



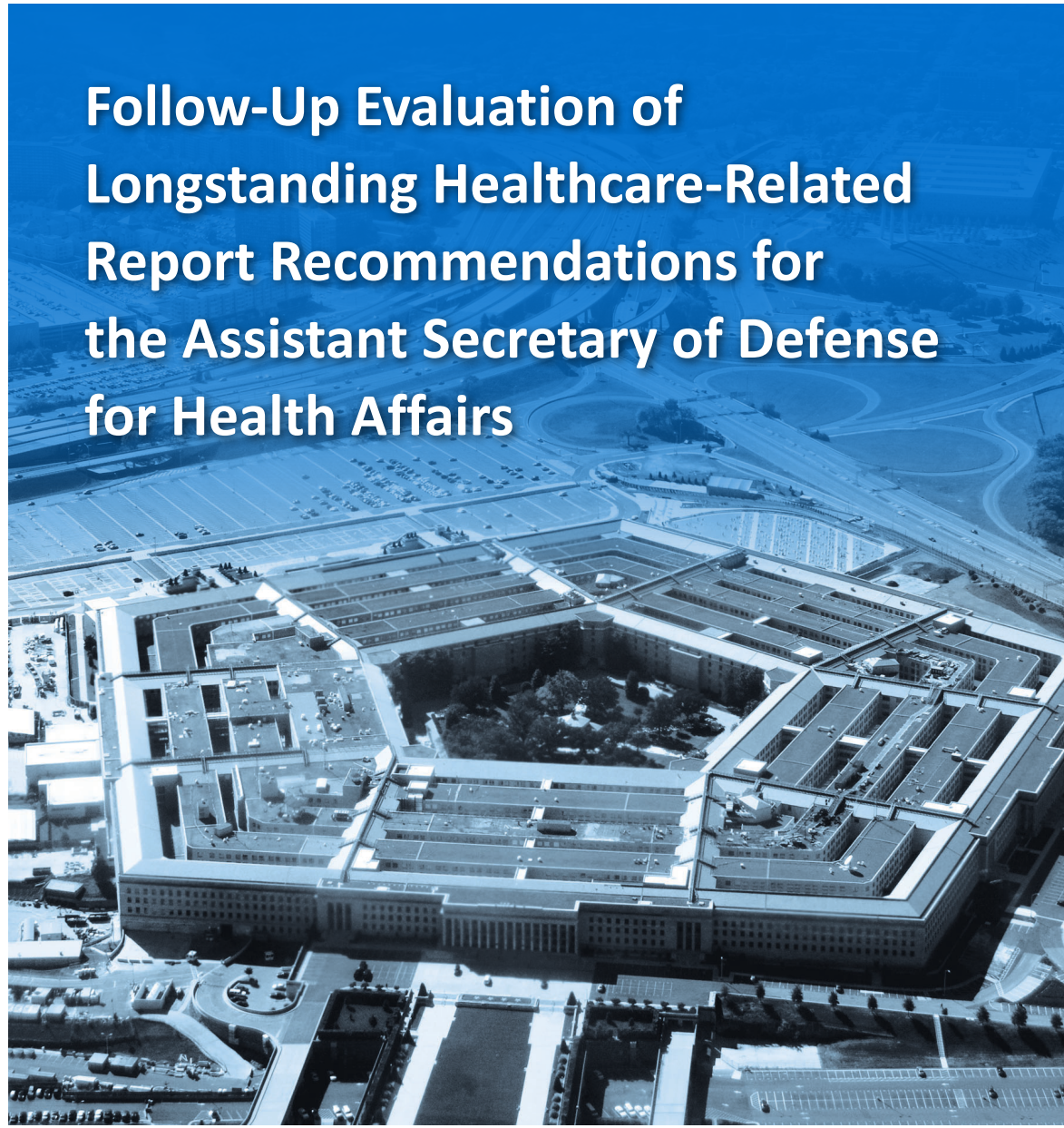
# INSPECTOR GENERAL

*U.S. Department of Defense*

JULY 24, 2025



## Follow-Up Evaluation of Longstanding Healthcare-Related Report Recommendations for the Assistant Secretary of Defense for Health Affairs



INDEPENDENCE ★ INTEGRITY ★ EXCELLENCE ★ TRANSPARENCY







# Results in Brief

## *Follow-Up Evaluation of Longstanding Healthcare-Related Report Recommendations for the Assistant Secretary of Defense for Health Affairs*

**July 24, 2025**

### Objective

The objective of this evaluation was to assess the extent to which the Assistant Secretary of Defense for Health Affairs (ASD[HA]) has taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General.

