Report No. DOWIG-2027-026

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INSPECTOR GENERAL

U.S. Department of War

NOVEMBER 9, 2026



(U) Management Advisory: Gaps in DoW Oversight of Health Care Provided by Naval Personnel at the Office of the Attending Physician

~~Controlled by: DoW OIG~~
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~~POC: Deputy Inspector General,~~ [redacted]

INDEPENDENCE ★ INTEGRITY ★ EXCELLENCE ★ TRANSPARENCY

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November 9, 2026

MEMORANDUM FOR SECRETARY OF THE NAVY
UNDER SECRETARY OF WAR FOR PERSONNEL AND READINESS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: (U) Management Advisory: Gaps in DoW Oversight of Health Care Provided by Naval Personnel at the Office of the Attending (DOWIG-2027-026)

(U) This final management advisory informs the DoW of health and safety risks resulting from the Department's lack of: (1) oversight of the clinical quality management for health care provided by Department of the Navy personnel assigned to the Office of the Attending Physician (OAP) and (2) verification that the OAP pharmacy has undergone required inspections and inventories. Due to the unique nature of the OAP, we only focused our review on the DoW's ability to oversee the clinical quality management and pharmacy operations conducted by the Navy, for which we have oversight responsibility.

(U) We conducted this evaluation from September 2025 through July 2026 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. We also previously provided DoW officials copies of the draft advisory and requested written comments on the recommendations. We received comments from the Assistant Secretary of War for Health Affairs (ASW[HA]) on behalf of the Under Secretary of War for Personnel and Readiness (USW[P&R]). We considered management's comments on the draft advisory when preparing the final advisory.

(U) This final advisory contains five recommendations that are resolved but open. We will close the recommendations when the USW(P&R) provides documentation indicating that all agreed-on actions to implement the recommendations are complete. After the issuance of the draft report and receipt of formal comments, the DoW became aware of multiple Navy OAP personnel requesting health and safety transfers and one DoD Hotline complaint related to the OAP's operations and oversight. These concerns reinforce the need to strengthen oversight of the OAP to help ensure compliance with applicable legal and policy requirements and to safeguard patients and the military personnel assigned to support its operations.

(U) Background

(U) The OAP is an office at the U.S. Capitol complex that provides health care to Members of Congress; Justices of the Supreme Court; officials, officers, and pages of Congress; individuals traveling on an official congressional or staff delegation trip; congressional identification card holders; certain U.S. Capitol Police and Architect of the Capitol personnel; and the public in an emergent event.[1] OAP staff include employees of the House, Senate, Architect of the Capitol, Supreme Court, and Navy.

(U) At the OAP, the delivery of health care is, and pharmacy operations are, conducted by detailed Navy uniformed medical personnel under the direction of the Attending Physician (AP), a rear admiral. As of August 2025, the Navy had 5 physicians, 2 pharmacists, and 11 corpsmen assigned to the OAP. According to Defense Health Agency (DHA) officials and medication inventory records, the OAP operates an independent pharmacy that stocks and dispenses controlled and non-controlled substances. The OAP pharmacy is registered with the Drug Enforcement Agency (DEA), as required by the DEA Pharmacist's Manual.[2] The DHA submits the OAP's orders for controlled substances and processes medication orders through a Defense Logistics Agency contract.

(U) Historical Context

(U) Congress established the OAP in 1928 by a Resolution authorizing the Secretary of the Navy to detail a medical officer to serve the medical needs of Members of the House of Representatives. In 1930, the OAP began supporting Members of the Senate.[3] Since then, according to a Congressional Research Service report, Congress has appropriated funds to supply and equip the OAP.[4] Congress also authorized an allowance for the AP and Navy corpsmen for things such as attire, cost of living adjustments, and overtime pay. However, the Navy did not feel that it was receiving full reimbursement for personnel assigned to the OAP. As a result, in 1975, Congress authorized reimbursement to the Navy through the Second Supplemental Appropriations Act for equipment and additional health care personnel assigned to the OAP.[5] Accordingly, the Navy's partial reimbursement

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1 (U) According to Congressional Research Service Insight IN11390, "Office of the Attending Physician, U.S. Congress: Background Information and Response to Public Health Emergencies," May 14, 2020, Members of Congress may receive additional Office of the Attending Physician services, including routine examinations, consultations, and certain diagnostic tests. The report states that these services are available to Members for an annual fee, which covers the Member only and does not extend to dependents. The most recent government-hosted OAP Medical Services Enrollment and Payment form we obtained from 2022 listed an annual fee of $646.32, payable by lump sum or payroll deduction. For Fiscal Year 2026, Congress appropriated $4.856 million for OAP, including $3.388 million to reimburse the Department of the Navy for assigned staff and equipment.

