseas screening program. There are two parts of this assessment. The first requires determining the total number of early returns from overseas commands. These early returns include 144 members that were returned at the request of an overseas command, for reasons such as financial problems, family problems, and alcohol abuse. In addition, these early returns must include

those that were returned as a result of administrative discharges, incarcerations, and medical evacuations. Members falling into these last three categories also represent early returns, but because they are not handled through the same channels as the requested returns, they are not included with the 144.

The second part of the assessment involves determining how many of those early returns were for reasons that could have been detected in a proper screen i.e., the failure rate of the program. The study group consists of all those who received orders for overseas duty in 1989. The results will be used to provide an objective measure of the success rate, to compare 1989 performance to that in 1980. The 1980 study contains the most recent figures available on the performance of the program, and should therefore provide the baseline from which to determine if there has been any improvement. Also 1989 and 1980 data are used to estimate the total average costs of returning members early during the study period. The results of this analysis will enable the Overseas Screening Department to better monitor the program, and more accurately determine total return and replacement costs.

II. BACKGROUND

The goal of screening is to minimize the chance of sending a member overseas with a problem that cannot be handled by the overseas command. To achieve this goal, there are procedures in place to investigate reports of major deficiencies from overseas commands, to provide continuing feedback to the commands performing screenings, and to continually update the forms and instructions to ensure that current issues are being dealt with adequately. Overseas screening in its present form is the result of 16 years worth of development.

A. THE PROCESS

NMPC issues a member overseas orders, which specify that an overseas screen must be conducted on the individual and his dependents within 30 days of receipt of those orders. Upon completion of the screen by the transferring command, they must send a message to NMPC indicating whether the member/family were found suitable or not (and if not, why). Naval Military Personnel Command Enlisted Distribution Department (NMPC-40BB) then makes a decision to either accept the finding of unsuitability and cancel the orders, or, in isolated instances, to send the member overseas in spite of the finding.

When a member arrives at an overseas duty station, his/her records are reviewed by that command. If a screening deficiency is found at this point, the command is instructed to notify NMPC and the member's previous command of the problem. Three reasons for screening deficiencies are: (1) failure of the member's command to ensure that the relevant policies and instructions are followed correctly, (2) failure of the local medical command to adhere to written procedures, and (3) failure of the member to disclose information that could have an adverse effect on their chances of going overseas.

Another office in the Enlisted Distribution Department (NMPC-462) reviews the deficiency report and makes a determination as to whether the problem is a minor one (signatures missing on the document, for example), or a major one (such as the member arriving with a medical condition not treatable at the overseas location), and then requires the screening command to explain how the deficiency occurred and how such problems will be prevented in the future.

If a screening deficiency is serious enough to warrant requesting that the member be returned, this request goes directly to NMPC-40BB. In addition, if at any time during the overseas tour, the member's command determines him to be unsuitable for further overseas duty, a message requesting that the member be returned early is sent to NMPC-40BB. This office then makes the decision to return the member or not.

NMPC-662, as Program Director for Overseas Screening, monitors the process through data collected from NMPC-462 and NMPC-40BB, then makes their own assessments based on that data, and compiles statistics that are used to evaluate the program.

In addition to the members that NMPC-40BB decides to return early, there are at least three other groups of personnel who do not complete their overseas tours as scheduled. These include:

- 1) Those who receive administrative discharges from the Navy. This does not include members who have merely reached the end of their obligated service.
- 2) Those members who are incarcerated in Navy overseas brigs, and are subsequently released to a foreign prison or returned to the states.
- 3) Those members who have to be returned to the states for medical (or dental) reasons, and who do not return to complete their overseas tour.

These three groups represent potentially large numbers of early returns. They also represent possible screening failures, but it is not standard practice to review their screening status, and as a result they never come to the attention of the Overseas Screening Office (NMPC-662).

B. HISTORY

Prior to 1974, the formal process of screening personnel for overseas duty was practically non-existent. Realizing this, the Navy conducted a baseline assessment of the program [Ref. 2]. The product of that study was entitled "Task Order 75/53/B, Assessment of the Screening Problem for Overseas Assignment," and the results presented therein were nothing short of astonishing. Fewer than nine percent of the personnel they gathered records on (those ordered overseas during 1974) had been screened. There was an instruction governing screening, BUPERS (Bureau of Navy Personnel) Instruction 1300.26E; however, this merely directed commanding officers to determine for themselves whether a member should be sent overseas, and there was no checklist of items to screen for. The estimated number of members returned for reasons that could have been detected in a proper screen was 1,665, or more than six percent of the total sent overseas. An extremely conservative estimate of the costs associated showed them to be in excess of \$6 million.

