

UNCLASSIFIED

EXECUTIVE SUMMARY

18 May 2011

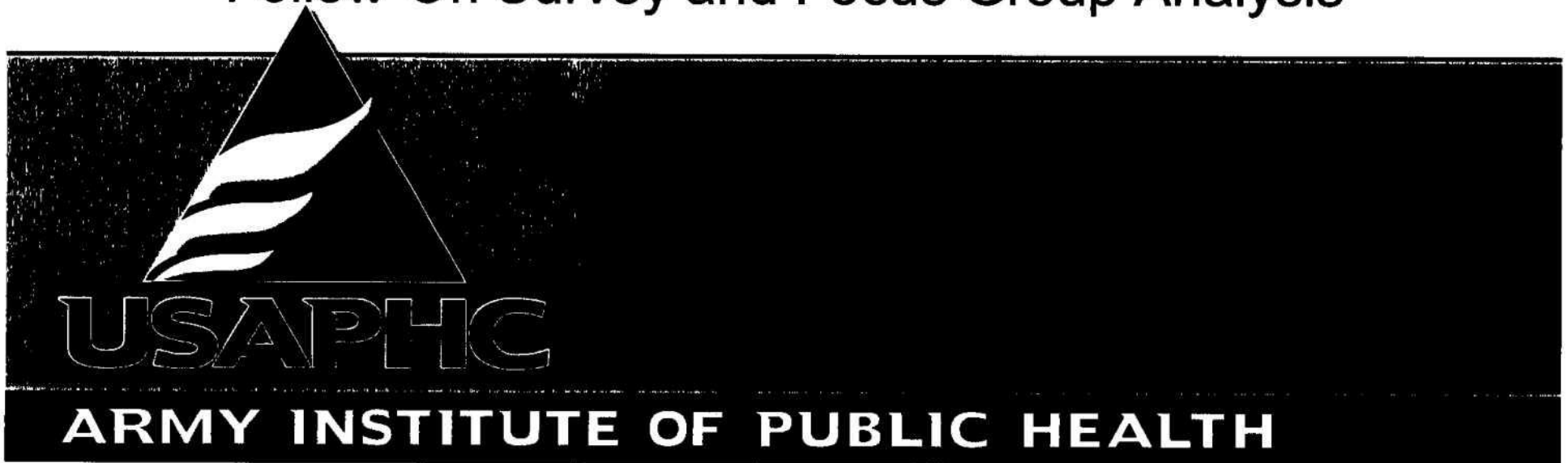
(U) JTF-GTMO EPICON Update. (U) (MCHB-IP-DBH) BSHOP conducted an EPICON at JTF-GTMO concerning the increased number of medical evacuations (MEDEVACs) for behavioral health reasons during 2010. The EPICON team provided initial results from index case and survey analyses, with key findings related to identification of risk factors among index cases, prevalence of behavioral health issues among Troopers who participated in the survey, assessment of appropriateness of index case MEDEVACs, and Service-level differences in behavioral health pre-screening prior to assignment at JTF-GTMO. RDML Harbeson requested a summary of initial findings related to behavioral health pre-screening and expressed his intent to release these results to Army and Navy leadership in advance of the final report. A memorandum was provided to JTF-GTMO on 17 May 2011 indicating that pre-screening Soldiers may prevent those at increased risk for negative behavioral health outcomes from being assigned to JTF-GTMO. This would, in turn, likely reduce the number of Soldiers evacuated from JTF-GTMO for behavioral health conditions. Further analysis of EPICON data is ongoing.

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APPROVED BY: (b)(6)

Joint Task Force Guantanamo (JTF GTMO)

Follow-On Survey and Focus Group Analysis



(b)(6)

13 SEP 2011

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~~FOUO-Pre-Decisional~~

LEOPOLD / 1:14-cv-0030-ABJ /001458

BRIEFING OUTLINE

PURPOSE: To provide RDML Woods with an update on the Focus Group and Survey Analysis components of the Epidemiological Consultation (EPICON) and the way ahead.

- Summary of 1st Interim Progress Report
- Objectives
- Recommendations
- Limitations and Conclusions



1st Interim Progress Report BLUF

- 19 JTF GTMO Troopers were medically evacuated for behavioral health (BH) reasons during the timeframe 01 JAN 08 to 06 JAN 11.
- Pre-screening for BH conditions and risk factors would likely have reduced subsequent need for evacuation.
- Evacuation decision by Medical Treatment Facility (MTF) appears appropriate for these cases.
- Critical risk factors identified include: current relationship issues, current job problems, history of alcohol use/abuse, childhood family issues, history of family BH conditions, and pre-existing (EPTS) BH conditions.
- Survey results revealed that 75% of those currently screening positive for a BH condition had no pre-existing history of BH conditions.
- The findings presented should be considered in the context of the larger EPICON findings.



Objectives of the Survey/Focus Group Analysis

1. Examine the rate of current screening for BH conditions at JTF GTMO and within a relevant comparison group.
2. Identify factors which put Troopers (reporting no pre-JTF GTMO BH conditions) at risk and/or protect them from screening positive for BH conditions.
3. Provide insight to aid in the identification and development of mitigation strategies to reduce the rate of underlying BH conditions.

