

July 30, 2002

LEE R. HEATH
CHIEF POSTAL INSPECTOR

DEWITT O. HARRIS
VICE PRESIDENT, EMPLOYEE RESOURCE MANAGEMENT

SUBJECT: Audit Report – Postal Inspection Service Health Examination Program
(Report Number OV-AR-02-003(R))

This report presents the results of our audit of the Postal Inspection Service's health examination program (Project Number 01JA002OV000). The report was initially issued on June 21, 2002, without management comments. We are reissuing this report because management comments were subsequently received. We have incorporated their comments in this revised report, along with our evaluation of their comments and planned actions.

The audit was initiated based on several complaints received by the Office of Inspector General (OIG) alleging that Inspection Service management used their health examination program to inappropriately remove a targeted group of postal inspectors from the Inspection Service. Our objectives were to determine whether the Inspection Service's health examination program was properly managed, and implemented in a consistent and effective manner.

While we did not find that management used their health examination program to inappropriately remove a targeted group of postal inspectors, the audit revealed that management did not ensure postal inspectors possessed the physical abilities necessary to effectively perform their duties. Specifically, management did not develop or finalize physical requirements or medical standards governing periodic health examinations, ensure postal inspectors completed health examinations as required, or utilize an examination rating system that clearly defined those conditions resulting in postal inspectors not meeting the physical requirements of their position. We recommended that management finalize physical requirements and medical standards for postal inspector positions, ensure required health examinations are taken, and revise the examination rating system to clearly identify whether postal inspectors meet established position requirements.

Management disagreed with our recommendations to develop physical requirements for postal inspector positions, and a revised rating system for periodic health examinations. However, although management disagreed with these recommendations, they initiated corrective actions that satisfy the intent of the recommendations and should correct the issues we identified. Management further agreed to ensure that health examinations are taken as required, medical standards for postal inspector positions are finalized, and inspector medical files are appropriately retained and stored. The OIG considers recommendations 1, 2, and 5 significant and, therefore, requires OIG concurrence before closure. Consequently, the recommendations should not be closed in the follow-up tracking system until the OIG provides written confirmation that the recommendations can be closed. Management's verbatim comments are included in the appendix of this report.

We appreciate the cooperation and courtesies provided by your staff during this audit. If you have any questions, please contact Cathleen A. Berrick, director, Oversight, at (703) 248-2100, or me at (703) 248-2300.

Kirt West
Assistant Inspector General for
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cc: Suzanne F. Medvidovich
James J. Rowan
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EXECUTIVE SUMMARY

Introduction

This report presents the results of our audit of the Inspection Service's health examination program. The audit was initiated based on several complaints received by the Office of Inspector General (OIG) alleging Inspection Service management used their health examination program to inappropriately remove a targeted group of postal inspectors from the Inspection Service. The audit was included in our fiscal year (FY) 2002 audit workload plan. Our objectives were to determine whether the Inspection Service's health examination program was properly managed, and implemented in a consistent and effective manner.

Results in Brief

The audit revealed the Inspection Service did not ensure that postal inspectors possessed the physical abilities necessary to effectively perform their duties. As a result, management placed postal inspectors and others who are dependent upon their performance at risk. Specifically, management did not:

- Establish physical requirements for postal inspector positions.
- Finalize medical standards governing periodic health examinations.
- Ensure all postal inspectors obtained or completed periodic health examinations as required.
- Use a health examination rating system that clearly defined those conditions resulting in postal inspectors not meeting the physical requirements of their position.
- Appropriately update or maintain Inspection Service employee medical files.

Although management of the Inspection Service's health examination program could be improved, we did not find that management used the program to inappropriately remove targeted groups of postal inspectors from service. We also determined management generally ensured payments for contracted medical examinations were correct.