The Navy responded to this glaring policy gap, and

"the overseas screening and selection system was subsequently examined and thoroughly revised. The new system was first implemented at the major service schools, and on April 8, 1977, BUPERS NOTICE 1300 was issued to promulgate the system throughout the Navy. Since that time, the system has been formally incorporated onto the Enlisted Transfer Manual." [Ref. 4]

In 1980 a follow up study was conducted to see if any improvements had occurred in the years since the 1975 study.

The results of this effort were more encouraging. Early returns of those sent overseas were down to an estimated 1.1 percent and related costs had been reduced to roughly \$2 million [Ref. 4]. Questions remained, however, when it was revealed that only 56 percent of those in the study group (those ordered overseas in 1979) had been screened. Difficulties in obtaining complete information from all of the related offices also lead the researcher to make some dubious assumptions about prior-detectability of reasons. For example, in the case of administrative discharges it was often unclear what the reason for discharge was. Because of this, the researcher had to make a decision whether the problem was one that could have been detected earlier, and it was not always clear what this decision was based on. Nonetheless, using the same basic methods that were used in the 1975 study, and generating the same kinds of numbers, the study showed the program was indeed working and was saving the Navy several million dollars.

In 1984, a theory of "cross-cultural adaptability" proposed that one way to reduce the problems Navy personnel and their families were encountering overseas was to focus on their ability to adjust to foreign environments [Ref. 5]. Instead of merely screening out those with debt problems, or poor disciplinary records, it was suggested that the focus should be on the member's attitude toward living and working overseas. Typical areas to be addressed in this new method of

screening included "interpersonal harmony," "self confidence/initiative," and "trust in people."

Cross cultural adaptability screening was never adopted perhaps because the Navy may have felt the costs of implementing it were prohibitive [Ref. 4]. It is also possible that because this type of screen would require trained psychologists to administer, and because it was more "touchy-feely" than existing procedures, it was dropped from consideration. After all, they are called "orders," not "invitations."

About the same time, however, continued complaints from overseas commands, as well as continued dollar losses associated with early returns, made the Navy realize that there was a need for a governing instruction to formally address everyone involved with the program. The previous guidelines did not adequately deal with all of the various issues involved nor did they lay out the responsibilities for the personnel conducting the various aspects of the screening process. (BUPERS NOTICE 1300, being only a notice, was not a permanent solution.) Evidence of this was first seen in a paper entitled "Planning Resource Guide For The Development Of An OPNAVINST For Overseas Suitability Screening", coordinated by NMPC-662 in June 1985. The result of this work was OPNAVINST 1300.14. This is the overall guidance for the program, which in general terms defines the areas of responsibility of all those involved in screening. More

specific guidance on areas identified in the OPNAVINST are dealt with in the following documents:

- Naval Military Personnel Manual, section 6810105, which deals with command sponsorship of dependents overseas.

- Officer Transfer Manual (OTM), chapter three, which deals with the specific guidelines for screening officers for overseas duty.

- Enlisted Transfer Manual (ETM), chapter four, which deals with the same guidelines discussed in the OTM, except it deals with enlisted only.

- Naval Medical Command Instruction (NAVMEDCOMINST) 1300.1C, which "provides procedures for medical and dental evaluation during suitability processing for overseas assignment of Navy members and their accompanying dependents."

- NAVMEDCOMINST 6320.22, which "establishes guidance for operation of the Family Advocacy Program (FAP) at medical treatment facilities (MTFs) and dental treatment facilities (DTFs)."

- NMPC Instruction 1720.1B, "Information Concerning Overseas Living Conditions."

- NAVMED Form 1300/1. This is the actual checklist to be used by medical and dental commands for conducting overseas screening.

--NAVPERS Form 1300/16. "Report of Suitability For Overseas Assignment." This is the actual checklist to be used by the transferring member's command.

--OPNAVINST 1754.2. "Exceptional Family Member (EFM) Program," guidance that mandates that sponsors with EFMs be assigned only to those overseas areas where their EFMs specialized needs could be met.