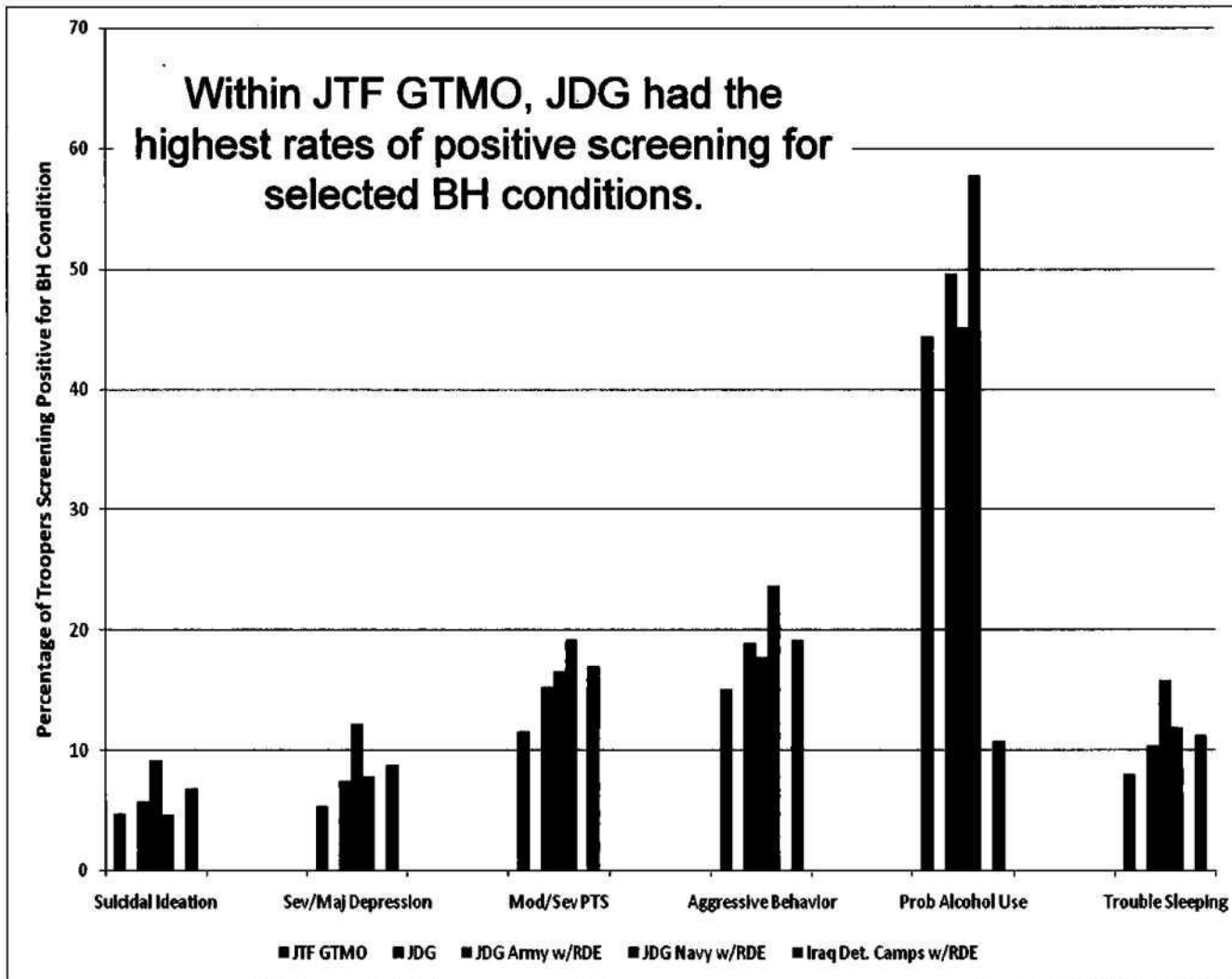


BLUF

- Pre-screening for BH symptoms and diagnosed conditions could have prevented Troopers with problematic pre-existing BH conditions from being assigned to JTF GTMO.
 - Ongoing screening may also be important because many Troopers appear to have developed symptoms subsequent to assignment to JTF.
- Within JTF, JDG had the highest rates of positive screening for selected BH conditions.
 - Compared with Iraq Detention Camp Troopers, JDG had similar rates of existing BH conditions (aside from alcohol use), but had higher rates than previously observed in redeployed Soldiers.
- Troopers' frustrations with living conditions contributed to a high level of personal stress.
- Inadequate pre-deployment training, job requirements and daily operations were identified by JDG Troopers as stressful aspects of their mission.



Comparison of Behavioral Health Screening



Within JDG:

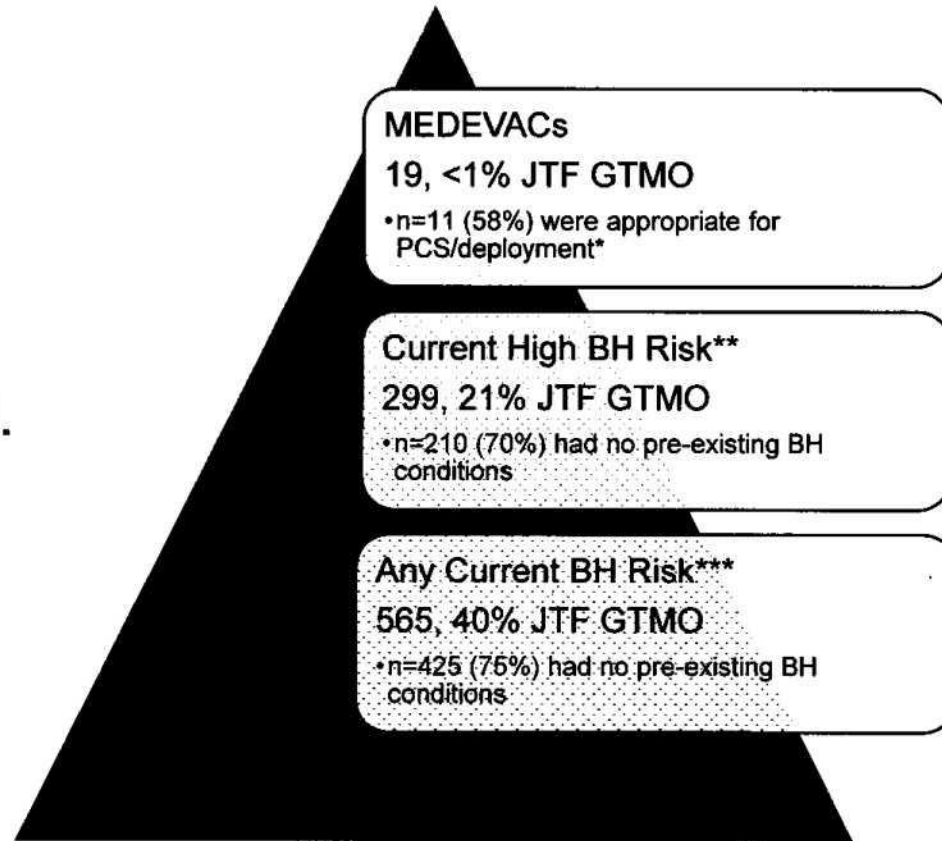
- Army with Routine Detainee Exposure (RDE) had greater positive screenings for suicidal ideation, severe depression & trouble sleeping.
- Navy w/RDE had greater positive screenings for severe PTS, aggressive behavior & problematic alcohol use.

Compared with Iraq Detention Camp Troopers*, JDG had similar rates of BH conditions, aside from alcohol use.

*Data obtained from mental health evaluation conducted in Detention Camps Bucca & Cropper; RDE – Routine Detainee Exposure defined as having contact with detainees one hour or more, on average, each duty day

Current JTF GTMO Behavioral Health (BH) Conditions

- MEDEVACs represent only the most severe BH cases at JTF GTMO.
- 1 in 5 Troopers screened positive for high BH risk**.
- The majority of Troopers screening positive for current BH conditions reported no pre-existing BH conditions.



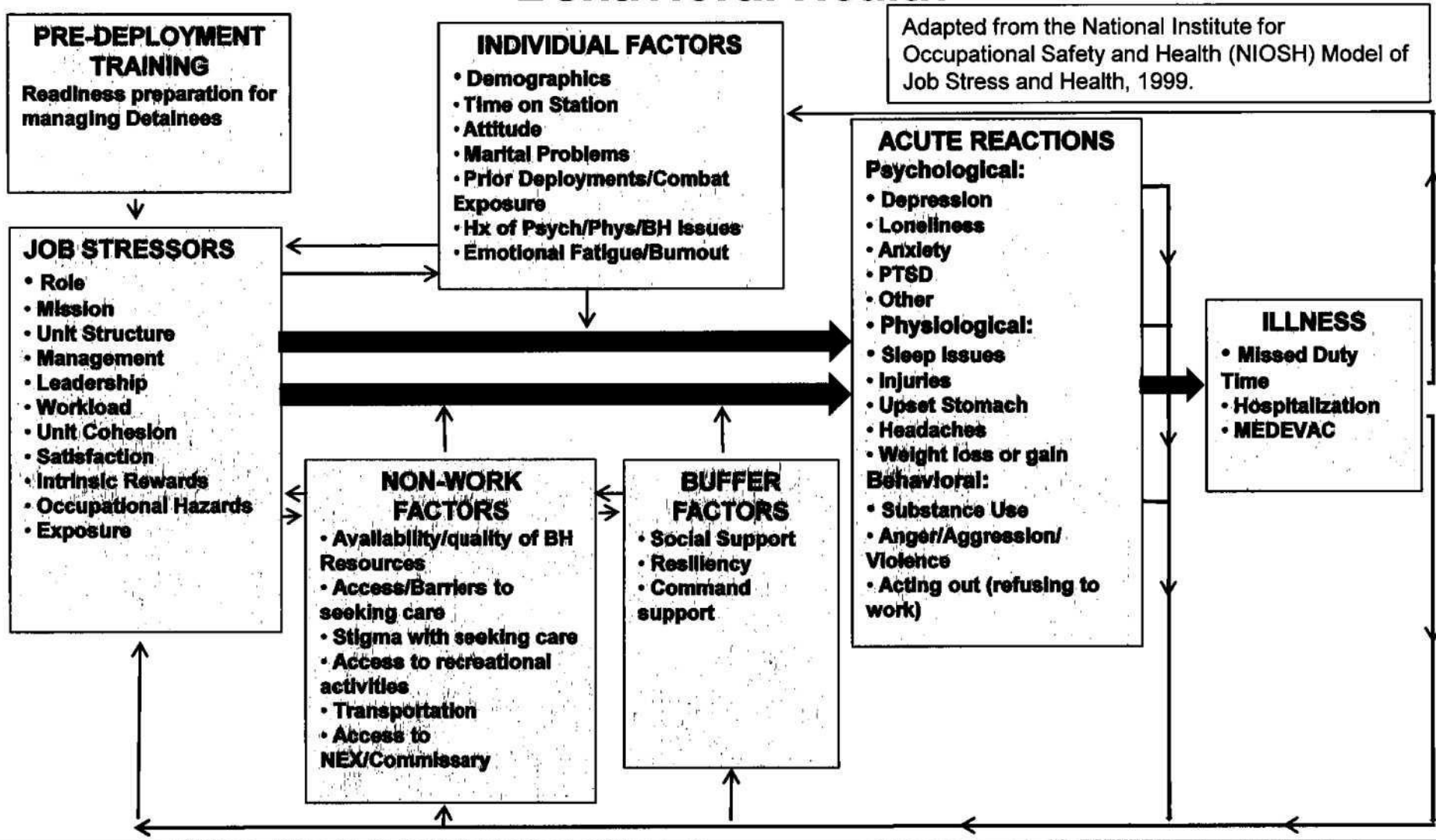
*Appropriateness for PCS/Deployment was determined by use of BH screening questions 32-36 on Navy Form 1300-4.