Summary of Recommendations	We recommended management finalize physical requirements and medical standards for postal inspector positions, ensure health examinations are taken as required, clarify the health examination rating system, and appropriately retain and store employee medical files.
Summary of Management's Comments	<p>This report was previously issued on June 21, 2002, without management comments. We are reissuing this report because after the report was issued, the acting deputy chief postal inspector, Professional Standards and Resource Development, provided comments for both the Inspection Service and the vice president, Employee Resource Management. Management provided a 13-page response that contained many comments outside the scope of appropriate management comments. Much of the information was extraneous to the core issues raised in the report. As a result, we did not respond to any of these extraneous comments.</p> <p>Management disagreed with our recommendations to develop physical requirements for postal inspector positions, and to revise the Inspection Service's rating system for periodic health examinations. However, after scrutinizing their reply, we identified alternative management actions that satisfied the intent of our recommendations. Management stated they will complete and publish physical requirements for inspector positions, ensure physical requirements are consistent with the requirements for federal law enforcement officers, and coordinate established physical requirements with the National medical director. Management further stated they are modifying their current examination rating system to clarify ratings definitions and resulting actions taken.</p> <p>Management also agreed to ensure health examinations are taken as required, medical standards for postal inspector positions are finalized, and inspector medical files are appropriately retained and stored. Management's comments, in their entirety, are included in the appendix of this report.</p>
Overall Evaluation of Management's Comments	We consider management's actions responsive to the intent of our recommendations.

INTRODUCTION

Background

The Inspection Service's health examination program provides for periodic health examinations for postal inspectors and forensic and technical services personnel. The program was designed to ensure that the health of Inspection Service employees permits the effective discharge of their duties and minimizes danger to themselves and others who are dependent upon their performance.

Periodic health examinations assess an employee's ability to perform the physical requirements of their position, and include such medical assessments as vision and hearing tests, blood analysis, and a review of an employee's medical history.

In April 1997, the Postal Service contracted with Comprehensive Health Services, Incorporated, to administer a comprehensive health examination program for Postal Service employees, including postal inspectors and Inspection Service forensic and technical services personnel.¹ The contractor is responsible for contacting employees, scheduling examinations, and assigning medical ratings.

Human Resource officials at the Newark and South San Francisco Operations Support Groups manage the Inspection Service's health examination program. The Postal Service national medical director or associate medical officer recommends to management those duties, if any, an employee can safely perform while medical deficiencies are evaluated.

The Inspection Service Manual, Chapter 144, "Health Examinations," requires that postal inspectors and forensics and technical services personnel receive periodic health examinations as a condition of employment. The manual further stipulates Inspection Service management is responsible for ensuring employees fulfill their obligations under the health examination program.

¹ Comprehensive Health Services, Incorporated, also administers health examinations for Postal Service Office of Inspector General (OIG) employees, and Postal Service executives.

**Objectives, Scope,
and Methodology**

Our objectives were to determine whether the Inspection Service's health examination program was properly managed, and implemented in a consistent and effective manner. To accomplish our objective related to program management, we reviewed Inspection Service guidance and the Postal Service contract with Comprehensive Health Services, Incorporated, related to the health examination program. We also performed a demographic analysis to determine whether postal inspectors of a certain age, gender, or duty location were inappropriately targeted for removal based on the results of periodic health examinations. We also interviewed the Postal Service national medical director and associate medical officer, contractor medical staff, officials from the Inspection Service Professional Standards and Resource Development and Human Resources offices, and postal inspectors concerning program management and operation.

To accomplish our objective related to program implementation, we reviewed Inspection Service guidance and medical standards, employee medical records, contractor statistical reports,² employee personnel actions following adverse medical ratings,³ billing records,⁴ and Inspection Service procedures for maintaining and disposing of medical files. We also reviewed the Code of Federal Regulations and Office of Personnel Management guidance related to medical and physical standards for law enforcement personnel. We interviewed the Postal Service national medical director, Postal Service associate medical officer, contractor medical staff, and postal inspectors to determine whether the program was consistently and effectively implemented.

² We statistically selected and reviewed medical records from 279 periodic health examinations taken by postal inspectors from October 1998 through April 2001, and contractor statistical reports from fiscal year (FY) 1998 through FY 2000, to determine whether examination ratings were consistently assigned based on established medical standards.

³ We judgmentally selected and reviewed personnel actions for 12 out of 28 postal inspectors receiving a D medical rating from March 2000 through May 2001, to determine whether actions were consistent with Inspection Service policy. We found that actions taken as a result of assigned medical ratings were consistent with established policy.

⁴ We judgmentally selected and reviewed billing records for 141 medical examinations given from November 1999 through July 2000, to determine whether required medical tests were completed and invoices were appropriately reviewed, certified, and adjusted.

We benchmarked with officials from the United States Department of Agriculture; Department of Alcohol, Tobacco, and Firearms; Defense Criminal Investigative Service; and the United States Marshals Service to determine their procedures for administering periodic health examinations. We did not independently verify information received from these agencies.