The focus of the screening policy in the years between 1985 and the present has been characterized by keeping the policy and personnel involved in screening up-to-date with the issues, such as FAP and EFM. In 1988, during an overseas tour by the Navy Inspector General and the Fleet Master Chiefs, overseas commanding officers made numerous complaints about service members/family members being sent overseas improperly screened and/or not qualified for overseas duty, indicating that they were not satisfied with the screening program and that problems still existed. In response, the Chief of Naval Personnel directed that a task force be convened to study overseas screening problems under the direction of RADM R.W. West, then Director of the Navy's Pride, Professionalism and Personnel Excellence Department at NMPC.

The goals of RADM West's task force were two-fold. The first goal was to educate the stateside commands conducting screens about the problems overseas commands have with people who should not have been sent overseas in the first place. The second goal of the task force was to improve the

effectiveness of the relevant instructions and screening forms by adding provisions such as requiring the member's Commanding Officer (or his officially designated representative) to sign the screening form. The key members of the task force (Bureau of Medicine and Surgery (MEDCOM-33), Family Services, Chief of Naval Personnel (OP-13), NMPC-462, NMPC-40BB, and NMPC-662) reviewed and considered all current procedures and directives.

The results of the task force were reported by RADM West who stated,

"Deficiencies in application of the present screening process have resulted in only a small incidence of service member early returns (11 in FY-86; 27 in FY-87). However, screening failures, especially those involving dependents, are imposing a burden on commands and on people who experience difficulties overseas. The task force study and deficiency reports from the field clearly show three primary causes for errors: (1) improper (or no) medical screening of member and/or dependents; (2) lack of transferring command attention to procedure; and, (3) insufficiently explicit procedures and forms." [Ref. 6]

The changes made by this task force, such as including the requirements for Human Immunodeficiency Virus (HIV) testing and urinalysis screening, and a more in-depth medical screen, were encompassed in the revised instruction, OPNAVINST 1300.14A, which lead to changes in all the other instructions and forms that involve overseas assignment and screening.

In addition to the above mentioned changes and findings, an "Effectiveness of Overseas Screening Policy" quarterly report was designed and recommended for implementation; however, there is no evidence available to suggest it was ever

used. The document provided for reporting the number of personnel transferred overseas, the number screened unsuitable, waivers granted, total number of deficiency reports and reasons for, total number of requests for early return, and number returned with reasons why.

Apparently content with the changes to the screening program and policies that were made by the 1988 task force, Navy interest in this issue diminished until just recently. Presently, the instructions concerned with overseas screening are being revised once again, to include: more specifics on FAP and EFM related questions, requiring that accompanying dependents and their medical/dental records be present during the screen, the requirement for the establishment of a screening coordinator with his/her signature as well as the Commanding Officer's signature. These changes are mainly the result of the perception, as learned through interviews by the present researchers with NMPC personnel, that instances of members/families being sent overseas with ongoing medical conditions, financial problems, and family problems, have increased over the past two years. This perception has been strengthened by many recent messages received by NMPC-662, NMPC-40BB, and NMPC-462 from overseas commands. David P. Baine of the General Accounting Office summed up the current feelings of overseas hospitals and dental clinics in a May 1990 Navy Times article. He stated, "Too many family members arrive overseas with routine medical and dental conditions

that could have been taken care of before they left the United States." [Ref. 7]

Current interest in this issue on the part of both those who administer the program, and the overseas commanding officers, coupled with the fact that the most recent assessment is ten years old, indicate a need for a current analysis of the program. The result of this was the request from RADM Hazard that the issue be studied.

III. METHODOLOGY

A. DATA SOURCES

In order to determine the total number of early returns from overseas commands, data had to be collected from several different offices. NMPC-462, the office responsible for tracking screening and screening deficiencies, provided data that included: total numbers of overseas orders issued, total number of members actually transferred overseas, number of suitable screens reported, number screened unsuitable, total number of deficiency reports received, and how many of those were categorized as "major" or "minor" deficiencies.

NMPC-662, the Overseas Screening Office, provided analyses of the data obtained from NMPC-462 and NMPC-40BB. These statistics show the percentages of unsuitable screens by several different categories, (such as FAP, financial, or alcohol related problems), and the percentages of deficiency reports in different categories, (such as EFM, medical or FAP problems). Numbers provided to NMPC-662 by NMPC-40BB showed the number of personnel returned at the request of an overseas command. NMPC-662 also provided an estimate of the costs associated with the 144 early returns identified by their office.

Data obtained from NMPC-83, the Enlisted Performance Division, showed, by month, the number of administrative

discharges issued throughout the entire Navy during the fiscal year 1989. These were grouped into four areas, which included misconduct, homosexuality, fraudulent enlistments, and alcohol/drugs.