** Screened positive for recent suicidal ideation or a BH condition requiring intensive medication management and/or therapy (including: severe/major depression, moderate/severe PTS, generalized anxiety disorder).

***Screened positive for any BH condition (including: suicidal ideation, depression, PTS, anxiety).



Risk and Protective Factors Influencing Troopers' Behavioral Health





Finding: Prescreening

Prescreening for Behavioral Health (BH) conditions: Pre-screening for BH symptoms and conditions could have prevented Troopers with problematic pre-existing BH conditions from being assigned to JTF GTMO.

Evidence: 1) The Army is not conducting pre-screening for assignment to JTF GTMO.

2) A review of available data indicated that the Navy consistently pre-screened Navy Troopers before deployment to JTF GTMO. 86% of subsequent MEDEVACs were considered appropriate for deployment. Conversely, there was no pre-selection screening for Army Troopers assigned to JTF GTMO, and only 36% of subsequent MEDEVACS were appropriate for deployment*.

Strategy: SOUTHCOM should establish a consistent, BH pre-screening policy for all Troopers prior to assignment to JTF GTMO.

*Based on a retrospective application of current Navy screening criteria to records from Army Troopers MEDEVAC'd for BH reasons.

Finding: Current Screening

Ongoing Screening for BH conditions: Troopers are at risk for developing BH issues during assignment at JTF GTMO.

Evidence: 1) 425 of 565 (75%) Troopers screening positive for current BH risk reported no BH diagnosis prior to assignment to JTF GTMO.
2) Problematic alcohol use, post-traumatic stress and job burnout were prevalent across JTF and highest within the JDG.
3) Troopers reported stigma around BH issues and difficulty obtaining assistance with BH concerns.

Strategy: 1) JTF/SOUTHCOM should consider screening Troopers mid-tour to identify those with active and subthreshold BH issues for assessment and risk management.
2) JTF should review current substance abuse training, policies and resources to identify gaps in meeting Troopers' needs.

Finding: Living Conditions

Living Conditions (a): Troopers' frustrations with living conditions contribute to a high level of personal stress.

Evidence: 1) All JTF sections voiced frustration and negative views about housing and general living conditions, particularly Enlisted JDG Troopers.

2) Tierra Kays (TKs) described as "horrible" places to live (Troopers described issues with mold, pest infestation and maintenance).

3) Internet service was universally described as slow and expensive, creating difficulties with managing family affairs and communicating with family members. This may have contributed to the extremely high prevalence of relationship issues reported (30%).

Strategy: 1) JTF should broadly communicate to Troopers, JTF Command's intent to improve living conditions and take steps to improve quarters (i.e. mold/pest surveys).

2) INCOM should evaluate/implement strategies for improving cost and quality of internet service.

Finding: Living Conditions

Living Conditions (b): Transportation challenges create barriers to Troopers participating in morale, wellness and self-care activities.

Evidence: 1) Significant transportation problems expressed by Troopers (especially E5/E6s).
2) Troopers' perception was that lack of transportation severely limited their ability to partake in recreational (e.g. MWR) and outdoor activities (e.g. beach), and access to services (e.g. chapel, healthy food alternatives, gym).

Strategy: INCOM should improve transportation with enhanced bus routes and schedules and consider alternative transportation options.

Finding: Work Stressors

Work Stressors (a): Pre-deployment training is an opportunity to improve Trooper understanding of their mission at JTF GTMO and to enhance their mental and emotional preparedness.

Evidence: The majority of JTF sections perceived their training as inadequately preparing them for their mission at JTF GTMO, and some stated they received no specialized training.

Strategy: SOUTHCOM should consult with JTF to revise pre-deployment training to be more mission specific, better preparing Troopers mentally and emotionally for what to expect by making the training.



Finding: Work Stressors

Work Stressors (b): A combination of intense daily operations, work schedule and minimal free time increases stress among Troopers and puts some at risk for exacerbating/developing BH issues.

Evidence: 1) Stress associated with detainee interactions and the Trooper's inability to react to detainees was commonly mentioned.
2) Perceptions that operational requirements were disparate between services, and a high rate of burnout was reported.
3) Long work hours and having a stressful schedule with little downtime were frequently stated.

Strategy: 1) JTF and SOUTHCOM should collaborate to examine the perception of inequality between Army and Navy Troopers within JDG and consider options to make practices (i.e. physical training requirements/after hours obligations) more equitable for all JDG Troopers.
2) JTF should consider taking advantage of the Master Resiliency Training (MRT) Program and ensure MRT certified trainers are strategically located in each group to provide reoccurring resiliency training at the small unit level.

Limitations

- Limited data exists on military populations working in high security detention camps, so baseline prevalence rates of BH issues in these populations is not known.
- Survey data is from a single point in time, thus determining temporality and/or causality is impossible.
- Focus group findings are a representation of the perceptions and beliefs of participants and may not reflect the attitudes of all Troopers at JTF GTMO and are not generalizable to other populations of Troopers.
- JDG O1-O3 focus group was removed from the analysis due to poor audio quality.

Conclusions (1 of 2)

- The majority of Troopers screening positive for current BH conditions reported no pre-existing BH conditions.
- Factors most significantly associated with an increased likelihood of new BH conditions were identified.
- Troopers in the majority of JTF sections frequently perceived their training as inadequately preparing them for their mission at JTF GTMO.
- High OPTEMPO, long hours, and little free time were identified as stressful aspects of mission by JDG Troopers.
 - The likelihood of burnout was highest among JDG Troopers w/RDE as compared with other JTF Troopers and Iraq Detention Camp Troopers w/RDE.

Conclusions (2 of 2)

- Factors contributing to a high level of personal stress among JTF Troopers include poor internet and communication options, substandard living conditions and limited transportation options.
- Problematic alcohol misuse was common across all Troopers – alcohol is one preferred method to cope with stress.
- There is some stigma and difficulty with obtaining assistance with BH conditions, more so in some groups than others.
- Opportunities to mitigate risk and improve the behavioral/mental, physical and social wellbeing for Troopers were identified.

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USAPHC



Back-up Slides

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Due Outs from IPR 1

- Review of 5 Non-JTF GTMO MEDEVAC Cases
 - AHLTA Records Review indicated:
 - None of the 5 were pre-screened for BH conditions
 - 4 of 5 were appropriate to deploy to JTF GTMO (Navy Form 1300-4)
 - 3 of 3 Navy were appropriate
 - 1 of 2 Marines was appropriate
 - 5 of 5 MEDEVACs were clinically appropriate
- Comparison of JTF GTMO results with other relevant populations (i.e. Military Detention Camp).
 - To be addressed in current briefing

JTF GTMO EPICON Data Collection Summary

- Data collection occurred 7-12 FEB11
 - 1,590 (97%) of available JTF GTMO Troopers completed the Occupational Health and Well-Being survey at the Camp America Trooper Chapel.
 - Survey completion averaged approximately 35 minutes.
 - 26 focus groups were completed with 197 Troopers in Sea Huts.
 - Focus groups consisted of 4-11 participants and averaged approximately 70 minutes.