### Background

We conducted this follow-up evaluation to determine the status of six longstanding, open healthcare-related recommendations directed to the ASD(HA) in DoD OIG Evaluation reports that were published at least 3 years ago. The DoD OIG Evaluation reports are Report No. DODIG-2020-112, "Evaluation of Access to Mental Health Care in the Department of Defense," August 10, 2020; Report No. DODIG-2022-030, "Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members," November 9, 2021; and Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021," April 5, 2022.

In accordance with the Office of Management and Budget (OMB) Memorandum M-25-01, November 7, 2024, agencies must prioritize resolving recommendations and implementing corrective actions, as these are critical for enhancing the effectiveness and efficiency of government operations.

### Finding

The ASD(HA) and the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) completed actions to close two of six longstanding healthcare-related recommendations issued by the DoD OIG. Specifically, to address one recommendation in Report No. DODIG-2020-112, the ASD(HA) updated TRICARE Policy Manual 6010.57-M to remove the quantitative limitations for mental health treatment. Also, for Report No. DODIG-2022-081, we closed one longstanding recommendation because the USD(P&R) revised DoD Instruction 1010.10 to provide guidance for implementing health promotion, and to improve and sustain military readiness. We also administratively closed one longstanding recommendation in Report No. DODIG-2022-081 because of changes to Executive Branch priorities and the DoD's efforts to stabilize the Military Health System.

However, three longstanding ASD(HA) recommendations remain open. Specifically, for Report No. DODIG-2022-030, the ASD(HA) updated DoD Instruction 6040.46, "The Separation History and Physical Examination for the DoD Separation Health Assessment Program," to address the three recommendations related to the implementation of suicide prevention resources for transitioning uniformed Service members. According to an Office of the USD(P&R) official, the Instruction has not yet been issued due to the regulatory freeze established by OMB Memorandum M-25-10, "Implementation of Regulatory Freeze," January 20, 2025. However, an Office of the ASD(HA) official told us the Instruction was too preliminary for coordination. Therefore, these recommendations remain open until the DoD issues the Instruction.

This report will not include new recommendations. However, by implementing the open recommendations, the ASD(HA) could help improve implementation of policy, oversight of the mental health assessment process for transitioning Service members, and the DoD's ability to identify Service member suicide risk.







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July 24, 2025

**MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS**

**SUBJECT:** Follow-Up Evaluation of Longstanding Healthcare-Related Report  
Recommendations for the Assistant Secretary of Defense for Health Affairs  
(Report No. DODIG-2025-131)

This final report provides the results of the DoD Office of Inspector General's follow-up evaluation. We are providing this report for information and use. We did not make any recommendations; therefore, no management comments are required.

We appreciate the cooperation and assistance provided during the evaluation. If you have any questions, please feel free to contact me at [REDACTED]

*Bryan Clark*

Bryan T. Clark  
Assistant Inspector General for Evaluations  
Programs, Combatant Commands, and Operations

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# Introduction

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## Objective

The objective of this evaluation was to assess the extent to which the Assistant Secretary of Defense for Health Affairs (ASD[HA]) has taken actions to implement longstanding healthcare-related recommendations issued by the DoD Office of Inspector General (DoD OIG).

## Background

Office of Management and Budget (OMB) Memorandum M-25-01, “Transmittal of Revised OMB Circular A-50, Audit, Inspection, or Evaluation Follow-Up,” states that agencies shall assign a high priority to the resolution of recommendations and to the implementation of corrective actions.<sup>1</sup> Additionally, the OMB Memorandum states that management’s corrective actions on resolved findings and recommendations are essential to improving the effectiveness and efficiency of government operations. We conducted this follow-up evaluation to determine the status of six longstanding open healthcare-related recommendations issued in DoD OIG Evaluation reports that were published at least 3 years ago.

### ***DoD OIG Evaluation Reports with Longstanding Healthcare-Related Recommendations***

The DoD OIG has three reports with longstanding open healthcare-related recommendations directed to the ASD(HA).