2 (U) DEA, "Pharmacist's Manual: An Informational Outline of the Controlled Substances Act," 2022.

3 (U) H.R. Res. 253, 70th Cong., 2d Sess., 70 Cong. Rec. 101 (1928).
(U) Senate Calendar No. 341, 71st Congress, 2nd Session, Report No. 328, April 4, 1930.
(U) *Arieff v. U.S. Department of the Navy*, 712 F.2d 1462, 1464–65 (D.C. Cir. 1983).

4 (U) Congressional Research Service Report RS20305, "The Office of Attending Physician in the U.S. Congress," updated December 12, 2001.

5 (U) Pub. L. No. 94–32, "Second Supplemental Appropriations Act, 1975," June 12, 1975.

(U) by the Legislative Branch became full reimbursement because "expenses [for the OAP] are provided for as a joint expense of the House and Senate in the annual Legislative Branch Appropriations Acts."[6]

(U) Navy officials stated that since 1994, personnel at the Walter Reed National Military Medical Center (WRNMMC) credentialed and privileged Navy medical personnel assigned to the OAP.[7] Although oversight of WRNMMC transferred from the Navy to the DHA in 2013, Navy officials stated that no memorandums of understanding or agreement regarding OAP oversight were established. However, according to U.S. Navy Regulations Article 1020, the AP and all Navy personnel assigned to the OAP are, at all times, subject to naval authority.

~~(CUI)~~ BUMEDINST 6010.30 states that privileging authorities must measure, assess, and document clinical performance and professionalism, as well as investigate any allegations of naval practitioner incompetence, professional misconduct, impairment, and conduct reportable under Department clinical quality regulations.[8] [redacted][9] [redacted]

~~(CUI)~~ [redacted]

[6] (U) Congressional Research Service Report RL33220, "Support Offices in the House of Representatives: Roles and Authorities," updated August 30, 2024.

[7] (U) The WRNMMC was formerly known as the National Naval Medical Center.

[8] (U) Department of the Navy Bureau of Medicine Instruction 6010.30, "Credentialing and Privileging Program," March 27, 2015 (with reference to DoW Instruction 6025.13).

[9] ~~(CUI)~~ [redacted] (citing NDAA for FY 2017, Pub. L. No. 114-328 (2016)).
~~(CUI)~~ [redacted]

(U) Additionally, DoW Instruction (DoWI) 6025.13 states that the Navy Surgeon General is accountable for clinical quality management of health care provided under naval authority.[10] The DoW must also implement a clinical quality management program, ensure provider readiness, and oversee professional licensure as required by the National Defense Authorization Act (NDAA) for Fiscal Year 2021, Pub. L. No. 116-283, § 744; NDAA for Fiscal Year 2017 NDAA, § 725; and 10 U.S.C. § 1094.[11] Therefore, the Department is accountable for clinical quality management and oversight of health care provided by its personnel.

(U) Scope and Methodology

(U) As part of this evaluation, we interviewed stakeholders from the Navy and DHA to determine whether the Department had policies for conducting clinical quality management and pharmacy oversight of DoW personnel assigned to the OAP. In January and February 2026, we interviewed former and current OAP-assigned DoW personnel to gain insight into their daily routines, pharmacy operations, protocols, and guidance they were provided. In addition, we reviewed DoD Hotline complaints received by the DoW OIG from August 2023 to January 2026, as well as other allegations provided by various stakeholders throughout our evaluation.

(U) We reviewed relevant Federal laws and policies as outlined in the Criteria Reviewed section of this advisory. Additionally, we analyzed OAP-related records made available to us, including pharmaceutical inventory documentation, Joint Commission accreditation certificates, and naval duty orders. We also reviewed correspondence between DoW personnel and OAP staff describing concerns regarding labor conditions, command direction, and prescription-related practices.

~~(CUI)~~ [redacted][12] These documents provided additional information regarding the DoW's clinical quality management oversight authority, provider credentialing, and clinical practice requirements applicable to naval personnel assigned to the OAP.

(U) Scope Limitations

(U) According to 10 U.S.C. § 1034, "no person may restrict a member of the armed forces in communicating with a Member of Congress or an Inspector General." However, on September 8, 2025, the AP told us that he recused himself from the evaluation and directed

[10] (U) DoWI 6025.13, "Medical Quality Assurance and Clinical Quality Management in the Military Health System," July 26, 2023, (incorporating Change 2, August 27, 2026).