Focus Group Participation

	HQ	JDG	JIG	JMG	MSST
E1-E4	A	A	N		CG
E1-E4		A			
E1-E4		N			
E5-E6	M	A	N		CG
E5-E6	M	A			
E5-E6		N			
E5-E6		N			
E7-E9	M	A			CG
E7-E9		N			
O1-O3	M	X			CG
O1-O4	M	M			
Officers				N	
Corpsmen				N	
JSMART				N	
BH Detainees				N	

A-Army; N-Navy; M-Mixed; CG-Coast Guard; X-group removed from analysis due to poor audio quality

Survey Analysis Methodology

- Statistical analyses were used to identify factors, when examined individually (univariate) and in conjunction with one another (multivariate), strongly associated with screening positive for new BH outcomes.
 - Step-wise regression was used to examine factors within multiple domains to determine those significantly associated with new BH outcomes.
 - A new BH outcome was defined as positively screening for suicidal ideation, depression, anxiety or PTS and reporting no BH conditions in the six months prior to JTF GTMO arrival (n=425, 30%).
- Significance testing was conducted between and within JTF sections to determine where rates of associated factors and new BH outcomes were highest.

Focus Group Analysis Methodology

- Audio files of focus groups transcribed.
- Analyzed using NVivo 8 qualitative software.
- 1 primary analyst with additional assistance from trained secondary analysts.
- The constant comparison method, rooted in the grounded theory approach, was utilized to review the data requiring analysts to approach the data without preconceived notions instead of an existing theory.
 - Open coding: Data read line by line, segmented into small units, and assigned descriptors (codes).
 - Axial coding: Codes grouped into categories and subcategories that are examined to determine the context in which they seem to occur, the conditions that influence the phenomenon, and the behaviors that seem to lead to the phenomenon.
 - Selective coding: Categories are integrated into major themes to express the content of the focus groups.
- Analysis produces major themes that can be compared across rank groups, JTF sections and service branches.

JTF GTMO Survey/Focus Group Results

Significant Risk and Protective Factors among Troopers (with no pre-existing BH conditions) Who Screened Positive for Any BH condition

- The factors most strongly associated with having higher relative behavioral health risk (n=425) were examined using multi-variable modeling.

	Increased Likelihood	Decreased Likelihood	No Association
Pre-Deployment			Training
Individual Factors	Age: less than 24 Previously Deployed: 4+ times Increasing Personal Stressors Relationship Issues Alcohol Misuse		Rank Gender Time in Service Marital Status
Buffer Factors		Social Support Resiliency	
Job Stressors	Increasing Time on Station Total Occupational Exposures Detainee Contact: >6 hrs/day Higher Job Burnout	Higher Unit Cohesion Higher Sense of Pride in Service	Unit Leadership
Non-Work Factors	Attitude towards seeking BH Barriers to seeking care Increasing Environmental Stressors		Barriers to seeking care

*e.g., lack of privacy/personal space, rumors, and difficulty getting time/space to do physical training.

Factors associated with new BH conditions: Pre-Deployment Preparation

- Although, the amount of training prior to deployment was not associated with development of new BH conditions:
 - In focus groups, Troopers in the majority of JTF Sections frequently perceived their training as inadequately preparing them for their mission at JTF GTMO, and some stated that they received no specialized training. Only MSST Troopers had mixed views regarding the adequacy of their training.
 - Through surveys, only about half ($\approx 55\%$) of JTF GTMO Troopers felt the training in managing the stress of working at JTF GTMO was adequate – perceptions were lowest among JIG (48%) and JDG Troopers w/RDE (51%).
- Prior to arrival, the majority of Troopers ($\approx 70\%$) perceived a JTF GTMO assignment as less stressful than a combat deployment; after arrival, a much smaller percentage ($\approx 40\%$) still had the same belief, particularly among JDG Troopers w/RDE ($\approx 25\%$).

Factors associated with new BH conditions: Individual Factors Cont.

- The average number of personal stressors reported was significantly higher among JDG Troopers, particularly those with RDE.
 - Relationship problems were greatest among JDG w/RDE; ≈35% reported a moderate/great deal of concern about being left by their spouse/significant other.*
 - The inability to directly manage family affairs was reported by many JTF Troopers (47%), particularly among JDG Troopers w/RDE (57%).
- Family issues and concerns was a major theme during JMG & JDG Trooper focus groups.
 - Some JMG Troopers expressed concerns about family separation (e.g., missing their families and the inability to be present for major events).
 - JDG Troopers often stated concerns about family separation, relationship issues & difficulty communicating with their families due to high OPTEMPO, long hours and poor and expensive internet service – these comments were made primarily by Army Troopers.

*Twice as high as reported by a comparison population of Iraq detention camp Troopers (~15%).

Factors associated with new BH conditions: Individual Factors Cont.

- General stress (i.e. related to work/family) and alcohol use were the most common BH conditions discussed by Troopers during focus groups.
 - Alcohol use was cited as the primary coping strategy used to deal with stressors by some Enlisted JDG Troopers (E1-E9).
 - Alcohol was reported to have negative effects on Troopers' social environment (e.g., loud parties, fighting).
 - While general stress was cited as an issue among all JTF sections, alcohol use was most frequently discussed among Junior Enlisted (E1-E4) and Junior NCO (E5-E6) JDG Troopers.
 - Within the JDG, Navy Troopers were more likely to discuss alcohol use as compared to the Army Troopers.
- Problematic alcohol misuse was common across all JTF GTMO Troopers and was particularly high among JDG Navy Troopers w/RDE ($\approx 58\%$).

Factors associated with new BH conditions: Job Stressors

- About half of JTF GTMO Troopers have been on station 4-9 months – longer time on station was reported by JDG, primarily Troopers w/o RDE.
- Within JDG, the majority of Troopers w/RDE reported regular contact with detainees 6 or more hours per day (86% Army; 80% Navy).*
- The total number of daily occupational exposures witnessed by JDG Troopers w/RDE and JMG was particularly high compared with other JTF Troopers (though not as high as Iraq detention camp Troopers w/RDE).
 - Specifically, many experienced or were aware of detainees being disrespectful, abusing Troopers verbally (e.g., yelling, cursing and name calling) and physically (e.g., splashing feces and urine and spitting).

*71% of Iraq Detention Camp Troopers w/RDE reported regular contact with detainees 6 or more hours per day among

Factors associated with new BH conditions: Job Stressors Cont.

- Enlisted JDG Troopers often reported:
 - frustrations with their inability to react to detainees, despite the abuse they endured.
 - inability to restrain and search detainees affected their feelings of safety and security.
 - frustrations with being required to protect detainees from harming themselves, yet being unable to react to the abuse inflicted on Troopers.
- Enlisted JDG (primarily Army), JMG and JIG Troopers discussed their frustrations with the amount of control that they feel detainees have.
 - Many Troopers perceived a lack of power and authority in the camps and feel they are frequently forced to give into detainee demands.
 - Troopers stated detainees use their control to manipulate the system, guards and COC in order to get what they want.

Factors associated with new BH conditions: Job Stressors Cont.

- JDG (especially E1-E6) and JMG Troopers discussed frustration with inconsistent SOPs within & across camps.
 - Many Troopers perceived SOPs as frequently changing due to the COC's desire to appease detainees. Troopers cited various instances when a guard would follow an SOP, but COC would go against the actions of the guard in front of detainees, leading to detainees blaming guards for withholding privileges.
- Troopers often believed detainees were treated better than prisoners in the States and better than Troopers at JTF GTMO*.
- The majority of Troopers perceived detainees to have positive living conditions, and many JMG & JDG Troopers were frustrated with detainee privileges (e.g., PS3s, flat-screen TVs, better food than Troopers).

*11% of JDG Troopers w/RDE believe Troopers have better medical care than detainees; 82% of Army and 60% of Navy Troopers w/RDE believe detainees are treated better than Troopers.

Factors associated with new BH conditions: Job Stressors Cont.