### ***Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense”***

The objective of this evaluation was to determine whether the DoD met outpatient mental health access to care standards for active duty Service members and their families in accordance with law and applicable DoD policies.<sup>2</sup> The DoD OIG recommended that the ASD(HA) update its memorandum, “TRICARE Policy for Access to Care,” February 23, 2011, to remove the eight-visit limitation for outpatient mental health care.

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<sup>1</sup> OMB Memorandum M-25-01, “Transmittal of Revised OMB Circular A-50, Audit, Inspection, or Evaluation Follow-Up,” November 7, 2024.

<sup>2</sup> Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense,” August 10, 2020.



***Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members”***

The objective of this evaluation was to determine whether the DoD provided suicide prevention resources for transitioning Service members as required by Presidential Executive Order 13822, “Presidential Executive Order on Supporting our Veterans During Their Transition From Uniformed Service to Civilian Life.”<sup>3</sup>

The DoD OIG recommended that the ASD(HA), in coordination with the Director of the Defense Health Agency and the Service Surgeons General, establish consistent policies and procedures to manage suicide risk screening and referral as part of the medical process for transitioning Service members. At a minimum, the policies and procedures should:

- designate an organization to have responsibility for the clinical implementation of the policy;
- designate an organization to have oversight responsibility for mental health assessment processes for transitioning Service members; and
- establish a standard mental health assessment and suicide risk screening process to be used by all Services.

***Report No. DODIG-2022-081, “Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021”***

The objective of this evaluation was to determine the challenges and concerns encountered by medical personnel working at DoD Military Medical Treatment Facilities during the coronavirus disease–2019 (COVID-19) pandemic.<sup>4</sup>

The DoD OIG recommended that the ASD(HA):

- develop DoD policy for the maximum consecutive hours to be worked, maximum shifts per week, and coverage of duties when absent, for Military Health System staff (at minimum, active duty military and civilian physicians, nurses, respiratory therapists, and lab technicians) working in Military Medical Treatment Facilities to reduce the physical impacts leading to fatigue and burnout, and develop the appropriate waivers of this policy for Military Health System staff; and

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<sup>3</sup> Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members,” November 9, 2021. Executive Order 13822, “Presidential Executive Order on Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life,” January 9, 2018.

<sup>4</sup> Report No. DODIG-2022-081, “Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021,” April 5, 2022.

- direct a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report and to develop and monitor milestones for each recommendation.

### ***Stakeholders and Issuances Associated with the Longstanding Recommendations Directed to the ASD(HA)***

Executive Branch and DoD issuances establish roles and responsibilities of DoD stakeholders. These issuances include OMB Memorandums, as well as DoD directives, instructions, manuals, directive-type memorandums, and administrative instructions.

#### ***Assistant Secretary of Defense for Health Affairs***

The ASD(HA) is the advisor to the Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness for all DoD health and force protection, policies, programs, and activities. To complete these responsibilities, the ASD(HA) exercises authority, direction, and control through the Defense Health Agency.

#### ***Director of Administration and Management***

The Director of Administration and Management (DA&M) is the advisor to the Secretary of Defense and Deputy Secretary of Defense on certain organizational, management, and administrative matters. The DA&M exercises authority, direction, and control over the Director of Washington Headquarters Services. The DA&M oversees the DoD Issuances Program and is responsible for establishing DoD policy for developing, processing, coordinating, approving, publishing, and cancelling issuances.

#### ***Department of Defense Instruction 5025.01***

DoD Instruction (DoDI) 5025.01, “DoD Issuances Program,” establishes policy, assigns responsibilities, and provides procedures for the development, coordination, approval, publication, and review of DoD issuances.<sup>5</sup>

#### ***Office of Management and Budget M-25-10***

The Executive Office of the President issued the January 20, 2025, OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” which establishes guidance to heads of executive departments and agencies on the requirements to postpone effective dates of certain published regulations.<sup>6</sup>

<sup>5</sup> DoDI 5025.01, “DoD Issuances Program,” June 7, 2023.

<sup>6</sup> OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” January 20, 2025.