We conducted the audit from March 2001 through July 2002 in accordance with generally accepted government auditing standards. We reviewed management controls related to the Inspection Service's management and implementation of their health examination program. Specifically, we reviewed controls designed to ensure medical examinations were taken as required; ratings were assigned, and personnel actions taken, based on established criteria; and examination payments were made, and medical records maintained, in accordance with contractual requirements. We did not identify any material internal control weaknesses. We assessed the accuracy of data contained in the Postal Service Production Application System – Employee Master File and determined that it was sufficient to support our audit conclusions. We discussed our conclusions and observations with management officials and included their comments, where appropriate.

Prior Audit Coverage

We did not identify any prior audits or reviews related to the Inspection Service's health examination program.

AUDIT RESULTS

Management and Implementation of Health Examination Program

The Inspection Service did not ensure postal inspectors possessed the physical abilities necessary to effectively perform their duties. As a result, management placed postal inspectors and others who are dependent upon their performance at risk. Specifically, management did not:

- Establish physical requirements for postal inspector positions.
- Finalize medical standards governing periodic health examinations.
- Use a health examination rating system that clearly defined those conditions resulting in postal inspectors not meeting the physical requirements of their position.
- Properly update or maintain Inspection Service employee medical files.

Although management of the Inspection Service's health examination program could be improved, we did not find that management used the program to inappropriately remove postal inspectors from service based on age, gender, or duty location. We also determined management generally ensured contractor invoices were certified before payment, payments were consistent with contractual requirements, and identified billing adjustments were made.

Physical Requirements and Medical Standards

Inspection Service management did not establish mandatory physical requirements for postal inspector positions, or, in coordination with the national medical director, finalize medical standards used to assess an inspector's fitness-for-duty during periodic health examinations.⁵ Physical requirements represent those physical abilities essential for the successful performance of duties, such as the ability to conduct surveillance, perform search and seizures, and apprehend suspects. Medical standards are used to assess an individual's ability, during periodic health examinations, to meet the physical requirements of their position. Without established requirements, the physical capabilities postal

⁵ Inspection Service management is responsible for developing physical requirements for postal inspector positions. The Postal Service national medical director, in coordination with Inspection Service management, is responsible for developing medical standards for postal inspectors based on established physical requirements.

inspectors must possess to successfully and safely perform their jobs are unknown. Consequently, accurate medical standards cannot be developed to assess those required physical abilities during periodic health examinations.

Because physical requirements for postal inspector positions have not been defined, medical standards used to assess a postal inspector's fitness-for-duty during periodic health examinations have been in draft since September 1996, and have been frequently revised. Revisions were often not documented in the draft guidance or communicated to postal inspectors. The national medical director and contractor medical staff stated that the lack of established physical requirements, and the frequency with which medical standards were revised, often resulted in confusion regarding whether postal inspectors met the physical requirements of the position. In addition, postal inspectors questioned the fairness of the examination process when, due to the frequency with which standards were revised, postal inspectors with similar medical conditions received different medical ratings based on the timeframe they received their examination.

Postal inspectors, like other federal law enforcement officers, receive special retirement benefits under the Civil Service Retirement System and the Federal Employees' Retirement System due to the hazardous nature of law enforcement work. Title 5 of the United States Code, Section 8401(17), requires that due to the rigorous duties law enforcement officers are required to perform, employment opportunities should be limited to physically vigorous individuals. Because postal inspectors are required to perform rigorous duties, we believe it is imperative that accurate physical requirements for postal inspector positions be developed.

In addition, the Code of Federal Regulations, 5 CFR 339, "Medical Qualification Determinations," and the Office of Personnel Management Operations Manual, Qualification Standards for General Schedule Positions, require that medical standards for federal employees performing arduous or hazardous duties be documented and directly related to the physical requirements of the position.

Although these regulations are not applicable to the Postal Service, they do apply to other federal law enforcement agencies, whose criminal investigators, like postal inspectors, perform hazardous and arduous work, and, as a result, receive special law enforcement retirement benefits.

In September 2000, Inspection Service management issued a National Communications that they were establishing physical requirements and reviewing medical standards for postal inspector positions. However, in March 2002, after briefing our audit results to management, Inspection Service officials stated they decided to no longer develop physical requirements for postal inspectors because doing so would be cost-prohibitive. Management further stated that instead of establishing physical requirements, they would use the requirements currently identified in postal inspector position descriptions.