- The likelihood of burnout was highest among JDG Troopers w/RDE (62% Army; 46% Navy) as compared with other JTF Troopers (20-27%) and Iraq Detention Camp Troopers w/RDE (≈40%).
- Work stressors frequently stated in sections included: high OPTEMPO (HQ, JDG and JMG), difficulty obtaining leave (MSST), change in duties (JIG), and service branch relations (MSST).
 - High OPTEMPO was the most prevalent work issue (32%) and was strongest among Enlisted JDG Army Troopers (73%).
 - Troopers described having a stressful schedule with little downtime, especially Army Troopers who are also required to do PT.
- Troopers believed there are advantages and benefits of their work at JTF GTMO, including career benefits and the opportunity to learn about other service branches.
 - However, the benefits were discussed less frequently than work stressors (HQ, JDG, JMG and MSST).

Factors associated with new BH conditions: Job Stressors Cont.

- Sense of pride in service was lowest among JDG Troopers w/RDE and JMG as compared with other JTF Troopers.
- Unit cohesion was lowest among JDG Troopers w/RDE, particularly Army Troopers,* as compared with other JTF Troopers.
- In focus groups, most JTF sections (HQ, JDG and MSST) reported mixed cohesion with some reporting high levels (e.g., working well together) and others reporting low levels (e.g., lack of camaraderie).
 - Troopers often referred to section and service branch cohesion.
- JDG Troopers often reported low morale, particularly Army Troopers and Junior NCOs (E5-E6).
 - JDG Enlisted Troopers, especially E5-E6 and Army, stated that they felt uncared for and frustrated with their COC for various reasons including :
lack of understanding about Troopers' work environment, failure to address the needs of Troopers in the camps, lack of presence on the job, poor recognition for accomplishments, and rigidly enforcing PT requirements.

*JDG Army Troopers w/RDE reported lower unit cohesion than Iraq Detention Camp Troopers w/RDE.

Factors associated with new BH conditions: Non-Work Factors

- The highest number of environmental stressors, unrelated to work, were reported by JDG Troopers w/RDE, particularly Army Troopers,* as compared with other JTF Troopers.
 - The most commonly reported environmental stressors included: lack of privacy/personal space, rumors, and difficulty getting time/space to do physical training.
- The majority of sections had positive (HQ, JIG and MSST) or mixed (JMG) views about the social and recreational environment at JTF GTMO, including the plethora of available recreational and outdoor activities.
- JDG Troopers, especially Junior NCOs (E5-E6), believed a lack of transportation severely limited their ability to partake in recreational and outdoor activities.

*JDG Army Troopers w/RDE reported, on average, more environmental stressors unrelated to work, than Iraq Detention Camp Troopers w/RDE.

Factors associated with new BH conditions: Non-Work Factors

- JDG Troopers, primarily Enlisted Army, had negative views about housing and general living conditions at JTF GTMO (Jr Enlisted E1-E4 & NCOs E5-E6).
 - TKs were described as “horrible” places to live.
 - Housing issues included: mold, pest/animal infestation, maintenance problems, not being centrally located and living in close proximity to Troopers from different ranks and service branches.
 - HQ, JMG, JIG and MSST Troopers had mixed views regarding to their housing situation.
 - JDG Troopers expressed frustrations with living at GTMO including: Navy meal plan unlike Army, limited food options (e.g., limited hours and alcohol and frozen foods are more accessible than healthy options) and limited clothing options.

Factors associated with new BH conditions: Non-Work Factors Cont.

In focus groups, Troopers stated BH stigma as a stressor for them:

- Within HQ, NCOs (E5-E8) & Jr Officers (O1-O3) expressed concerns about BH stigma in terms of their experiences with and fears about Troopers' careers being jeopardized due to seeking BH resources (reduced promotion chances, involuntary ETS, unable to deploy, etc.).
 - HQ predominantly felt supported (and not stigmatized) by COC in terms of BH conditions, though other sections had mixed views (i.e. some felt supported by COC and others felt a lack of support and perceived being stigmatized for seeking help).
- Within JDG, Army Jr NCOs (E5-E6) were most concerned with negative perceptions fellow Troopers have about those seeking BH resources.
 - Army Jr and Sr NCOs (E5-E6, E7-E8) expressed stigmatizing beliefs about some Troopers having legitimate BH conditions, but others malingering in hopes of going home/changing duty station.
- HQ and MSST Troopers found their peers to be supportive and non stigmatizing in terms of BH conditions, while JDG Troopers had mixed views.

Factors associated with new BH conditions: Non-Work Factors Cont.

- Overall, the majority of JTF GTMO Troopers ($\approx 70\%$) felt accessing BH resources was not difficult – this perception was lowest among JDG Troopers w/RDE (57%).
 - Within JDG, Jr Enlisted and NCO (E1-E4, E5-E6) Troopers, especially Army, perceived difficulty accessing BH resources to include a lack of time to make appointments given their high OPTEMPO, and a lack of some resources at JTF GTMO forcing them to seek resources off island.
- JSMART and Chaplains were the most discussed and utilized BH resources among Troopers.

Factors associated with new BH conditions: Buffer Factors

- Troopers with the highest resilience and social support were significantly less likely to develop new BH outcomes.
 - Across JTF GTMO, resilience was average and lowest among JDG Troopers without RDE.
 - The majority of JTF GTMO Troopers reported lower social support from family, friends and significant others than typically observed – the lowest social support was among JDG Troopers w/RDE and JIG.

Pre-Screening for High-Risk Troopers

Evidence of BH Pre-Screening	0 (0%)	6 (86%)	0 (0%)	--
Evidence of BH Pre-Screening	--	0 (0%)	--	0 (0%)*

* 1 of the Marines was "cleared for deployment" by a psychiatrist as part of ongoing therapy; however, this was not a pre-screening protocol specific to deployment to GTMO.

Clinical Appropriateness for Deployment/PCS to and MEDEVAC from JTF GTMO

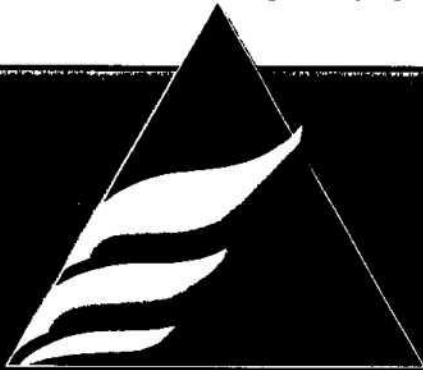
	Appropriate for PCS*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**
	4 (36%)	11 (100%)	6 (86%)	7 (100%)	1 (100%)	1 (100%)	--	--
	Appropriate for PCS*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**	Appropriate to Deploy*	Appropriate for MEDEVAC**
	--	--	3 (100%)	3 (100%)	--	--	1 (50%)	2 (100%)

*Appropriateness for PCS/Deployment was determined by use of BH screening questions 32-36 on Navy Form 1300-4.

**Appropriateness for MEDEVAC was determined by presence of 1) suicide threat or attempt, 2) acute psychosis, or 3) a BH condition requiring intensive medication management and/or therapy

Joint Task Force Guantanamo (JTF-GTMO)

Index Case and Survey Analysis: Initial Findings



USAPHC

UNITED STATES ARMY PUBLIC HEALTH COMMAND (Provisional)

(b)(6)

May 2, 2011

BRIEFING OUTLINE

PURPOSE: To provide RDML Harbeson with an update on the Index Case and Survey Analysis components of the Epidemiological Consultation (EPICON) and the way ahead.

- Index Case Context
- Objectives
- Methodology
- Data Collection and Analyses
- Results
- Limitations and Conclusions

BLUF

- 19 JTF-GTMO Troopers were medically evacuated for behavioral health (BH) reasons during the timeframe 01 JAN 08 to 06 JAN 11.
- Critical risk factors identified include: current relationship issues, current job problems, history of alcohol use/abuse, childhood family issues, history of family BH problems, and pre-existing (EPTS) BH issues.
- Pre-screening for BH conditions and risk factors would likely have reduced subsequent need for evacuation
- Evacuation decision by Medical Treatment Facility (MTF) appears appropriate for these cases.
- Survey results revealed that 75% of those currently screening positive for a BH condition had no pre-existing history of BH health.
- The findings presented should be considered in the context of the larger EPICON findings.