[11] (U) William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, Pub. L. 116-283, § 744 (2021).
(U) National Defense Authorization Act for Fiscal Year 2017, Pub. L. No. 114-328, § 725 (2016).

[12] ~~(CUI)~~ [redacted]

(U) us to a congressional counsel for any future communication with the OAP. This, in part, inhibited our ability to conduct an independent review of the OAP because we were unable to access the OAP or review internal OAP policies. The recusal of the senior-most official in the OAP also significantly limited our ability to identify potential issues, deficiencies, and areas for improvement.

~~(CUI)~~ The DoW OIG was not the first oversight entity to encounter these restrictions. NAVINSGEN previously sought similar information and was denied access to internal OAP documents. [redacted] However, according to an Internal Revenue Service General Counsel Memorandum GCM 37474, "the Attending Physician and his staff are members of the USN [U.S. Navy] who are active duty assigned to perform medical services at the U.S. Capitol. … As members of the Navy on active duty, the Attending Physician and his staff are undoubtedly controlled in the performance of their duties by the Navy."[13]

(U) Following the AP's recusal, we pursued alternative means to obtain necessary information, culminating in a March 9, 2026 request to the AP for an OAP point of contact to facilitate interviews and meetings with assigned Navy personnel. We explained to the AP that these interviews would guide subsequent requests for operational documentation such as policies, procedures, forms, and materials. To ensure complete compliance with privacy protocols, we stated that we would not review patient treatment records and requested that no patient-identifying information be provided to the DoW OIG. For example, to evaluate pharmacy operations, we requested redacted prescription and dispensing records to ensure patient data was removed before submission to us. On March 10, 2026, the U.S. House of Representatives Deputy General Counsel notified us that naval personnel assigned to the OAP could not share or discuss any OAP information without "the express consent of Congress." Because this notification applied directly to the OAP staff who had access to the information we needed, it became a major limitation on the scope of our evaluation. Rather than delaying our evaluation indefinitely to challenge this restriction, we chose to continue with the information and resources that were available to us, such as Navy, DHA, and DoW personnel, policies, and documentation.

[13] (U) Internal Revenue Service General Counsel Memorandum GCM 37474, March 13, 1978.

(U) Later, on August 13, 2026, we submitted a final request to the U.S. House of Representatives Deputy General Counsel for access to the OAP to conduct our evaluation by requesting specific records and documentation and approval to interview Navy medical personnel assigned to the OAP. As of the date of this management advisory, the Deputy General Counsel had not agreed to grant us access to the OAP or the naval personnel supporting its operations. Therefore, we finalized this management advisory without reviewing certain OAP records, such as clinical quality management policies, internal pharmacy procedures, prescription records, climate assessments, or internal peer reviews.

(U) The DoW Did Not Assign a DoW Component Responsibility for Oversight of Clinical Quality Management at the OAP

(U) According to Navy and DHA officials, the current gap in clinical quality management and pharmacy operations oversight started when the WRNMMC transferred from the Navy to the DHA in October 2013. Navy officials told us that naval personnel have conducted aspects of clinical quality management, such as the credentialing and privileging of Navy medical personnel assigned to the OAP, through WRNMMC. The officials also stated that the DHA processes the OAP's pharmaceutical orders, including those for controlled substances, through Department contracts. However, there were no memorandums of agreement (MOAs) or understanding or other measures put in place for the DHA or another DoW entity to perform clinical quality management care oversight for the health care provided by Navy medical personnel assigned to the OAP. The gap in oversight is, in part, because the DHA has responsibility for overseeing MTFs, but the OAP is not an MTF.

(U) In section 744 of the NDAA for Fiscal Year 2021, Congress required the DoW to perform oversight of all health care delivered by its personnel. Specifically, section 744 requires the Secretary of [War], through the DHA Director, to maintain policies and procedures to promote clinical quality in health care delivery anywhere that health care is delivered by DoW personnel. To implement this legislation, the DoW issued DoWI 6025.13 in July 2023. However, the Instruction does not assign responsibilities for oversight of Navy medical personnel assigned to the OAP or the health care they provide.

