



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB - 4 2009

The Honorable Ike Skelton  
Chairman, Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,  
*Warm regards,  
ward casscells*

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable John McHugh  
Ranking Member



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB - 4 2009

The Honorable Carl Levin  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

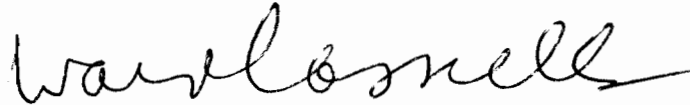
The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells". The signature is fluid and cursive, with a long horizontal stroke at the end.

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable John McCain  
Ranking Member



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB - 4 2009

The Honorable Ben Nelson  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.


The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will

continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable Lindsey O. Graham  
Ranking Member



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

FEB - 4 2009

### HEALTH AFFAIRS

The Honorable Susan Davis  
Chairwoman, Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chairwoman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

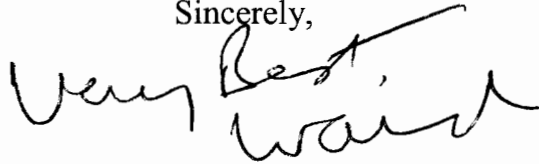
The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will

continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells". The signature is written in a cursive style with a prominent flourish at the end.

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable Joe Wilson  
Ranking Member





## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

FEB - 4 2009

### HEALTH AFFAIRS

The Honorable Daniel K. Inouye  
Chairman, Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

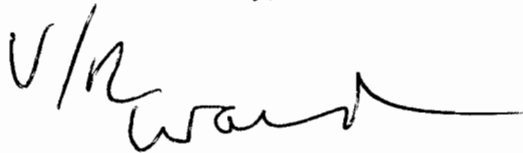
The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable Thad Cochran  
Ranking Member



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB - 4 2009

The Honorable David R. Obey  
Chairman, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

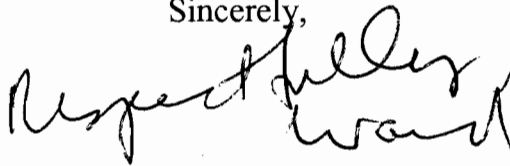
The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in cursive script that reads "Respectfully, Ward". The word "Respectfully" is written in a larger, more prominent script, and "Ward" is written below it in a similar but slightly smaller script.

S. Ward Casscells, MD

Enclosure:  
As stated

cc:  
The Honorable Jerry Lewis  
Ranking Member



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

FEB - 4 2009

### HEALTH AFFAIRS

The Honorable Joseph R Biden, Jr.  
President of the Senate  
Washington, DC 20510

Dear Mr. President:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,  
*Very Respectfully,*  
*Ward Casscells*

S. Ward Casscells, MD

Enclosure:  
As stated



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB - 4 2009

The Honorable Nancy Pelosi  
Speaker of the House of Representatives  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Speaker:

We are pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2007. The law requires the Secretary of Defense to conduct a study of adverse health events of exposure to depleted uranium (DU) munitions on both soldiers and children of uranium-exposed soldiers who were born after the soldiers were exposed to depleted uranium.

To satisfy the requirement, we partnered with the Department of Veterans Affairs (VA) to contract two studies with the Institute of Medicine (IOM). The first study was a scientific literature review on the long-term health effects from exposure to DU. It evaluated the strength of the evidence between specific health effects and DU exposure. It also reviewed the health effects on children of exposed service members. IOM concluded that there is inadequate/insufficient evidence to determine whether an association exists between exposure to uranium and depleted uranium and any adverse health outcome.

The second study looked into the feasibility of conducting a comprehensive epidemiologic study on the effects of exposure to DU given the data available at this time. IOM concluded "it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively." They went on to explain the reason for this conclusion by stating, "Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study." They also stated it would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in the risk of lung cancer.

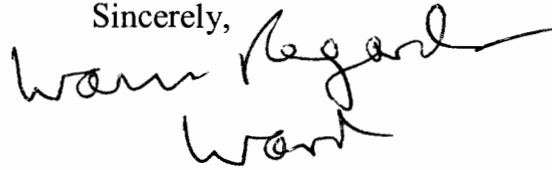
The Department of Defense has a comprehensive DU biomonitoring program that has been in place since 2003. To date, over 2,500 individuals who were possibly exposed to DU have been tested; only 10 personnel have been identified with confirmed depleted uranium exposures and all have been offered medical follow-up through VA. We will

continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program.

We are fully committed to assuring that our Service members are protected from health hazards in a deployed environment and to providing the finest care for our sick and injured Service members.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "Ward Casscells". The signature is fluid and cursive, with a long horizontal stroke at the end.

S. Ward Casscells, MD

Enclosure:  
As stated

PS. Our pet Bear Amish is  
doing well, and doing good.  
(Hope he stays wanted!)