Context for JTF-GTMO EPICON

- Precipitating Question:
 - What factor(s) contributed to the recent increase in urgent air evacuations of JTF-GTMO Troopers for behavioral health issues?
- An Epidemiological Consultation (EPICON) from USAPHC (P) was initiated to conduct:
 - Index Case Analysis
 - Focus Groups
 - Surveys
 - Leader Interviews

Objectives of the Index Case Analysis

- Identify the similarities and differences in behavioral health issues among the identified cases.
- Examine the details and patterns within each case.
- Inform ongoing focus group and survey analyses.
- Use results from aggregate and individual-level data analyses to recommend risk-mitigation strategies.

Objectives of the Survey Analysis

- Provide further insight into the relevance of commonalities identified among the index cases.
- Determine the extent to which commonalities identified among the index cases are present in the larger JTF-GTMO population.
- Identify factors which put Troopers at risk and/or protect them from being at risk for BH medical evacuation.

Index Case Methodology

- A list of Troopers who were air evacuated during the 2008-2011 timeframe was provided to the EPICON team.
- J-1 personnel reviewed and confirmed cases assigned to JTF-GTMO.
- The EPICON team further restricted index cases based on the following index case definition:
 - Any member of JTF-GTMO who was air evacuated as a direct result of a behavioral health issue during the time period from 01 JAN 08 to 06 JAN 11.
- In total, 19 cases met the definition and were used in the index case analysis.

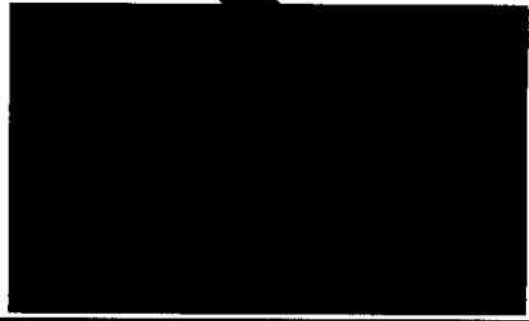
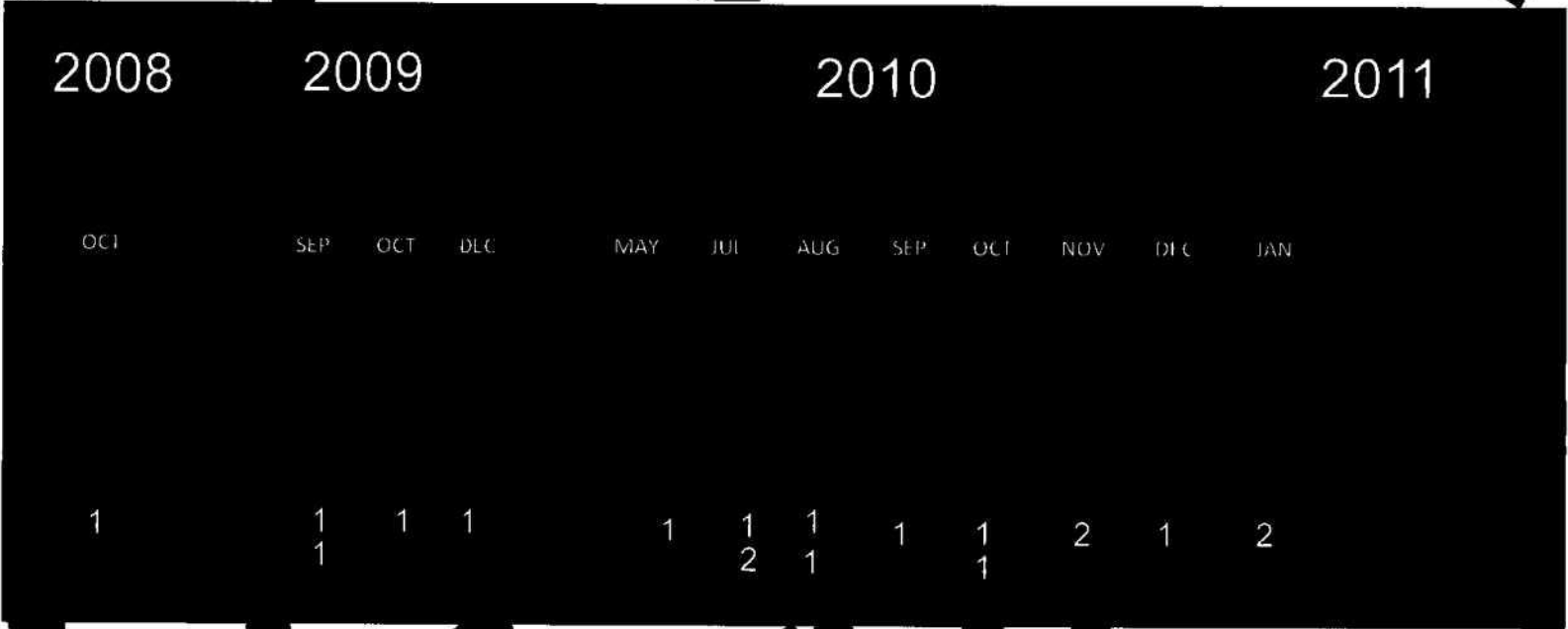
Index Case Summary Results



Case Timeline

TF-6140
LEOP

525 Military
Police
Battalion



JMG/
NAVAL
HOSP

Index Case Demographics

	Combined N = 19	Army N = 11	Navy N = 7	Coast Guard N = 1	JTF GTMO Survey Population*
Age (mean years)	28	29	25	32	29-34
Race					
White	14 (74%)	8 (73%)	5 (71%)	1 (100%)	
Black	3 (16%)	2 (18%)	1 (14%)	—	
Hispanic	2 (11%)	1 (9%)	1 (14%)	—	
Children at Home (in the US)	8 (42%)	4 (36%)	3 (43%)	1 (100%)	
Previously Deployed	10 (53%)	7 (64%)	3 (43%)	—	875 (57%)

*Service: Army (38%), Navy (50%), AF (5%), CG (5%), USMC (1%)

Average Time Spent at JTF-GTMO Prior to Air Evacuation

Group	Mean Days (\pm Standard Deviation)
525 (n = 10)	175 (\pm 46)
Navy (n = 7)	204 (\pm 82)
JIG (n = 1)	168
Coast Guard (n = 1)	152

Collective Risk Factors

Stressor	Branch of Service			
Legal	1 (9%)	0 (0%)	0 (0%)	1 (5%)
Childhood Family Issues	2 (18%)		0 (0%)	7 (37%)
Current Relationship Issues			1 (100%)	
Current Job Problems			0 (0%)	
History of ADHD	1 (9%)	2 (29%)	0 (0%)	3 (16%)

Collective Risk Factors: Survey Comparison

Stressor	Branch of Service		
Current Relationship Issues	5 (46%)	5 (71%)	1 (100%)
Current Job Problems	7 (64%)	5 (71%)	0 (0%)

- Since being assigned to JTF-GTMO, Troopers reported being concerned (moderately/a great deal) with the following personal stressors (Survey):
 - “Harming my relationship with my spouse/significant other” (44%)¹
 - “Being left by my spouse/significant other” (30%)¹
- 44% of Troopers screened positive for potentially hazardous alcohol use (AUDIT)³
- Troopers reported agreement with the following statements related to their current assignment:
 - “I feel emotionally drained from my present duties” (37%)^{1,2}
 - “I feel burned out from my present duties” (34%)^{1,2}

¹Significantly higher among JDG; Within JDG; ²Significantly higher among Army w/Routine Detainee Exposure (RDE); ³Significantly higher among Navy w/RDE

Index Case Behavioral Risk Factors Profile (Individuals)

Case #	Service	Alcohol Use/Abuse	Childhood Family Issues	History of Family BH Problems	Current Relationship Issues	Current Job Problems	UCMJ	EPTS *	Total Risk Factors
1	Navy		Yes			Yes			2
2	Army					Yes			1
3	Navy		Yes	Yes		Yes	Yes	Yes	
4	Army		Yes	Yes	Yes	Yes			
5	Navy		Yes	Yes	Yes	Yes	Yes		
6	Navy		Yes	Yes	Yes				
7	Navy	Yes	Yes		Yes	Yes		Yes	
8	ARNG**	Yes			Yes	Yes			
9	Navy	Yes			Yes				2
10	Navy	Yes			Yes	Yes			
11	Army	Yes			Yes		Yes	Yes	
12	Army			Yes					1
13	Army	Yes				Yes		Yes	
14	CG***	Yes		Yes	Yes			Yes	
15	Army	Yes	Yes	Yes	Yes			Yes	
16	Army	Yes			Yes	Yes	Yes		
17	ARNG**					Yes			1
18	Army					Yes		Yes	2
19	Army	Yes							1
Total		10	7	7	11	12	4	7	