Based on management's comments, we reviewed postal inspector position descriptions and found they only addressed postal inspector duties and responsibilities, and did not identify any physical abilities required for the successful performance of duties. Accordingly, we believe these descriptions would not adequately support the establishment of accurate medical standards for postal inspectors.

Periodic Health
Examinations

The Inspection Service did not ensure postal inspectors obtained or completed periodic health examinations as required. From January 1999 through June 2001:

- 92 of approximately 1,500 postal inspectors required to take a health examination missed their examination.
- 25 of the 92 postal inspectors who missed their required health examination had not taken an examination in over 3 years.
- An additional 101 postal inspectors either declined to take all required portions of their examination or did not complete portions of their examinations that required

follow-up testing.⁶ Examples of procedures not completed include cardiac stress tests, chest x-rays, and visual screenings.

The Inspection Service Manual requires that all postal inspectors obtain and complete periodic health examinations as a condition of employment. Examinations are required to be given beginning at age 30 and are provided in 1- to 3-year intervals based on age. The Postal Service's contract with Comprehensive Health Services, Incorporated, requires that the contractor send letters to Inspection Service employees notifying them of their required examination, and reminding them of examinations that were not completed. The contract further requires that the contractor periodically mail missed examination reports to Inspection Service management identifying employees who missed or did not complete required examinations.

Officials from Inspection Service operations support groups stated they often contacted postal inspectors identified on the contractor's missed examination report by email to remind them of their missed examination. However, officials stated they did not follow up to ensure that examinations were taken because it was unclear whether they had the authority to do so.

During our audit, in September 2001, management updated the Inspection Service Manual to require that operations support group officials notify the appropriate inspector-in-charge of employees who missed examinations. The manual was further revised to require postal inspectors-in-charge to take appropriate action if examinations were not completed. However, we found as of December 12, 2001, only 38 of the 63 postal inspectors still employed by the Inspection Service had subsequently taken an examination.⁷

In April 2002, in response to a discussion draft of this report, management stated they developed standard operating procedures requiring follow-up of employee health

⁶ In response to a discussion draft of this report, management stated that 17 of the 101 postal inspectors identified as having declined or not completed their required examination have either retired, resigned, or have subsequently completed all required procedures.

⁷ In response to a discussion draft of this report, management stated that four postal inspectors identified as not having taken an examination prior to December 12, 2001, had taken examinations. However, management did not provide documentation identifying that the examinations were taken, and this information was not included in any of the inspectors' medical files.

examinations by the employee's executive manager. Management further stated employees are required to complete and return a physician evaluation form within 5 working days of completing their health examination, which is reviewed for any missed procedures and to determine necessary follow-up actions. Management stated concurrent with the mailing of the physician evaluation forms, inspectors in charge/managers are provided a listing of employees receiving health examination packets.

Periodic Health
Examination Rating
System

The Inspection Service's health examination rating system did not clearly define conditions resulting in postal inspectors not meeting the physical requirements of their positions. As a result, physicians assigning medical ratings were sometimes confused regarding which rating to assign, and the resulting action to be taken.

The Inspection Service Manual requires an A, B, C, or D rating be assigned to postal inspectors completing periodic health examinations. An A or B rating signifies no significant medical deficiencies, while a C or D rating represents medical deficiencies that preclude the full or present performance of duties. During our audit, in September 2001, the Inspection Service Manual was updated to require that management make reasonable efforts to accommodate employees receiving both C and D ratings while medical deficiencies are evaluated. Prior to September 2001, employees receiving D ratings were automatically placed on administrative leave, while those receiving C ratings were assessed on a case-by-case basis.

The national medical director and contractor medical staff stated the similar definitions for C and D ratings sometimes resulted in confusion when assigning ratings. As a result, officials stated they preferred a more basic rating system, such as normal/departure from normal, be used. Neither the national medical director, associate medical officer, contractor medical staff, or Inspection Service management knew when, or for what purpose, the A, B, C, and D rating system was developed.

We benchmarked with four other federal law enforcement agencies to determine their procedures for assigning ratings during periodic health examinations. None of the agencies

surveyed used an A, B, C, D, or similar rating system, but rather used a “met physical requirements/did not meet physical requirements” system to determine their employee’s ability to successfully perform their duties.