Data obtained from NMPC-84, who monitors and keeps statistics of Navy personnel in all Navy overseas brigs showed all the those confined during the study period, who were either released to foreign authorities or returned to the United States during the study period. The records indicated the enlisted rank, as well as which overseas brig the person was returned from.

The Armed Services Medical Regulating Office (ASMRO) provided information concerning the total number of personnel who were medically evacuated from overseas military treatment facilities to the United States during the study period. These records included all services, and listed active duty members, retirees and dependents. The records also indicated whether a person was transported in an inpatient or outpatient status. These records were reviewed to obtain only active duty Navy and their dependents.

"Average Rotational Cost," a figure provided by NMPC, is used in estimating the total average costs to the Navy of early returns. This represents the costs of moving the average Navy enlisted member and includes an average number of dependents and an average amount of household goods back to the United States, and then sending a replacement.

B. PROCEDURES

The first task was to estimate the total number of early returns from all of the areas listed above. The data provided by NMPC-662 indicated those returned at the request of overseas commands. In order to determine the number of early returns due to administrative discharges, several assumptions had to be made. Because no separate overseas data were available from NMPC-83, the first assumption was that the number of discharges from overseas, as a percentage of the number of discharges Navy wide, would be approximately the same as the number of personnel stationed overseas as a percentage of total Navy enlisted. Approximately eight percent (43,000 out of 508,000) of Navy enlisted personnel are stationed overseas. Applying this percentage to the total number discharged Navy-wide, gives an estimate of those early returns due to administrative discharges.

Data from NMPC-84 proved easier to analyze. Records on each member held in overseas Navy brig showed the command he/she was attached to at the time of offense, which command he/she was released to, and their rank. A computer run of only Navy enlisted personnel attached to overseas commands in a Navy overseas brig was generated. Those who were released back to their overseas command or another overseas command were deleted, and the remaining members are considered early returns. Most of these were released to stateside correctional facilities.

Estimating early returns resulting from medical evacuations proved somewhat difficult. Microfiche data obtained from ASMRO showed all active duty Navy and dependents returned from overseas medical facilities. The records did not indicate what command the member was attached to at the time he/she was medevac'd, nor did they indicate whether the member returned to his overseas command after being treated, or remained in the states. In the case of dependents, it is assumed that the reason they were at an overseas medical facility is because their military sponsor was stationed overseas, but records did not show whether the sponsor accompanied the dependent back to the states and could therefore be considered an early return. (It was pointed out in the interviews with NMPC-662, however, that this does happen often enough to be an issue.) Dependent returns were therefore not included in the study. The number of active duty medical early returns was therefore estimated in the following manner:

Assuming that at any given time there are roughly 25,000 Navy personnel deployed overseas (2-3 carrier battle groups, 2 reconnaissance aircraft squadrons, 2 Amphibious Ready Groups), then one-third of the medevacs from overseas would likely come from units based in the U.S., and two-thirds would be from overseas commands. In addition, if the nature of the member's condition is such that the overseas medical facility cannot treat it, the member's return represents at least a

temporary loss to the command, and if the member cannot return to overseas duty, a complete loss. This number, two-thirds of all medevacs from overseas, is therefore considered to be a conservative estimate of the early returns due to medical reasons.

The total number of early returns is computed by adding the numbers from the four separate areas. This number then had to be analyzed to answer the second major question, i.e., how many of these personnel were returned for reasons that could have been detected prior to sending them overseas, and therefore represented failures of the screening process? Statistics provided from NMPC-662 showed that of the 144 returns that were requested and approved by NMPC-40BB, 48 of them, or one-third, were due to screening failures.

Because the screening records of those members who are returned early due to administrative discharge, incarceration or medical evacuation are not reviewed at the time they are returned, they are not included in the numbers provided by NMPC-662. It is assumed, therefore, that if they had been, the same failure rate would apply, and one-third of them would represent screening failures. This assumption is based on two facts. First, there are questions regarding medical status, performance, disciplinary history and criminal record on the screening form, so that if a member is returned for a pre-existing problem in one of these areas, it does represent a problem that should have been detected during the screen.