* EPTS – Existed Prior to Entry into Service, ** ARNG - Army National Guard considered Army for purposes of this analysis, *** CG – Coast Guard

Pre-Screening for High-Risk Troopers

- (b)(3)-10 USC § 130b,(b)(6) analysis of all JTF Troopers indicated that screening was protective for retaining healthy Troopers
- Analysis of the index cases found that prescreening did not occur in the Army and Coast Guard Troopers but was present for the Navy Troopers
- 6 of 7 Navy index cases were screened prior to their JTF-GTMO deployment
 - One of the screened Navy Troopers was given a behavioral health waiver for PTSD

Index Case Clinical Appropriateness for Deployment to and MEDEVAC from JTF-GTMO

Branch of Service					
Appropriate for PCS *	Appropriate for MEDEVAC**	Appropriate for Deployment*	Appropriate for MEDEVAC**	Appropriate for Deployment*	Appropriate for MEDEVAC**
4 (36%)	11 (100%)	6 (86%)	7 (100%)	1 (100%)	1 (100%)

*Appropriateness for PCS/Deployment was determined by use of BH screening questions 32-36 on Navy Form 1300-4.

**Appropriateness for MEDEVAC was determined by presence of 1) suicide threat or attempt, 2) acute psychosis, or 3) a BH condition requiring intensive medication management and/or therapy

Identification of Comparable High-Risk Troopers: Survey Comparison

- Using the guidelines for determining appropriateness for MEDEVAC, a sample of high-risk Troopers were identified within the JTF-GTMO Survey population.
- High-risk Troopers were defined as reporting
 - 1) recent suicidal ideation
 - or
 - 2) screening positive for a BH condition requiring intensive medication management and/or therapy (including: severe/major depression, moderate/severe PTS, generalized anxiety disorder).
- 299 of 1,422 (22%) Troopers surveyed were identified as high risk.

Individual Risk Factors: Survey Comparison

JTF GTMO Behavioral Risk Factors Profile (Survey Population)

Among Troopers Screening Positive for Potential Serious BH Conditions*

	Total Population Number	High Risk Population Number†	Alcohol Use/Abuse	Current Relationship Issues	Current Job Problems†	Total Risk Factors			
						0	1	2	3
Total**	1422	299 (22%)	59%	56%	73%	6%	27%	40%	27%
HQ	196	37 (19%)	59%	38%	65%	14%	27%	43%	16%
JDG	896	215 (24%)	60%	59%	78%	4%	27%	38%	31%
JIG	84	17 (20%)	53%	65%	47%	12%	29%	41%	18%
J	172	24 (14%)	58%	63%	58%	13%	17%	50%	21%

JTF GTMO Behavioral Risk Factors Profile (Survey Population)

Among JDG Troopers Screening Positive for Potential Serious BH Conditions*

	Total Population Number	High Risk Population Number	Alcohol Use/Abuse	Current Relationship Issues	Current Job Problems†	Total Risk Factors†			
						0	1	2	3
Total JDG	896	215 (24%)	60%	59%	78%	4%	27%	38%	31%
Army w/RDE	164	49 (30%)	59%	61%	90%	0%	27%	37%	37%
Navy w/RDE	464	129 (28%)	64%	61%	81%	1%	26%	41%	33%
Other	268	37 (14%)	46%	49%	54%	19%	32%	30%	19%

*Potential serious BH conditions included: severe/major depression; generalized anxiety disorder; moderate/severe post-traumatic stress; recent suicidal ideation; **excluding JMG, who were not screened for Behavioral Health Conditions; † Significant difference between Groups (<0.01); RDE – Routine Detainee Exposure (>1 hour per day)

Pre-Existing BH Conditions among Troopers Screening Positive for Current BH Conditions

	Total JTF GTMO Population* (n=1422)		Did Not Screen Positive for BH Condition (n=857)		Screened Positive for Possible BH Condition (n=565)	
BH Conditions Prior to GTMO Assignment†						
0	1194	84%	769	90%	425	75%
1	92	7%	54	6%	38	7%
2	44	3%	10	1%	34	6%
3+	92	7%	24	3%	68	12%
Psychotropic/Pain Rx at time of arrival	178	13%	79	9%	99	35%

- Self-reported pre-existing BH conditions (25%) were significantly more common among Troopers who screened positive for a current BH condition as compared with Troopers who did not screen positive for a current BH condition (10%).
 - The relationship between self-reported pre-existing BH conditions and current BH screening did not differ by Service.
- The **majority** of Troopers (75%) who screened positive for a current BH condition reported having no pre-existing BH conditions.

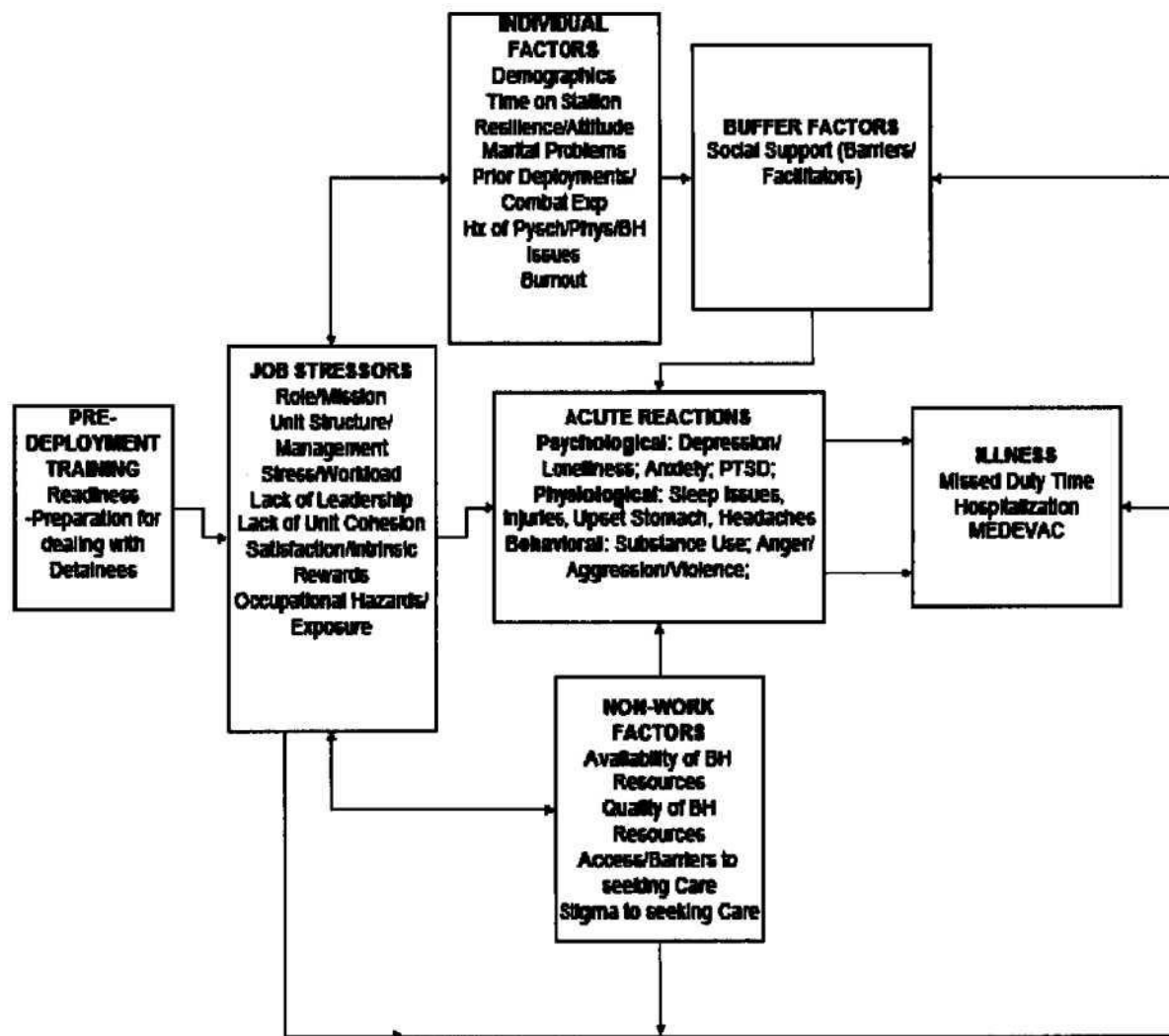
*Excluding JMG, who were not screened for BH Conditions; **Potential serious BH conditions included: moderate/severe/major depression; generalized anxiety disorder; moderate/severe post-traumatic stress; recent suicidal ideation; † Troopers were asked to report whether a medical professional had told them they had any specific conditions;