## Finding

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### **The Assistant Secretary of Defense for Health Affairs and the Under Secretary of Defense for Personnel and Readiness Took Action to Close Two Longstanding DoD OIG Recommendations, We Administratively Closed One Recommendation, but Three Recommendations Remain Open**

The Assistant Secretary of Defense for Health Affairs (ASD[HA]) and the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) completed actions to close two of six longstanding healthcare-related recommendations issued by the DoD OIG. Specifically, the ASD(HA) updated TRICARE Policy Manual 6010.57-M to remove the quantitative limitations for mental health treatment to address Recommendation 1 in Report No. DODIG-2020-112. Also, the USD(P&R) revised DoDI 1010.10 “Health Promotion and Disease Prevention” to provide guidance for implementing health promotion and to improve and sustain military readiness to address Recommendation B in Report No. DODIG-2022-081. Therefore, we closed these recommendations. We also administratively closed Recommendation C in Report No. DODIG-2022-081 because of changes to Executive Branch priorities and the DoD’s efforts to stabilize the Military Health System.<sup>7</sup>

However, three longstanding ASD(HA) recommendations remain open. Specifically, for Report No. DODIG-2022-030, Recommendations A.1.a, A.1.b, and A.1.c, which relate to the implementation of suicide prevention resources for transitioning uniformed Service members, remain open. These recommendations remain open partially because, according to an Office of the USD(P&R) official, the DoD publication coordination process for the draft instruction is currently paused as a result of the regulatory freeze established by OMB Memorandum M-25-10.<sup>8</sup> However, an Office of the ASD(HA) official told us the Instruction was too preliminary to coordinate.

Although this report does not include new recommendations, the ASD(HA)’s implementation of the open recommendations could help improve implementation of policy, oversight of the mental health assessment process for transitioning Service members, and the ability of the DoD to identify Service member suicide risk.

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<sup>7</sup> DoD OIG will administratively close a recommendation when circumstances have changed to the point that an original recommendation can no longer be closed through stakeholder actions.

<sup>8</sup> Additionally, according to DoDI 5025.01, it can take up to 205 workdays for coordination and completion of DoD issuances.



## Three Longstanding Recommendations to the ASD(HA) Are Closed

The ASD(HA) and the USD(P&R) completed actions to close two of six longstanding healthcare-related recommendations issued by the DoD OIG. The ASD(HA) did not complete the actions necessary to close the remaining four recommendations. However, we administratively closed one recommendation because of changes to Executive Branch priorities and the DoD's efforts to stabilize the Military Health System. See Table 1 for a summary of the DoD OIG Evaluation reports with longstanding open healthcare-related recommendations that are now closed.

*Table 1. DoD OIG Evaluation Reports with Open Recommendations That Are Now Closed*

Report Number	Recommendation Number	Days Open (as of July 2, 2025)	Completion Status
DODIG-2020-112	1	1,787	Closed. <sup>1</sup>
DODIG-2022-081	B	1,184	Closed. <sup>1</sup>
DODIG-2022-081	C	1,184	Administratively Closed. <sup>2</sup>

Source: The DoD OIG.

<sup>1</sup> Based on actions taken by ASD(HA) and USD(P&R).

<sup>2</sup> In response to changes in Executive Branch priorities and the DoD's efforts to stabilize the Military Health System.

### ***Report No. DODIG-2020-112, "Evaluation of Access to Mental Health Care in the Department of Defense"***

We closed Recommendation 1, which stated that the ASD(HA) should update ASD(HA) Memorandum, "TRICARE Policy for Access to Care," to remove the eight-visit limitation for outpatient mental health care. The ASD(HA) updated TRICARE Policy Manual 6010.57-M and removed the quantitative limitations for mental health treatment. By implementing this recommendation, the ASD(HA) eliminated all quantitative treatment limitations and expanded access to mental health services.

### ***Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021"***

We closed Recommendation B, which required the ASD(HA) to develop policy that would address work schedules and reduce the physical impacts leading to fatigue and burnout, because the USD(P&R) revised DoDI 1010.10, "Health Promotion and

Disease Prevention.”<sup>9</sup> The revised Instruction addressed the recommendation by establishing guidance and procedures for implementing health promotion programs to improve and sustain military readiness and the health, fitness, and quality of life of Service members and civilian DoD employees.