(U) Although DoW policy does not assign this responsibility, the DoW has attempted to provide oversight. For example, the OAP declined WRNMMC's offer to conduct a pharmacy staff assistance visit in August 2024. In an email from the OAP to WRNMMC personnel, a senior OAP official declined the visit because "the OAP participates in the JC [Joint Commission], the CSIB [Controlled Substance Inventory Board], and other volunteer visits." However, according to a Joint Commission official, even though the AP invites the Joint Commission to conduct inspections, the Joint Commission's Ambulatory Care Review focuses on outpatient health care delivery and does not review pharmacy operations or conduct medication inventories. Additionally, according to DHA officials, DoW providers assigned to the OAP conduct internal peer reviews as required by DoWI 6025.13. DHA officials also

(U) stated that while Navy medical personnel assigned to the OAP conduct internal peer reviews as required by DoDI 6025.13 and have reported no deficiencies, the DHA cannot validate these results because it lacks the ability to oversee clinical quality management at the OAP and cannot access OAP internal records.

~~(CUI)~~ Through interviews with stakeholders, we confirmed that no DoW entity currently believes it has been assigned the responsibility to oversee the clinical quality management and pharmacy operations services provided by Navy medical personnel assigned to the OAP. As the principal staff assistant responsible for health readiness policy, the USW(P&R) has the authority to designate an organization for administrative and clinical quality management oversight of Navy medical personnel assigned to the OAP.[14] [redacted]

(U) Therefore, the USW(P&R) should designate an organization for administrative and clinical quality management oversight of DoW personnel assigned to the OAP. Additionally, the USW(P&R) should establish and implement policy and procedures for administrative and clinical quality management oversight of DoW personnel assigned to the OAP and the health care services they provide for the OAP. If the USW(P&R) does not update policy and procedures for DoW personnel supporting the OAP, then they should coordinate with House and Senate leadership to explore alternate avenues for ensuring OAP beneficiaries receive quality care without support from DoW personnel.

(U) The DoW Was Unable to Provide Evidence of Required Inspections and Regular Inventories at the DoW-Supported Pharmacy at the OAP

(U) We were unable to validate that the OAP pharmacy had undergone regular, mandatory inspections or completed inventories as required by the Controlled Substances Act, DHA Procedural Instruction 6025.31, or Navy Bureau of Medicine Instruction 6710.70A.[15] Under Federal statute and Department policy, controlled substances must undergo regular inventories and recurring regulatory inspections to establish a transparent chain of custody, verify physical security, and prevent medication diversion.

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[14] (U) According to DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended, and DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008 (incorporating Change 2, July 23, 2025), the USW(P&R) has overall authority over Military Health System policies. DoWI 6025.13 states that the Assistant Secretary of War for Health Affairs is responsible for clinical quality management and other matters delegated by the USW(P&R).

[15] (U) Controlled Substances Act, 21 U.S.C. § 801 et seq.

(U) DHA Procedural Instruction 6025.31, "Military Medical Treatment Facility Pharmacy Operations," December 20, 2019.

(U) Department of Navy Bureau of Medicine and Surgery Instruction 6710.70A, "Guidelines for Controlled Substances Inventory," February 16, 2010.

~~(CUI)~~ The importance of these inspections and inventories is highlighted by [redacted]

(U) According to 21 U.S.C. § 880 and 21 C.F.R. § 1316.03, the DEA is authorized to enter controlled premises and conduct administrative inspections. Based on our review, we found no record that the DEA has inspected the OAP pharmacy, even though the OAP maintains an active DEA registration. Further, we found no evidence that the DoW conducted pharmacy inspections as required by DHA Procedural Instruction 6025.31. In August 2024, a senior OAP official declined WRNMMC's offer to conduct a pharmacy staff assistance visit, citing participation in other voluntary visits that focus on outpatient health care delivery rather than pharmacy operations.

(U) Although the OAP restricted DoW inspections, it permitted WRNMMC's CSIB to conduct inventories. Between January 2023 and February 2026, the OAP invited the CSIB to conduct inventories seven times, which does not meet the quarterly requirement mandated by DHA and Navy instructions. A CSIB functions solely as an appointed, disinterested inventory board responsible for conducting physical drug counts and reconciling inventory records. It possesses no command or regulatory authority to direct operational changes at the OAP, mandate corrective action plans, or verify whether identified discrepancies are resolved. During the February 2026 inventory of the OAP pharmacy, the CSIB identified the following five controlled substance discrepancies:

1. (U) A 140-tablet shortage of a Schedule IV sleep aid (1 mg);
2. (U) A 23-tablet shortage of a second, expired Schedule IV sleep aid (5 mg);
3. (U) An overage of four tablets of an expired Schedule II opioid pain medication;
4. (U) Approximately 600 expired Schedule IV convulsant antidote auto-injectors stored unsecured on a high shelf without tracking or inventory logs; and
5. (U) Medical bags used for congressional delegation travel lacking required prescription records or dispensing documentation.