Second, returns from these three areas (ones not requested through NMPC-40BB), represent similar types of problems as those returns that were requested, and therefore, the same number are likely due to reasons that existed prior to being transferred overseas. Review of the requested returns indicated that this is true. Reasons listed included: substance abuse (mainly alcohol) and disciplinary problems similar to the type that could cause a member to either be discharged or incarcerated, and medical problems that could not be treated at the overseas medical facility, but that did not require medical evacuation via ASMRO.

There are some differences, of course, between the requested and non-requested returns. Some of the requested returns were due to financial problems or family problems that severely affected the member's ability to perform his/her job. However, there were enough similarities among the reasons listed to make the comparison of the two valid. The third part of the analysis involves putting a cost on the issue. The first estimate was obtained by simply multiplying the number of estimated screening failures by the average rotational cost. This is the method used in previous studies, and is currently used by NMPC-662. This assumes, however, that sending the member overseas, and then having to early return him/her, was a complete loss, and that the Navy derived no benefit at all from the member's presence overseas. This may be true in the cases of members returned immediately upon,

or soon after, arrival. The assumption becomes less valid, though, the longer the member was overseas before being returned (assuming the member was at least marginally productive while he/her was overseas).

On the other hand, the longer a member remains overseas, the more likely it is that his/her return would be for a reason that originated overseas, and not a pre-existing problem. Also, the closer a member gets to his/her planned rotation date (PRD), the more likely they will be replaced through normal procedures at the end of their tour. Taking into account the fact that screening failures are considered to have occurred during the first six months of the tour, a second cost estimate was computed. (Six months is the cut-off used by NMPC-662 in determining screening failures. Returns occurring after a member has been in place for more than six months are not considered screening failures).

By depreciating the "average rotational cost" over the average tour length (36 months), an estimate can then be made of the amount of loss associated with replacing members early. For early returns occurring in the first month, a total loss of the average rotational cost is assumed. After six months the cost will have been depreciated by one-sixth ($6/36$). The average of these two figures, (the full cost and the depreciated cost), was used as an estimate of the amount of loss of direct costs associated with the "average" early return.

A third estimate was also computed, based on information found by Tucker in 1980 [Ref. 4]. In that study it was determined that the average length of time served overseas before being early returned was 13-18 months. It is assuming again that the member was at least marginally productive while overseas. Therefore, the Navy got the benefit of roughly half a tour from the member, and the cost of replacing him/her early only represents half the loss of replacing a member in the first month of their tour.

These methods of estimating costs are extremely conservative. They do not, for example, take into account the many indirect costs associated with a member being returned early, such as effects on morale of both the member and the command, the hours spent by the command on administrative matters concerning the return, loss of productive man-hours from the member being returned, and, possibly, time lost while the billet was not filled (if, for example a replacement was not immediately available).

In addition to indirect costs, the number of dependents returned for medical reasons represent possible screening problems and additional unplanned costs to the Navy. While they were not included in the estimated totals of early returns and screening failures, there are substantial costs associated with their return.

C. JUSTIFICATION

Previous studies attempted to determine, on a case by case basis, which returns were due to screening deficiencies. As discussed earlier, this required the researchers to make a judgement on each individual early return to determine if they represented a screening failure. To do this, they had to have not only access to each of those records, but also enough expertise in the areas of administrative discharges, incarcerations and medical evacuations to make their judgements credible. After review of these previous studies, it was unclear if that expertise was obtained.

Evaluation of individual cases for this thesis would have been extremely difficult due to the current record keeping practices of the above mentioned offices. In the first place, all the data on specific overseas commands are not readily available, and in the second place, in the cases where a member was discharged from the service, individual records are not maintained at NMPC, but are kept in Navy archives. Therefore, the methodology described for this study is best suited to the type of data that were provided. The statistical techniques used here allow for meaningful estimates to be made from the information that was obtained. In addition, the methodology used here is not subject to the errors in judgement that occur in case by case studies. While it is acknowledged that there is a certain amount of error

associated with any estimation, the effects of the errors in this study will be minimized by making all estimates conservatively.

IV. ANALYSIS

Analysis of the data yielded several important findings. To begin with, positive evidence that a screen had been conducted on members sent overseas was reported in 16,500 out of 17,775 cases, or 93%. This compares quite favorably with the 57% found in 1980. The total estimated number of early returns was 2366. While this is much higher than the figure used by NMPC, it still represents less than 13.3% of all Navy enlisted personnel ordered overseas during the year. The total estimated number of returns due to reasons that could have been detected prior to going overseas, was 789. This means that an estimated 4.4% of those sent overseas in 1989 were returned because of a screening failure. This is approximately four times as high as the number currently used by NMPC-662.