**Department of Defense  
Report to Congress  
Study of Health Effects of Exposure to Depleted Uranium  
October 2008**

**Background**

Section 716 of the National Defense Authorization Act for Fiscal Year 2007 requires the Secretary of Defense to “conduct a comprehensive study of the health effects of exposure to depleted uranium munitions on uranium-exposed soldiers and on children of uranium-exposed soldiers who were born after the exposure of the uranium-exposed soldiers to depleted uranium.” The Act also defined “uranium-exposed soldiers” as “a member or former member of the Armed Forces who handled, came in contact with, or had the likelihood of contact with depleted uranium munitions while on active duty.”

To determine the best way to accomplish the study, the Department of Defense (DoD) discussed approaches with representatives of the Department of Veterans Affairs (VA) and the Department of Health and Human Services. Based on those discussions, the Assistant Secretary of Defense for Health Affairs partnered with the VA to commission two scientific reports from the Institute of Medicine (IOM). The purpose of the first report was to perform a comprehensive review of the scientific literature and to determine if there is evidence of long-term health effects associated with exposure to depleted uranium. The second report made recommendations regarding the critical elements needed for an epidemiological study on veterans and Service members and the children of veterans and Service members who were exposed to depleted uranium while on active duty.

**Feasibility of a Comprehensive Epidemiologic Study**

We have determined that the requested study is not possible. In a report entitled “Epidemiologic Studies of Veterans Exposed to Depleted Uranium,” IOM stated, “...it would be difficult to design a study to comprehensively assess the health outcomes of depleted Uranium (DU) exposures in the military and veteran populations with currently available data.” They give several reasons for not being able to conduct a comprehensive study. The first is “the lack of adequate and accurate exposure data.” These data must be captured soon after the exposure and attempting to conduct bioassays years after the fact will not yield significant results. Self reported history is also limited regarding its accuracy. The second reason is the number of exposed individuals that would be required to detect a small incremental change in health outcomes. They stated, “Detecting a small increased risk for a given health outcome of DU exposure in military and veteran populations is not feasible in an epidemiologic study.” They estimated that it

would require a minimal sample of more than 1 million DU-exposed people to detect a statistically significant difference in risk of lung cancer. To date, despite bioassays of over 2500 Service members who, based upon their exposure history, were determined to be the most likely to be exposed, only 10 individuals were found with confirmed DU exposures. Because of this, IOM determined that it would be difficult to design a study to assess health outcomes of DU exposure in military and veteran populations comprehensively.

IOM recommended that the Department of Defense (DoD) conduct “a prospective cohort study if future military operations involve exposure to DU.” DoD agrees and is using the current Depleted Uranium Follow-Up Program and DU policies to do this study. Individuals who are found to be exposed to DU are referred to the Baltimore VA Depleted Uranium Follow-up Program.

### **The Institute of Medicine Reports**

IOM conducted a massive review of the scientific literature on the health effects of exposure to uranium and DU resulting in two reports released in 2000 and in 2008. All together they reviewed over 13,500 abstracts and 2,000 peer-reviewed journal articles. This made up the entirety of scientific evidence on the subject. Despite this very thorough review, they could not demonstrate even a limited relationship between exposure to uranium or DU and any adverse health outcomes including: lung cancer, leukemia, lymphoma (Hodgkin and non-Hodgkin), bone cancer, renal cancer, bladder cancer, brain and other nervous system cancers, stomach cancer, prostatic cancer, testicular cancer, nonmalignant renal disease, neurologic effects, reproductive and developmental effects, cardiovascular effects, genotoxicity, hematologic effects, immunologic effects, and skeletal effects.

### **Ongoing Work/Research**

Although we cannot conduct the research requested, DoD has a comprehensive DU biomonitoring program that has been in place since 2003 for Operation Iraqi Freedom/Operation Enduring Freedom personnel. To date over 2,500 personnel who were possibly exposed to DU have been tested. We will continue to partner with VA to follow those with significant exposures through the Baltimore VA Depleted Uranium Follow-up Program, which is currently following some 70 DU exposed individuals.

**SEC. 716. STUDY OF HEALTH EFFECTS OF EXPOSURE TO DEPLETED URANIUM.**

(a) Study- The Secretary of Defense, in consultation with the Secretary for Veterans Affairs and the Secretary of Health and Human Services, shall conduct a comprehensive study of the health effects of exposure to depleted uranium munitions on uranium-exposed soldiers and on children of uranium-exposed soldiers who were born after the exposure of the uranium-exposed soldiers to depleted uranium.

(b) Uranium-Exposed Soldiers- In this section, the term 'uranium-exposed soldiers' means a member or former member of the Armed Forces who handled, came in contact with, or had the likelihood of contact with depleted uranium munitions while on active duty, including members and former members who--

(1) were exposed to smoke from fires resulting from the burning of vehicles containing depleted uranium munitions or fires at depots at which depleted uranium munitions were stored;

(2) worked within environments containing depleted uranium dust or residues from depleted uranium munitions;

(3) were within a structure or vehicle while it was struck by a depleted uranium munition;

(4) climbed on or entered equipment or structures struck by a depleted uranium munition; or

(5) were medical personnel who provided initial treatment to members of the Armed Forces described in paragraph (1), (2), (3), or (4).