(U) Neither WRNMMC nor its CSIB has been assigned the responsibility to direct change at the OAP, and they do not know whether the OAP implemented corrective actions from the February 2026 inventory. During our interviews, Navy medical personnel with direct knowledge of OAP operations stated that OAP personnel only "loosely" follow naval pharmacy guidelines and that the OAP is not required to, and does not, allow DoW pharmacy inspections.

~~(CUI)~~ The DoW cannot ensure that the OAP's pharmacy operations comply with Federal law, DoW requirements, or accountability standards because the OAP restricts oversight. These restrictions create an environment in which providers may engage in practices that violate

~~(CUI)~~ standards of care. For example, [redacted][16]

(U) Due to the irregular CSIB inventories and the Department's inability to enforce implementation of corrective actions, the USW(P&R), in coordination with the Secretary of the Navy and DHA Director, should request and review the OAP pharmacy's inspection records to determine the pharmacy's current inspection status. If the USW(P&R) determines that the pharmacy has not been inspected in accordance with Federal law or DoW policy, the USW(P&R) should request that the DEA or DoW inspect the OAP pharmacy within 90 days and perform quarterly inspections going forward in accordance with policy.

(U) Additionally, through our review of DoW procurement systems, we identified that the DHA submits the OAP's orders for controlled substances through the Defense Medical Logistics Standard Support system and processes medication orders through the Defense Logistics Agency National Prime Vendor Contract. However, based on our assessment of the delivery process, the DoW does not have accountability over these medications because they are delivered directly to the OAP, leaving the DoW unable to track their receipt, storage, or dispensing.

(U) Impact of Clinical Quality Management and Pharmacy Oversight Gaps

~~(CUI)~~ The absence of DoW oversight of clinical quality management and pharmacy operations increases the risks to both patients and Navy medical personnel assigned to the OAP. Without clinical quality management oversight, Navy personnel may face unclear guidance, inconsistent standards, and pressure to engage in practices that deviate from established medical requirements. Specifically, without the DoW conducting its mandated clinical quality management oversight of Navy medical personnel assigned to the OAP, the DoW cannot monitor provider readiness skills, professional competencies, and compliance with Federal law. Additionally, this lack of oversight, [redacted] may:

- ~~(CUI)~~ result in OAP beneficiaries unknowingly assuming health and safety risks because clinical and prescribing practices were not monitored, [redacted]

[16] ~~(CUI)~~ [redacted]

- ~~(CUI)~~ impede the DoW's ability to monitor the readiness skills of its providers to ensure they are meeting the requirements outlined in Federal law, [redacted][17]
- ~~(CUI)~~ create a scenario in which Navy medical personnel assigned to the OAP operate outside DoW policies and procedures applicable to healthcare administration and management, [redacted] and
- ~~(CUI)~~ create an environment in which Navy medical personnel assigned to the OAP could be pressured to engage in practices that conflict with established medical standards and ethical guidelines, [redacted]

~~(CUI)~~ Additionally, without enforceable pharmacy oversight, the DoW cannot ensure controlled substance accountability, secure storage, or compliance with Federal law. Comprehensive pharmacy inspections and periodic inventory counts serve as safeguards to establish a verifiable chain of custody, evaluate physical security, and prevent medication diversion. Performing regular, enforceable inspections and mandatory quarterly inventories would ensure that the pharmacy—which is staffed by active duty naval personnel and stocked with medications delivered directly through DoW contracts—complies with the Controlled Substances Act, DHA policy, and Navy policy. [redacted]

~~(CUI)~~ [redacted]

~~(CUI)~~ The clinical quality management and pharmaceutical oversight gaps we identified, along with the [redacted] illustrate a medical environment at the OAP in which the DoW cannot ensure the safety, readiness, or regulatory compliance of its detailed personnel, or the integrity of patient care services provided to OAP beneficiaries.

(U) Criteria Reviewed

- (U) Title 10 U.S.C. § 1094. Those who provide health care must have a license to do so, and the commanding officer of a DoW health care facility must ensure that each person providing health care meets the licensure requirement.

[17] (U) National Defense Authorization Act for Fiscal Year 2017, Pub. L. No. 114–328, §§ 706, 708, and 725 (2016).