Estimates of the number of early returns from overseas and the number of those that were potential screening failures is given in Table 4.1.

TABLE 4.1

SUMMARY OF EARLY RETURNS AND SCREENING FAILURES FOR FY89

Data source	Early Returns	Screen Failures
NMPC-662	144	48
NMPC-83	1246	415
NMPC-84	128	43
ASMRO	<u>848</u>	<u>283</u>
TOTAL	2366	789

Source: Estimated from data provided by NMPC sources.

Information provided by the Overseas Screening Office (NMPC-662) showed 144 personnel were returned prior to the completion of their overseas tour, as the result of a request by the member's overseas command. Of these, 48 were determined to be for reasons that could have been detected prior to sending the member overseas. Reasons for return were broken down in Table 4.2.

TABLE 4.2

SUMMARY OF REQUESTED EARLY RETURNS BY REASON

Reason	Number
Medical	31
Family Problems	11
Performance	4
PRT/Obesity	0
Psychiatric	11
Other	40
Civil Involvement	3
Family Advocacy	20
Financial	3
HIV	4
Alcohol Related	<u>17</u>
TOTAL	144

Source: NMPC-662

Data obtained from NMPC-83 showed that the total number of administrative discharges for the entire Navy in FY89 was 15,573. Of this number, eight percent, or 1246, were estimated to have come from overseas commands. The reasons for discharge were grouped into five categories and are displayed in Table 4.3. One third of 1246, or 415, are potential screening failures.

TABLE 4.3

SUMMARY OF ADMINISTRATIVE DISCHARGES IN FY89

Category	Number	Percentage
Fraudulent Enlistment	20	.016
Homosexuality	37	.030
Alcohol Abuse	15	.012
Misconduct	1173	.941
Best Interest of Navy	<u>1</u>	<u>.001</u>
TOTAL	1246	1.00

Source: Estimated from data provided by NMPC-83.

NMPC-84 showed that 839 Navy enlisted personnel were held in overseas brigs during FY89. This was first narrowed down to just those who were stationed at overseas commands or on forward deployed ships at the time of confinement. Of those, members released back to their original command were discarded, as were members released to other overseas shore facilities such as Transient Personnel Units. It is not known whether members released to this type of facility were later returned to the U.S., or were merely awaiting the opportunity to return to their original command (as often happens when the

member's ship is at sea at the time he/she is released from confinement). This left 128 individuals who were stationed overseas, confined overseas, and released either to a stateside brig or to foreign authorities. These are early returns, and one third of them, or 43, were potential screening failures. The breakdown of these personnel by overseas brig and rank is shown in Table 4.4. These results showed that the most early returns come from the Navy brigs in Rota, Spain, and Yokosuka, Japan. This is not surprising due to the fact that these two areas represent the largest concentrations of Navy personnel overseas.

The highest number of returns, 36 (28 percent) were from the rank of E2. Additionally, of all brig related returns, 64 percent were from the rank of E1-E3. This is disproportionately high when it is noted that the ranks of E1 - E3 only make up 33 percent of the total Navy enlisted force.

TABLE 4.4

SUMMARY OF EARLY RETURNS FROM OVERSEAS NAVY BRIGS

Brig	E1	E2	E3	E4	E5	E6	E7	TOTAL	PERCENT
Roosevelt Roads, P.R.	1	2	2	2	1	0	0	8	6
Guantanamo Bay, Cuba	0	1	0	0	1	0	0	2	2
Yokosuka, Japan	7	11	9	7	3	3	1	41	32
Guam	2	2	0	1	3	0	0	8	6
Subic Bay, R.P.	2	6	2	2	3	0	0	15	12
Rota, Spain	<u>12</u>	<u>14</u>	<u>9</u>	<u>10</u>	<u>6</u>	<u>2</u>	<u>1</u>	<u>54</u>	<u>42</u>
TOTAL	24	36	22	22	16	5	3	128	100%
PERCENT	19	28	17	17	13	4	2		100%

Source: Adapted from data provided by NMPC-84.

Analysis of the data obtained from ASMRO yielded the following results: There were 3488 Navy active duty personnel and their dependents transferred from overseas medical treatment facilities to stateside medical facilities in FY89. 55 of these were "non-medical attendants", and were discarded from the sample, as there was nothing to indicate that they did not return overseas. 2023 were active duty personnel transported in an outpatient basis, and as they were assumed to have returned to their overseas command, they were also discarded from the sample.