Update and Retention of Employee Medical Files

The Postal Service and Inspection Service did not provide follow-up medical test results to the contractor for consideration and inclusion in employee medical files. As a result, contractor medical staff stated they did not receive all relevant medical information necessary to conduct a complete medical evaluation. Neither the Inspection Service Manual nor Postal Service contract with Comprehensive Health Services, Incorporated, requires that results of follow-up medical tests be forwarded to the contractor for consideration and inclusion in employee medical files.

Further, the Postal Service did not obtain approximately 500 Inspection Service employee medical files from the contractor for disposition, for employees no longer employed by the Inspection Service. The contract between the Postal Service and Comprehensive Health Services, Incorporated, requires that the contractor forward medical records for individuals no longer employed by the Inspection Service to the national medical director for disposition in accordance with federal regulations. In addition, the Postal Service Administrative Services Manual, Section 120.090, requires that medical records for employees separated from the Postal Service be sent to the National Personnel Records Center for storage, or to the federal agency to which an employee transfers. The national medical director cited high maintenance costs, as well as limited space and staffing, as reasons for not retaining and storing the files.

We discussed the update and retention of employee medical files with Inspection Service management. Management stated they were considering having a third party maintain medical records for employees no longer employed by the Inspection Service.

Importance of an Effectively Managed Health Examination Program

As a law enforcement organization, it is critical that the Inspection Service ensure its postal inspectors are physically capable of performing their duties. To achieve this assurance, health examinations should be based on the specific physical requirements of the position, and be

routinely taken and assessed. Further, the results of health examinations should be understandable to all parties involved, and clearly identify whether a postal inspector is physically capable of performing their duties.

By not finalizing physical requirements and medical standards, and ensuring all postal inspectors take health examinations as required, management placed postal inspectors and others who are dependent upon their performance at risk. In addition, postal inspectors could perceive the health examination program as unfair due to the frequency with which standards were revised, and the slight distinction between various medical ratings.

Recommendation

We recommend the chief postal inspector:

1. Develop and publish complete physical requirements, identifying those physical abilities necessary for the successful performance of duties, for postal inspector positions.

**Management's
Comments**

Management disagreed with the recommendation, stating the Inspection Service relied on unpublished physical requirements and general employment requirements to assess an inspector's fitness for duty during periodic health examinations. However, although management disagreed with the recommendation, they stated they are currently revising their draft physical requirements, in association with the national medical director, to make them comparable to the standards set forth by the Office of Personnel Management for criminal investigator positions.

**Evaluation of
Management's
Comments**

Although management stated they disagreed with the recommendation, they have initiated actions to ensure physical requirements for inspector positions are finalized and published; are consistent with the requirements for federal law enforcement positions; and are coordinated with the national medical director. We believe these actions should satisfy the intent of our recommendation, and will help ensure the development of accurate medical standards from which to base periodic health examinations. Accordingly, we do not plan to pursue this matter through the formal audit resolution process.

Recommendation	2. Establish controls to ensure postal inspectors-in-charge are notified of employees who missed required health examinations, and appropriate action is taken to ensure examinations are completed.
Management's Comments	Management agreed with the recommendation, stating the Inspection Service has completed efforts to ensure periodic health examinations are completed in a timely manner. These efforts include the establishment of standard operating procedures addressing follow-up by human resource specialists when examination procedures are declined or not completed; the finalization of a database that facilitates the tracking and flagging of examinations and enhanced coordination between responsible parties; and the centralization of the health examination program at the Newark Operations Support Group.
Evaluation of Management's Comments	Management's actions are responsive to the recommendation.
Recommendation	3. Ensure follow-up medical test results are provided to contractor medical staff for consideration and inclusion in employee medical files.
Management's Comments	Management disagreed with the recommendation, stating the Inspection Service provides follow-up medical test results to the national medical director, who in turn determines an employee's fitness for duty or ability to perform duties in a restricted capacity. Management further stated they have concerns providing test results to the medical contractor given the sensitive and confidential nature of the information.
Evaluation of Management's Comments	We disagree with management's assertion that providing follow-up medical test results to the national medical director ensures that an employee's fitness for duty, or ability to perform duties in a restricted capacity, is fully assessed. Contractor medical staff are required to assign medical ratings to inspectors receiving periodic health examinations. Both the national medical director and contractor medical staff stated that without the most current and complete information available, it was difficult for the contractor to make accurate medical assessments.