- (U) Title 21 U.S.C. § 880. Designates facilities that hold or dispense controlled substances as controlled premises subject to DEA administrative inspections. Under this authority, DEA inspectors evaluate pharmacy security, audit perpetual inventory logs and prescription records, and verify that facilities maintain a transparent chain of custody to prevent theft or diversion.
- (U) NDAA for Fiscal Year 2017, § 725 (2016). The Secretary of [War] must ensure the medical readiness of health care providers within the Armed Forces.
- (U) NDAA for Fiscal Year 2021, § 744 (2021). The Secretary of [War], through the DHA Director, must "maintain policies and procedures to promote clinical quality in health care delivery on ships and planes, in deployed settings, and in all other circumstances…" including:
    - (U) validation of provider credentials;
    - (U) systematic procedures to identify, investigate, and analyze events indicating a risk of patient harm and corrective action plans to mitigate such risks; and
    - (U) systematic measurements of indicators of health care quality.
- (U) Title 21 C.F.R. § 1304.11. Implements aspects of the Controlled Substances Act. Any entity dispensing controlled substances must conduct an initial physical inventory on the date dispensing begins and complete a comprehensive inventory of all controlled substances on hand at least every 2 years. For dispensers, this requires an exact count of all controlled substances and reconciliation of all inventory records.
- (U) Title 21 C.F.R. § 1316.03. Authorizes the DEA to enter any controlled premises to perform administrative inspections to verify the correctness of mandatory records, reports, and physical security measures. Under this authority, inspectors evaluate inventory compliance, audit dispensing records, and verify that controlled substances are accounted for and securely stored in accordance with the Controlled Substances Act.
- (U) DoD Directive 5124.02 (2008). Establishes the USW(P&R) as the Principal Staff Assistant and advisor to the Secretary of [War] for Total Force management, readiness, and health affairs.
- (U) DoD Directive 5136.01 (2013). Designates the ASW(HA), under the USW(P&R), to exercise authority, direction, and control over the DHA Director and establish clinical quality, health care standards, and medical readiness across the Military Health System. This Directive provides the administrative authority for the USW(P&R) and ASW(HA) to designate an oversight entity and enforce clinical quality management policies for Department medical personnel detailed to non-military treatment facilities such as the OAP.
- (U) DoWI 6025.13 (2023). The Navy Surgeon General is accountable for clinical quality management of health care provided under naval authority, and the DHA must conduct clinical quality management oversight of MTFs.

- (U) U.S. Navy Regulations Article 1020 (1990). All active persons in the naval service may exercise authority over all persons who are subordinate to them.
- (U) Department of Navy Bureau of Medicine and Surgery Instruction 6710.70A (2010). CSIBs must conduct at least quarterly physical audits, physical security verification, and discrepancy reporting across naval medical activities.
- (U) DHA Procedural Instruction 6025.31 (2019). MTFs must conduct quarterly controlled substance inventories, complete a biennial inventory by May 1 of odd-numbered years, and ensure the formal investigation and reporting of discrepancies to the DEA and leadership. These requirements establish a verifiable chain of custody, ensure secure storage, and safeguard against medication diversion across all Department facilities.

(U) Recommendations, Management Comments, and Our Response

(U) We recommend that the Under Secretary of War for Personnel and Readiness:

1. **(U) Designate an organization for administrative and clinical quality management oversight of DoW personnel assigned to the Office of the Attending Physician.**

(U) USW(P&R) Comments

(U) The Assistant Secretary of War for Health Affairs (ASW[HA]), responding for the USW(P&R), agreed and stated that the USW(P&R) will designate an organization to provide oversight of administrative and clinical quality of the OAP.

(U) Our Response

(U) Comments from the ASW(HA) addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when the USW(P&R) provides documentation verifying that an organization has been designated for administrative and clinical quality management oversight of DoW personnel assigned to the OAP.

2. **(U) Establish and implement policy and procedures for administrative and clinical quality management oversight of DoW personnel and the health care services they provide for the Office of the Attending Physician.**

(U) USW(P&R) Comments

(U) The ASW(HA), responding for the USW(P&R), agreed and stated that after an organization has been designated for overseeing OAP administration and clinical quality management, the DoW will develop and implement, or leverage existing, policy and procedures.

(U) Our Response

(U) Comments from the ASW(HA) addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when we receive documentation verifying the implementation of updated existing or newly established policy and procedures for administrative and clinical quality management oversight of DoW personnel and the health care services they provide for the OAP.

3. **(U) If policies and procedures are not updated for DoW personnel supporting the Office of the Attending Physician, coordinate with House and Senate leadership to explore alternate avenues for ensuring Office of the Attending Physician beneficiaries receive quality care.**

(U) USW(P&R) Comments

(U) The ASW(HA), responding for the USW(P&R), agreed and stated that the DoW will coordinate with House and Senate committees of jurisdiction to explore alternatives for ensuring that OAP beneficiaries receive quality care. However, the ASW(HA) also indicated that this approach is subject to change if Congress appoints another organization for the administrative and clinical quality management oversight of DoW personnel assigned to the OAP.