(c) Report- Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on the results of the study described in subsection (a).

(2) **COSTS OF COLLABORATION.**—The Secretary of Defense may reimburse the National Academy of Sciences up to \$200,000 for costs of the Medical Follow-up Agency to collaborate with the Air Force in the transfer and receipt of the assets of the Air Force Health Study to the Agency during fiscal year 2007 from amounts available from the Department of Defense for that fiscal year.

**SEC. 715. STUDY ON ALLOWING DEPENDENTS OF ACTIVATED MEMBERS OF RESERVE COMPONENTS TO RETAIN CIVILIAN HEALTH CARE COVERAGE.**

(a) **STUDY REQUIREMENT.**—The Secretary of Defense shall conduct a study on the feasibility of allowing family members of members of the reserve components of the Armed Forces who are called or ordered to active duty in support of a contingency operation to continue health care coverage under a civilian health care program and provide reimbursement for such health care.

(b) **ELEMENTS.**—The study required by subsection (a) shall include the following:

(1) An assessment of the number of military dependents with special health care needs (such as ongoing chemotherapy or physical therapy) who would benefit from continued coverage under the member's civilian health care plan instead of enrolling in the TRICARE program.

(2) An assessment of the feasibility of providing reimbursement to the member or the sponsor of the civilian health coverage.

(3) A recommendation on the appropriate rate of reimbursement for members or sponsors of civilian health coverage.

(4) The feasibility of including dependents who do not have access to health care providers that accept payment under the TRICARE program.

(c) **REPORT REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the study required under subsection (a).

**SEC. 716. STUDY OF HEALTH EFFECTS OF EXPOSURE TO DEPLETED URANIUM.**

(a) **STUDY.**—The Secretary of Defense, in consultation with the Secretary for Veterans Affairs and the Secretary of Health and Human Services, shall conduct a comprehensive study of the health effects of exposure to depleted uranium munitions on uranium-exposed soldiers and on children of uranium-exposed soldiers who were born after the exposure of the uranium-exposed soldiers to depleted uranium.

(b) **URANIUM-EXPOSED SOLDIERS.**—In this section, the term “uranium-exposed soldiers” means a member or former member of the Armed Forces who handled, came in contact with, or had the likelihood of contact with depleted uranium munitions while on active duty, including members and former members who—

(1) were exposed to smoke from fires resulting from the burning of vehicles containing depleted uranium munitions or fires at depots at which depleted uranium munitions were stored;

(2) worked within environments containing depleted uranium dust or residues from depleted uranium munitions;

(3) were within a structure or vehicle while it was struck by a depleted uranium munition;

(4) climbed on or entered equipment or structures struck by a depleted uranium munition; or

(5) were medical personnel who provided initial treatment to members of the Armed Forces described in paragraph (1), (2), (3), or (4).

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on the results of the study described in subsection (a).

**SEC. 717. REPORT AND PLAN ON SERVICES TO MILITARY DEPENDENT CHILDREN WITH AUTISM.**

(a) PLAN REQUIRED.—The Secretary of Defense shall, within 180 days after the date of the enactment of this Act, develop a plan to provide services to military dependent children with autism pursuant to the authority for an extended health care services program in subsections (d) and (e) of section 1079 of title 10, United States Code. Such plan shall include—

(1) requirements for the education, training, and supervision of individuals providing services for military dependent children with autism;

(2) standards for identifying and measuring the availability, distribution, and training of individuals of various levels of expertise to provide such services; and

(3) procedures to ensure that such services are in addition to other publicly provided services to such children.

(b) PARTICIPATION OF AFFECTED FAMILIES.—In developing the plan required under subsection (a), the Secretary shall ensure the involvement and participation of affected military families or their representatives.

(c) REPORT REQUIRED.—Not later than 30 days after completion of the plan required under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the plan. The report may include any additional information the Secretary considers relevant.

**SEC. 718. COMPTROLLER GENERAL STUDY ON DEPARTMENT OF DEFENSE PHARMACY BENEFITS PROGRAM.**

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study of the Department of Defense pharmacy benefits program required by section 1074g of title 10, United States Code.

(b) ELEMENTS.—The study required by subsection (a) shall include an examination of the following:

(1) The cost of the Department of Defense pharmacy benefits program since the inception of the program.

(2) The relative costs of various options under the program.

(3) The copayment structure under the program.

(4) The effectiveness of the rebate system under the program as a way of passing on discounts received by the Federal Government in the purchase of pharmaceutical agents.

(5) The uniform formulary under the program, including the success of the formulary in achieving savings anticipated through use of the formulary.