Initial JTF-GTMO Survey Summary Results

Objectives of the Survey Analysis

- To provide further insight into the relevance of commonalities identified within the small defined population of index cases.
- To determine the extent to which commonalities identified within the index cases population may extend to the larger JTF-GTMO population.
- To identify factors which put Troopers at risk and/or protect them from being at risk for medical evacuation.

Risk and Protective Factors Influencing Troopers' Behavioral Health



Factors influencing Behavioral Health can be considered in the following domains:

- Pre-Deployment Training
- Job Stressors
- Individual Factors
- Non-Work Factors
- Buffer Factors

JTF Summary of Descriptive Characteristics

- Pre-Deployment Training – the majority of Troopers reported training in the treatment of detainees (66%) and behavior towards detainees (66%), and training in managing the stress of working at JTF-GTMO (77%) (training was more commonly reported among JDG).
- Individual Factors – Most Troopers have been in the Service for more than 4 years (80%), are Soldiers (38%) or Sailors (50%), have been deployed previously (53%) and have been on station 4-9 months (51%).
 - JDG Troopers were most likely to report routine daily exposure to detainees (>1 hour/day).
 - Pre-existing BH conditions (21%) and psychotropic/pain medication use (18%) was reported by Troopers, and were highest among HQ.
 - Positive screenings for BH conditions were as follows: moderate/severe depression (12%), anxiety (14%), moderate/severe PTS (12%), problematic alcohol use (44%), suicidal ideation (5%) and sleeping problems (8%) (highest among JDG).

JTF Summary of Descriptive Characteristics

- **Buffer Factors** – Reported resilience was average (lowest among JDG), and social support was lower than reported in comparison populations (lowest among JDG).
- **Job Stressors** – Perceptions of leadership and unit cohesion were average (reports were significantly lower among JDG), likelihood of burnout was highest among JDG, occupational exposures were most commonly reported by JDG.
- **Non-Work Factors** – Environmental stressors were reported most among JDG, Troopers reported satisfaction with BH care, and barriers to care/stigma to seeking care/difficulty accessing BH care were not highly reported overall (reports were higher among JDG).

Predictive Modeling to Determine Significant Risk and Protective Factors among Highest Risk Troopers

- The factors most strongly associated with having the highest relative behavioral health risk (n=299) were examined using multi-variable modeling.

	Increased Likelihood	Decreased Likelihood
Pre-Deployment Training	NA	NA
Individual Factors	Age: less than 24 Marital status: single Pre-Existing BH Previously Deployed: 4+ times Increasing Personal Stressors Alcohol Misuse	
Buffer Factors		Social Support Resilience
Job Stressors	Increasing Time on Station Total Occupational Exposures Detainee Contact: >6 hrs/day Higher Job Burnout	Higher Unit Cohesion Higher Sense of Pride in Service

Limitations

- Data were not available from all data sources for all of the index cases.
- JSMART clinical notes were valuable; however, they were not consistently present throughout the identified time period.
- Information regarding the number of Navy Troopers who pre-screened positive and non-deployable to JTF-GTMO was not available.
- Survey data is from a single point in time, thus determining temporality and/or causality is impossible.
- These initial findings should be considered in the context of the larger EPICON findings.

Conclusions (1 of 2)

- Pre-screening for BH risk factors would likely have reduced subsequent need for evacuation in the index case population.
- The majority of Troopers in the survey sample who screened positive for a current BH condition reported having no pre-existing BH conditions.
- Critical risk factors identified for both the index case sample and the survey population include: current relationship issues, current job problems, history of alcohol use/abuse, childhood family issues, history of family BH problems, and pre-existing (EPTS) BH issues.

Conclusions (2 of 2)

- Alcohol use may be a self-medicating mechanism to cope with the critical risk factors. Alcohol use can exacerbate and be a response to critical risk factors.
- The evacuation decision by MTF appears appropriate for these cases.
- These results should be considered in the context of the larger findings from the surveys, focus groups, and individual interviews.

Contact Information

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Back-up Slides

Index Case Data Collection

- Index case team
 - 2 Clinical Social Workers
 - 1 Physician
 - 1 Psychologist
- Information was gathered from the data sources prior to, during, and following the EPICON Team's site visit to JTF-GTMO.
- Data sources
 - Armed Forces Health Surveillance Center (AFHSC)
 - Armed Forces Health Longitudinal Technology Application (AHLTA)
 - Military Health System (MHS) Computer-based Patient Record (CPR)
 - Tricare data from the MHS Management Analysis and Reporting Tool (M2)
 - International SOS documents created for the air evacuation
 - Staff in the J-1 at JTF-GTMO

Index Case Analyses

- The EPICON team reviewed all available records abstracted information to an Excel database.
- Cases were reviewed individually and in aggregate to identify patterns, themes, and trends in risk factors and relevant demographic characteristics.
- Source data were merged into a single database for summary analysis and transferred to SPSS (version 16) for basic statistical analyses.

Potential Impact of Pre-Screening

Branch of Service					
Prescreening	Behavioral Health Waiver	Prescreening	Behavioral Health Waiver	Prescreening	Behavioral Health Waiver
Potential Impact of Pre-Screening					
8 (73%)	3 (27%)	1 (14%)	5 (86%)	0 (0%)	1 (100%)

Index Case Number	Branch	Rank	Occupational Specialty	Years of Service
1	Navy	E-4	AT-90DO	4
2	Army	E-3	31E, Corrections Specialist	2
3	Navy	E-4	AT 6704, Aviation Technician 3/Consolidated	4
4	Army	E-4	31B, Military Police	6
5	Navy	E-2	IS 3912, ISSA-Information Specialist Seaman Apprentice	0.9
6	Navy	E-5	MA2, Master at Arms	11
7	Navy	E-6	ABH1, Aviation Boatswain's Mate, Aircraft Handling	17
8	Army (Guard)	E-4	91B, Wheeled Vehicle Mechanic	5
9	Navy	E-5	AE 8842, F/A-18 A/B/C/D Systems Organizational Initial Maintenance Technician	9
10	Navy	E-4	AZ 90DO	6
11	Army	E-4	68, Preventive Med Tech	3
12	Army	E-3	31E, Corrections Specialist	1
13	Army	E-4	31B, Military Police	8
14	USCG	E-4	Boatswains Mate	10
15	Army	E-4	31B, Military Police	4
16	Army	E-4/E-1	21W, Carpentry and Masonry Specialist	6
17	Army (Guard)	E-6	31B, Military Police	31
18	Army	E-6	42A, Human Resource Specialist	17
19	Army	E-4	42A, Human Resource Specialist	4

Dispelling Misconceptions about JTF- GTMO

The common perception is that JTF GTMO is an 'easy' assignment...

- 67% of Troopers reported believing prior to arrival at JTF GTMO feeling this duty assignment will be less stressful than a combat deployment.

.....but perception isn't always reality.

- Only 42% of Troopers reported believe after arrival, this duty assignment is less stressful than a combat deployment (with the lowest perception among JDG w/RDE (22-26%).

RDE – Routine Detainee Exposure (>1 hour per day)