(U) Our Response

(U) Comments from the ASW(HA) addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when we receive documentation indicating which alternative, in lieu of updated policy, has been coordinated with House and Senate officials to ensure that OAP beneficiaries are receiving quality care. If Congress appoints a non-DoW entity, the OAP would no longer operate with naval support or be subject to DoW and Navy policies and procedures; in that event, the DoW OIG will close this and all recommendations associated with this management advisory.

4. **(U) In coordination with the Secretary of the Navy and Director of the Defense Health Agency, request and review the Office of the Attending Physician's pharmacy inspection records to determine the current inspection status of the Office of the Attending Physician pharmacy.**

(U) USW(P&R) Comments

(U) The ASW(HA), responding for the USW(P&R), agreed with the recommendation and stated that a review of the OAP's pharmacy inspection records will begin when Recommendations 1 through 3 are complete.

(U) Our Response

(U) Comments from the ASW(HA) addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when we receive documentation verifying the DoW's review of the OAP's pharmacy inspection records and its current inspection status.

5. **(U) If the Under Secretary of War for Personnel and Readiness determines that the pharmacy has not been inspected in accordance with Federal law or DoW policy, request that the Drug Enforcement Agency or DoW inspect the Office of the Attending Physician pharmacy within 90 days and perform quarterly inspections going forward in accordance with policy.**

(U) USW(P&R) Comments

(U) The ASW(HA), responding for the USW(P&R), agreed and stated that the DoW will support any DEA investigation or inspection if the USW(P&R) determines that the current OAP pharmacy inspection status is not in accordance with Federal law or DoW policy.

(U) On August 26, 2026, we followed up with the Office of the ASW(HA) for clarification on whether the DoW would also support investigations and inspections conducted by a DoW entity. An Office of the ASW(HA) senior official, responding on behalf of the USW(P&R), stated that the USW(P&R) "supports any investigation or inspection writ large."

(U) Our Response

(U) Comments from the ASW(HA) addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when we receive documentation verifying that an inspection has been completed on the OAP pharmacy in accordance with Federal law or DoW policy by either the DEA or an internal DoW entity.

(U) Congressional Engagements Following the Issuance of the DoW OIG Draft Management Advisory

(U) Following our evaluation, we briefed congressional committees and leadership on the advisory, our position on its issuance, and the way forward, which are summarized in Table 1.

(U) Table 1. Summary of Congressional Engagements Regarding the OAP Management Advisory

(U) Date	Congressional Participants	DoW OIG Participants	Topics of Discussion
September 9, 2026	Staff of the Senate Armed Services Committee, the Senate Rules Committee, and Senate Leadership	DoW OIG personnel	Advisory's findings, recommendations, and publication timeline
September 11, 2026	Senate Appropriations Committee – Defense Subcommittee (SAC-D)	DoW OIG personnel	Advisory's scope, objectives, challenges obtaining information from the OAP, findings, recommendations, and publication timeline
September 15, 2026	Senate Rules Committee	Principal Deputy Inspector General and other DoW OIG personnel	Advisory's scope and findings
September 16, 2026	Staff of the House Armed Services Committee and House Administration Committee	DoW OIG personnel	Advisory's scope, objectives, challenges, findings, and recommendations
September 23, 2026	Senate Leadership and Senate Rules Committee	Inspector General and other DoW OIG personnel	Advisory's findings and recommendations; development of inter-branch MOA between Congress and the DoW **(U)**

(U) Source: The DoW OIG.

(U) Review of the Draft Congressional MOA for the OAP

(U) On September 29, 2026, the Senate Rules Committee provided us with a copy of a draft MOA prepared by the Senate regarding the OAP. While the draft MOA represents an initial step toward establishing a formal framework, based on our review, it would not ensure that all oversight required by law occurs and may instead continue the restrictions to oversight identified during the evaluation. Specifically, the MOA asserts that:

- (U) Congress will institute day-to-day direction and supervision over detailed military medical personnel assigned to OAP; and
- (U) the AP shall report to Congressional Leadership and to the Oversight Committees.

(U) These provisions would limit the DoW's and the Navy's supervisory and management roles and would limit the DoW's and Navy's ability to access records, perform inspections, and conduct other oversight of the duties of military medical personnel assigned to OAP.