145 of the patients transported were dependents of active duty personnel in an inpatient status. Because it was not

evident whether the dependent was accompanied by his/her military sponsor, these were not included in the sample of those early returned. The remaining 1265 were active duty, Navy enlisted personnel transported to the U.S. in an inpatient status. Assuming that approximately one third of these were members on deployment on ships/units homeported in the U.S., the other two thirds, or 848, are assumed to have come from overseas commands. Because the nature of these members' conditions was serious enough to warrant being transported in an inpatient status, they are assumed to be early returns. One third of this number, or 283, represent potential screening failures.

The three cost computations are shown below.

1. Assuming total loss:

A. Average Rotational Cost\$11,000

x

Total Early Returns.....2366
\$26,026,000

B. Average Rotational Cost.....\$11,000

x

Total Screening Failures.....789
\$8,679,000

2. Assuming All Screening Failures Occur In Six
Months:

Average Rotational Cost

$((11,000 + 9167)/2)$\$10,083

x

Total Screening Failures.....789
\$7,955,487

3. Assuming The Average Screening Failure Occurred At
18 Months:

Average Rotational Cost $(11,000/2)$\$5500

x

Total Screening Failures.....789
\$4,339,500

From these figures it is obvious that even the most conservative estimate of costs is much higher than the cost figures used by NMPC-662 for early returns and screening failures, (approximately \$2 million and \$274,000, respectively). The cost figures are even more conservative when it is considered that they do not take into account the number of medically transported outpatients and dependents that may have resulted in the early return of a service member, nor do they include any estimate of the indirect costs associated with early returns.

V. SUMMARY

A. CONCLUSIONS

The Overseas Screening Program is, by any standards, a very successful program. 92 percent of those sent overseas were found to have been screened, which is higher than at any time in the last 15 years. (The status of the eight percent that were not reported is unknown.) Documented cases of screening failures are extremely low, representing less than one percent of those sent overseas, and while it has been shown that this number understates the extent of the problem, the screening failure rate estimated in this research is still less than five percent.

The highest number of potential screening failures, 415, come from the category of administrative discharges, of which 94 percent were related to misconduct. This category, along with those who were incarcerated (the more extreme cases of misconduct), represent approximately 59 percent of all potential screening failures. This suggests that stricter screening procedures concerning performance history, military and civilian criminal records is warranted.

No single office at NMPC has complete knowledge of all early returns and potential screening failures. This is in spite of recommendations made in 1974 [Ref. 2] and again in 1980 [Ref. 4] that the information be centralized and

computerized for easy access by the Overseas Screening Office. There are currently no procedures for the offices of NMPC-83, NMPC-84, or MEDCOM (who should be reporting those returned via ASMRO), to notify those in charge of overseas screening when a member is early returned. This prevents NMPC-662 from being able to determine whether those early returns were due to a screening deficiency.

The six month cut-off used by NMPC-462 to determine screening failures is not supported by past research or current instructions. A member may be returned at any time during his/her tour, and any early return represents a potential screening failure. Because those who last beyond the sixth month are not considered, many potential screening failures are not included in the figures reported by NMPC-662.

The costs associated with early returns, as currently estimated by NMPC-662, are greatly underestimated. The \$2 million figure they use could actually be as high as \$26 million. The costs of potential screening failures could be as high as \$8.7 million. This is calculated using the same computation method as that used by NMPC-662, which does not take into account any productive time contributed by the member before being returned. Even if the assumption is made that the average member is productive for 18 months before being returned, the costs could still be as high as \$4.3 million for screening failures. This is again much higher

than the numbers reported by NMPC-662. Both of these methods are understated to the extent that they ignore the many indirect costs associated with early returns. Although many of the indirect costs are identifiable, they are difficult to estimate accurately, and may actually be higher than the direct costs.

B. RECOMMENDATIONS

1. Have NMPC-462, NMPC-40BB, NMPC-83, NMPC-84, and MEDCOM-33 (Patient Administration Division), report all relevant information and data to NMPC-662. This will give NMPC-662 the ability to generate accurate numbers, (the kind mentioned earlier in this paper). Two steps need to be taken to ensure that this happens.

The first step would require that quarterly reports from each of those offices be submitted to NMPC-662. These would include numbers of screening deficiencies (from NMPC-462), approved and disapproved early return requests (from NMPC-40BB), and all early returns of both members and dependents (from NMPC-83, NMPC-84, and MEDCOM).