We administratively closed Recommendation C, which directed a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report, based on changes to Executive Branch priorities and the DoD’s efforts to stabilize the Military Health System. In 2024, the President identified that at this stage of his Administration’s response to COVID-19, certain Executive Orders were no longer necessary and he revoked several Executive Orders related to COVID-19.<sup>10</sup>

Additionally, on December 6, 2023, the Deputy Secretary of Defense published “Stabilizing and Improving the Military Health System.” This 2023 memorandum established that the DoD depends on the Military Health System to deliver high quality care to beneficiaries. The Deputy Secretary recognized that to implement the transition of authority, direction, and control of the military treatment facilities from the Military Departments to the DHA, the DoD adopted a complex approach to managing the medical workforce. To stabilize and improve readiness, capacity, and access to care, the Deputy Secretary directed actions that focused on medical requirements, manpower requirements, improving capacity, and staffing to a level that provides quality patient care. We determined that these recent strategic changes and associated required actions made the recommendations in the Military Health System COVID-19 After Action Report outdated, because the Military Health System from 2020 on which they were based does not exist today. Therefore, there is no need for the ASD(HA) to develop a plan to implement those recommendations per Recommendation C.

## **The ASD(HA) Faced Challenges Closing Three Longstanding Recommendations That Will Remain Open**

The ASD(HA) faced challenges closing three of the six ASD(HA) longstanding healthcare-related recommendations, and therefore, these recommendations remain open. These recommendations will remain open until the USD(P&R) publishes DoDI 6040.46. See Table 2 for a summary of the DoD OIG Evaluation reports with longstanding open healthcare-related recommendations that will remain open.

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<sup>9</sup> DoDI 1010.10, “Health Promotion and Disease Prevention,” May 16, 2022.

<sup>10</sup> Executive Order 14122, “COVID-19 and Public Health Preparedness and Response,” April 12, 2024 revoked Executive Order 13910, “Preventing Hoarding of Health and Medical Resources to Respond to the Spread of COVID-19,” March 23, 2020; Executive Order 13991, “Protecting the Federal Workforce and Requiring Mask Wearing,” January 20, 2021; and Executive Order 13998, “Promoting COVID-19 Safety in Domestic and International Travel,” January 21, 2021.

Table 2. DoD OIG Evaluation Reports with Recommendations That Remain Open

Report Number	Recommendation Number	Days Open (as of July 2, 2025)	Estimated Completion
DODIG-2022-030	A.1.a, A.1.b, A.1.c	1,331	March 31, 2026. <sup>1</sup>

Source: The DoD OIG.

<sup>1</sup> Based on actions taken by ASD(HA).

### ***Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members”***

To address the three recommendations in Report No. DODIG-2022-030, the ASD(HA) drafted a revision to DoDI 6040.46, “The Separation History and Physical Examination for the DoD Separation Health Assessment Program.” However, this revised Instruction has not been published.

According to an Office of the ASD(HA) official, the revised DoDI 6040.46 will direct the performance of separation physical examinations and mental health assessments and incorporate Separation Health Assessment content that both the DoD and Department of Veterans Affairs agreed will address suicide and violence risk screenings. Additionally, an Office of the ASD(HA) official stated that the publication of the revised Instruction should implement the intent of Recommendations A.1.a, A.1.b, and A.1.c, which required the ASD(HA) to:

- designate an organization to have responsibility for the clinical implementation of the policy,
- designate an organization to have oversight responsibility for mental health assessment processes for transitioning Service members, and
- establish a standard mental health assessment and suicide risk screening process to be used by all Services.

An Office of the USD(P&R) official also stated that DoDI 6040.46 cannot continue in the publication coordination process due to a regulatory freeze established by OMB Memorandum M-25-10. According to an Office of the ASD(HA) official, they anticipate publishing the Instruction by March 31, 2026. However, when we asked for a draft copy of the revised Instruction, an Office of the ASD(HA) official told us that the Instruction “is very preliminary and is far from being ready to enter coordination or sharing.” Therefore, the recommendations will remain open until the ASD(HA) publishes the revised Instruction and we can verify it fully addresses the recommendation.



## **The ASD(HA) Delays in Addressing Longstanding Recommendations May Jeopardize Transitioning Service Members' Mental Health Care and Safety**

The ASD(HA)'s implementation of the longstanding open recommendations could help improve the implementation of policy, the oversight of the mental health assessment process for transitioning Service members, and the DoD's ability to identify Service member suicide risks. To improve the effectiveness and efficiency of healthcare operations, the ASD(HA) must take corrective action to resolve open DoD OIG report recommendations in a timely manner. When recommendations remain open for years, suicide risk, specifically, is not being reduced, which can harm the health and welfare of Service members and their families; and degrade mission readiness, recruiting, and retention.