We also do not agree that follow-up medical test results should not be provided to the medical contractor due to the sensitive and confidential nature of the information. The medical contractor already maintains sensitive and confidential medical data for each inspector assessed, and is contractually required to adequately safeguard this information. Although we disagree with management, we do not plan to pursue this disagreement through the formal audit resolution process.

Recommendation

4. Develop a revised rating system for periodic health examinations that clearly identifies whether an employee meets the physical requirements of their position.

Management's Comments

Management disagreed with the recommendation, stating a pass/fail examination rating system would not meet the Inspection Service's needs. However, although management disagreed with the recommendation, they stated that they are modifying their current examination rating system to clarify ratings definitions and resulting actions taken. Management further recognized the need to draw a greater distinction between the manner in which C and D ratings are given, and is implementing several changes to achieve this distinction by making temporary and reasonable accommodations while individual medical situations are addressed. Management stated the national medical director has concurred with all planned modifications to their rating system.

Evaluation of Management's Comments

Although management disagreed with the recommendation, they stated that they are modifying their current examination rating system to clarify ratings definitions and resulting actions taken, as well as establish a greater distinction between the manner in which C and D ratings are given. We consider management's planned corrective actions to be responsive to the intent of the recommendation. Accordingly, we do not plan to pursue this matter through the formal audit resolution process.

Recommendation	We recommend the vice president, Employee Resource Management: 5. Finalize and publish medical standards for postal inspector positions based on established physical standards, once developed.
Management's Comments	Management agreed with the recommendation, stating they are in the process of finalizing inspector medical standards, in coordination with the national medical director, as well as physical requirements for inspector positions. Management stated the medical standards, and associated physical requirements, should be published within 60 days, pending approval of the Inspection Service Executive Committee.
Evaluation of Management's Comments	Management's actions are responsive to the recommendation.
Recommendation	We recommend the vice president, Employee Resource Management: 6. Establish procedures for retaining and storing medical files for persons no longer employed by the Inspection Service in accordance with contractual and federal requirements.
Management's Comments	Management agreed with the recommendation, stating that the medical contractor will be required to send employee medical files, for retired or separated individuals, to the Newark Operations Support Group where they will be kept for the appropriate retention period.
Evaluation of Management's Comments	Management's actions are responsive to the recommendation.

APPENDIX. MANAGEMENT'S COMMENTS



UNITED STATES POSTAL INSPECTION SERVICE

PROFESSIONAL STANDARDS AND RESOURCE DEVELOPMENT

June 20, 2002

KIRT WEST
ASSISTANT INSPECTOR GENERAL FOR
CONGRESSIONAL, OVERSIGHT, AND LEGAL SERVICES

SUBJECT: Draft Audit Report – Postal Inspection Service Health Examination Program
(Report Number OV-AR-01-DRAFT)

We have had the opportunity to review the draft audit report of the Inspection Service Health Examination Program (Report Number OV-AR-02-DRAFT) dated May 3, 2002, to James J. Rowan, Jr., Acting Chief Postal Inspector and DeWitt Harris, Vice President, Employee Resource Management. This memorandum represents our formal response.

Summary of Management Response

We appreciate the opportunity to provide input to you in this regard. In summary, with respect to the recommendations made to the Acting Chief Postal Inspector, we disagree with recommendations one (concerning physical requirements), three (providing follow-up medical results to the examination contractor) and four (concerning our rating system). We agree with recommendation number two, and have initiated actions to ensure periodic examinations are fully completed on a timely basis.

Overall, we object to several conclusions stated in the audit report which are without apparent factual basis. For example, while we agree with the finding all postal inspectors did not obtain or complete periodic health examinations as required, we do not agree the number of instances of this discrepancy in any manner justifies the conclusion that "management did not ensure that postal inspectors possessed the physical abilities necessary to perform their duties." We also do not agree with the conclusion that physical standards do not exist for inspectors, which was cited as another basis for the remark concerning postal inspectors' physical abilities.