(U) Therefore, the draft MOA terms may prevent the DoW from fulfilling the section 744 requirement to provide unrestricted and comprehensive oversight of clinical quality management and prevent inspectors from disclosing oversight results without congressional approval.

(U) Additionally, the draft MOA only allows periodic controlled substance inventories with advance notice, prohibits inspectors from accessing patient medical records to verify that prescriptions were legitimately dispensed, and forbids inspectors from disclosing inspection results without congressional approval. These terms may restrict or prevent required inspections and restrict the Department from complying with Federal requirements to report drug shortages, theft, or diversion to the DEA.

(U) Department Coordination on the Draft MOA

(U) On October 9, 2026, we notified DoW officials that we intended to provide comments to Congress on the draft MOA presented by Congress. At a subsequent meeting on October 26, 2026, we advised DoW officials that our primary concerns were OAP oversight and congressional supervision of the military personnel supporting the OAP, and that we intended to notify Congress of these concerns in our final management advisory. DoW officials agreed with our concerns but stated that they would raise their concerns separately with Congress. In November 2026, a DoW official confirmed that the DoW provided its input on the draft MOA to the U.S. Senate and is awaiting a response.

(U) If you have any questions or would like to meet to discuss the management advisory, please contact me at [redacted]

Michael J. Roark
Deputy Inspector General for Evaluations

(U) Management Comments

(U) Under Secretary of War for Personnel and Readiness

THE ASSISTANT SECRETARY OF WAR

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 2 6 2026

MEMORANDUM FOR DEPARTMENT OF WAR INSPECTOR GENERAL

SUBJECT: Assistant Secretary of War for Health Affairs Response to the Department of War Office of the Inspector General Draft Report, "Management Advisory: Oversight Gaps at the Office of the Attending Physician Put Patients, Providers, and Pharmacy Safety at Risk" (Project No. D2025-DEV0HD-0084.000)

This is the Assistant Secretary of War for Health Affairs' (ASW(HA)) response to the DoW Office of Inspector General (DoW OIG) draft report, "Management Advisory: Oversight Gaps at the Office of the Attending Physician Put Patients, Providers, and Pharmacy Safety at Risk" (Project No. D2025-DEV0HD-0084.000)). The ASW(HA) concurs with the report as written and, in coordination with the Defense Health Agency, will correct issues identified in this report and develop and implement a corrective action plan consistent with the following recommendations:

RECOMMENDATION 1: Designate an organization for administrative and clinical quality management oversight of DoW personnel assigned to the Office of the Attending Physician (OAP).

RESPONSE: Concur. The Under Secretary of War for Personnel and Readiness (USW(P&R)) will designate an organization to provide oversight of administrative and clinical quality of the OAP.

RECOMMENDATION 2: Establish and implement policy and procedures for administration and clinical quality management oversight of DoW personnel and the health services they provide for the OAP.

RESPONSE: Concur. After the designation of an organization overseeing the administrative and clinical quality of the OAP, the DoW will develop and implement and/or leverage existing policy and procedures.

RECOMMENDATION 3: If policies and procedures are not updated for DoW personnel supporting the OAP, coordinate with House and Senate leadership to explore alternative avenues for ensuring OAP beneficiaries receive quality care.

RESPONSE: Concur. The DoW will coordinate with House and Senate committees of jurisdiction to explore alternate avenues for ensuring OAP beneficiaries receive quality care. The approach to each of these recommendations is subject to change if Congress appoints another organization.

(U) Under Secretary of War for Personnel and Readiness (cont'd)

RECOMMENDATION 4: In coordination with the Secretary of the Navy and Director of the Defense Health Agency, request and review the Office of the Attending Physician's pharmacy inspection records to determine the current inspection status of the Office of the Attending Physician pharmacy.

RESPONSE: Concur. A review of the OAP's pharmacy inspection records to determine current inspection status, in coordination with the Secretary of the Navy and Director, DHA, will commence upon completion of Recommendations 1-3.

RECOMMENDATION 5: If the Under Secretary of War for Personnel and Readiness determines that the pharmacy has not been inspected in accordance with Federal law or DoW policy, request that the Drug Enforcement Agency or DoW inspect the Office of the Attending Physician pharmacy within 90 days and perform quarterly inspections going forward in accordance with policy.

RESPONSE: Concur. The DoW will support any investigation or inspection by the Drug Enforcement Agency if the USW(P&R) determines the current OAP pharmacy inspection status is not in accordance with Federal law or DoW policy.

The point of contact for this matter is [redacted]

Keith M. Bass

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For more information about DoW OIG reports or activities, please contact us:

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