The second step is easier to accomplish, and simply requires that NMPC-662 be included in the distribution of messages concerning early returns from NMPC-83, NMPC-84, and MEDCOM. This would make it possible for NMPC-662 to evaluate each early return, and through a review of the individual's

screening records and service record, determine if a screening failure occurred.

These two items would put the ability to determine the overall effectiveness of the policy in the hands of one office. This office would then be able to coordinate the efforts of all concerned in ensuring that the program is carried out the way it should be; they would also be able to focus on current issues that are affecting people in today's Navy; and they would be able to compute the actual costs and benefits involved and thereby quantitatively justify the program's existence. The costs of these two actions would simply be those associated with the collection of existing data.

2. Examine more closely the reasons behind all early returns, with specific emphasis on possible problem areas that are not addressed by the screening instructions or forms. The forms and instructions have been revised in the past. Two examples of this were: (1) adding the requirement for the approval of a Family Advocacy representative to the form, when it was felt that family related problems were on the increase, and (2) adding an HIV test to the required medical procedures after AIDS became an issue. Both of these revisions, however, were the result of distinctly non-scientific methods. Empirical data analysis would provide a better indication of the most common reasons for return, and would allow NMPC to better focus their corrective actions on those problems.

3. Examine documented cases where the system failed to determine which commands are responsible for the majority of screening problems and deficiencies. This information could then be used to focus attention on those commands, possibly conducting additional training with them to help improve their record. This information would be available in the quarterly reports discussed above. To put teeth into this, NMPC could consider making the command that conducted the faulty screen responsible for the costs of returning the member. Benefits would accrue to the Navy as screening failures would likely be decreased.

4. Hold service members accountable for all information they are required to provide. In a 1988 message to all Navy commands, the Chief of Naval Operations (CNO) stated that "service members must be counseled regarding their responsibility to disclose all information bearing on overseas suitability and warned that failure to do so may result in personal hardship and/or disciplinary action." [Ref. 3] Interviews with senior personnel in NMPC-662 indicated that members are rarely, if ever, disciplined for failing to disclose relevant information. To strengthen the CNO's order, the Navy should consider making members responsible for some, if not all, of the costs associated with their early return, when it is determined that the return was for a reason that could have been detected had the member truthfully supplied all the required information. With consistent enforcement

this would result in increased accuracy of the information on the screening forms and reduced numbers of early returns.

5. Make the screening requirements for E-3's and below stricter, with increased emphasis on their entrance documents, including recent civilian history. Of those held in overseas Navy brigs, 64 percent were E-3 and below. This is a disproportionately high number for a group that only makes up 33 percent of the Navy enlisted force. If it is assumed that E-3's and below are similarly represented in the numbers of administrative discharges due to misconduct, then there are a very high number of first term personnel being returned. There are at least two possible reasons for this. First, these members most likely received orders overseas while undergoing initial training. Because of this, any overseas screen done on them would have had little Navy performance/disciplinary documentation to review. Second, members who receive orders overseas during initial training are screened by that training command. Many attend follow-on schools, which may delay their actually going overseas by several months. In these cases, a member's screening status and suitability for overseas assignment may have changed between the time the member was screened and the time he/she reported for overseas duty.

The screening procedure must examine a full year of performance, and in the case of most first-termers it is necessary to review civilian records to accomplish this. In

addition, in those cases where a member attends follow-on schools, screening requirements should be changed so that a member is screened closer to the time he/she actually goes overseas.

6. Have NMPC-662 incorporate into their organizational plan both strategic and operational goals for the Overseas Screening Program that are achievable and tangible in nature. These should include, at least, (1) the frequency with which the data must be collected for reporting purposes, and (2) determining desired annual percentage reductions in costs, discrepancies, and early returns from the previous year. This would provide measures of effectiveness for the program, would provide continuity to the program as personnel transfer in and out, and would allow observers from outside the program to quickly assess the overall performance of the Overseas Screening Program.

When overseas screening is done correctly, the benefits are apparent to the member, his/her potential overseas command, and the Navy in general. The obvious benefits include reduced member/family upheaval, reduced administrative burdens, and substantial cost savings. By implementing the above recommendations, the Overseas Screening Policy will be stronger, more successful, and more responsive to the needs of the Navy. Additionally, if these recommendations are adhered

to, the Overseas Screening Office will be able to measure their own performance, and further studies such as this one will not be necessary.

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