## Appendix

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### Scope and Methodology

We conducted this evaluation from April 2025 through July 2025 in accordance with the “Quality Standards for Inspection and Evaluation,” published in December 2020 by the Council of Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

To determine the status of each open recommendation, we requested information and interviewed personnel from the Office of the ASD(HA). We also obtained and reviewed supporting documentation from the Executive Branch and the Office of the ASD(HA). Specifically, we reviewed the following Executive Orders, memorandums, DoD issuances, and supporting documentation. We compared these documents with the originally published recommendations to determine the extent to which the ASD(HA) took action to implement longstanding healthcare-related recommendations.

- Executive Order 14122, “COVID-19 and Public Health Preparedness and Response,” April 12, 2024
- OMB Memorandum M-25-10, “Implementation of Regulatory Freeze,” January 20, 2025
- Deputy Secretary of Defense “Stabilizing and Improving the Military Health System,” December 6, 2023
- DoDI 1010.10, “Health Promotion and Disease Prevention,” May 16, 2022
- DoDI 5025.01, “DoD Issuances Program,” June 7, 2023
- TRICARE Policy Manual 6010.57-M, February 1, 2008, Change 183, June 13, 2017
- ASD(HA) Memorandum, “TRICARE Policy for Access to Care,” February 23, 2011

## Prior Coverage

During the last 5 years, the DoD Office of Inspector General (DoD OIG) issued three reports that were the subject of this follow-up evaluation on longstanding healthcare-related recommendations.

Unrestricted DoD OIG reports can be accessed at <http://www.dodig.mil/reports.html/>.

### **DoD OIG**

Report No. DODIG-2020-112, “Evaluation of Access to Mental Health Care in the Department of Defense,” August 10, 2020

The DoD OIG evaluated whether the DoD meets outpatient mental health access to care standards for active-duty Service members and their families, in accordance with law and applicable DoD policies. The DoD OIG found that the DoD did not consistently meet outpatient mental health access to care standards for active-duty Service members and their families, in accordance with law and applicable DoD policies.

The report made one recommendation to ASD(HA) to update the ASD(HA) Memorandum, “TRICARE Policy for Access to Care,” February 23, 2011, to remove the eight-visit limitation for outpatient mental health care.

Report No. DODIG-2022-030, “Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members,” November 9, 2021

The DoD OIG evaluated if the DoD provided suicide prevention resources for transitioning Service members as required by Presidential Executive Order 13822, “Presidential Executive Order on Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life.” The DoD OIG found that DoD did not consistently screen for suicide risk or arrange uninterrupted mental health care for transitioning Service members as required by Presidential Executive Order 13822 and DoDI 6490.10.

The report made three recommendations to the ASD(HA) to establish consistent policies and procedures to manage suicide risk screening and referral as part of the medical process for transitioning Service members. At a minimum, the policies and procedures should designate an organization to have responsibility for the clinical implementation of the policy, designate an organization to have oversight responsibility for mental health assessment processes for transitioning Service members, and establish a standard mental health assessment and suicide risk screening process to be used by all Services.



Report No. DODIG-2022-081, "Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021," April 5, 2022

The DoD OIG evaluated the challenges and concerns encountered by medical personnel working at DoD Military Medical Treatment Facilities during the coronavirus disease-2019 (COVID-19) pandemic. The DoD OIG found that officials reported staffing and manpower shortages as the most serious challenge encountered during the pandemic and staff burnout and fatigue was the most serious concern that might be encountered in the future.

The report made two recommendations to the ASD(HA) to develop DoD policy for the maximum consecutive hours to be worked, maximum shifts per week, and coverage of duties when absent, for Military Health System staff to reduce the physical impacts leading to fatigue and burnout, and direct a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report and to develop and monitor milestones for each recommendation.

# Acronyms and Abbreviations

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- ASD(HA)** Assistant Secretary of Defense for Health Affairs
- COVID-19** Coronavirus Disease–2019
- DA&M** Director of Administration and Management
- DoDI** DoD Instruction
- OMB** Office of Management and Budget
- USD(P&R)** Under Secretary of Defense for Personnel and Readiness

# **Whistleblower Protection**

## **U.S. DEPARTMENT OF DEFENSE**

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