The report is also notably silent with respect to the steps taken by management when medical determinations were made that certain postal inspectors did not meet the appropriate medical standards necessary to fully perform the duties required of the position. In these instances, postal inspectors, when appropriate, and with the concurrence of the USPS Medical Director, are permitted to temporarily perform non-safety sensitive functions, while treatment and other corrective measures are taken with respect to addressing the individual medical conditions. Prior to returning these individuals to a full duty status, employees' personal medical providers must provide acceptable documentation which supports their opinions regarding fitness for duty, and the USPS Medical Director must concur. In those instances where questions remain with respect to the fitness determination, either additional information is obtained, or the employee is required to undergo a focused medical examination. In contradiction to the findings contained in the audit report, these measures are taken to ensure the physical and mental ability of postal inspectors to fully discharge their duties, ensure their safety, the safety of other inspection service personnel, as well as the general public.

It is our position that our draft medical examination standards contain sufficient physical requirements to assess an inspector's ability to meet the requirements of their position. Additionally, the audit report criticizes the fact that the medical examination standards, currently utilized to evaluate the examinations, have been in draft form since 1996. We share this concern, and are currently finalizing the standards in coordination with the National Medical Director, however, as noted in this response on page eight, our draft medical examination standards have been used in determining inspector fitness for duty. The audit report is silent of the fact that the National Medical Director uses the same draft medical examination standards with respect to the evaluation of OIG special agents. The National Medical Director's authority extends to OIG personnel as well.

With respect to recommendation four which is critical of our health examination rating system, we do not as noted, agree with this recommendation and will fully detail our position in this regard. We note that during the time period covered by this audit, the exact same rating system standard was utilized by the OIG. In a footnote appearing on page one of the audit report, it is noted Comprehensive Health Services (CHS), the medical contractor which presently administers the periodic examination program, also administers health examinations for the Office of the Inspector General and Postal Service executives. During the exit conference which was held in March 2002, this matter was discussed with the review team and OIG management representatives. We reminded the review team of the fact that only weeks before the exit conference, the Office of Inspector General approved the use of the same rating system and related examination matrices for its special agents.¹

OIG Executive Summary

Regarding the introduction to the Executive Summary, the statement made concerning the basis for initiating the audit contradicts the information provided to Inspection Service Executive Committee members at the audit entrance conference during the latter part of March 2001. At that meeting, Inspection Service representatives were advised the audit of the Inspection Service health examination program was part of the USPS OIG audit workload plan during the previous year, and was scheduled to be carried out during FY 2002. The OIG representatives advised that subsequent to the decision to include the audit in the FY 2002 schedule, several complaints relating to the administration of the program had been received. The review team clearly represented that based upon the nature of the complaints, the scope of the audit might be expanded to cover fitness for duty issues², but the audit had been previously included in the FY 2002 audit workload plan, and was not initiated based upon the complaints received by the OIG.

If in fact the audit was initiated based upon the receipt of complaints concerning the program, we believe the nature of these allegations should be included in the report along with the results of the ensuing review.

As noted in the previous section to our comments, we strongly disagree with the OIG's conclusion the Inspection Service did not ensure postal inspectors possessed the physical abilities to effectively perform their duties. We also strongly object to the statement on page i of the audit report that Inspection Service management "placed postal inspectors and others who

¹ See, General Statement of Work, National Health Examination Program For United States Postal Service, Revised March 2002. Exhibit 4A contains the Fitness-For-Duty Ratings for the U.S. Postal Inspection Service and Office of the Inspector General.

² The audit report did not offer comments relative to the Inspection Service Fitness For Duty Program.

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are dependent upon their performance at risk." The audit evidence presented in the subject draft audit report does not support this broad conclusion.

We concur with the OIG finding that the health examination program was used for the appropriate purpose for which it was intended and that there is no basis for the allegations inspection service management used the program to target certain inspectors or groups of inspectors for removal.

OIG Introduction

Concerning the "Objectives, Scope, and Methodology" section beginning on page two of the report, we raise several issues concerning the methodology employed, and its resulting impact on the conclusions reached. The audit was conducted from March 2001 through May 2002. At the entrance conference which was held in March 2001, the (Acting) Deputy Chief Inspector for Professional Standards and Resource Development (DCI-PS&RD) advised the audit team he was the designated contact point and as appropriate would appreciate updates with respect to the audit. Other than the entrance conference, the DCI-PS &RD, who is the Inspection Service Executive Committee member responsible for administration and policy development of the health examination program, was not interviewed by members of the audit team. He did attend one status briefing in August 2001 and the exit conference on March 25, 2002. We believe it would have been beneficial to the audit process to have included the DCI in the interview phase once the audit was commenced.

The audit report indicates employee medical records were reviewed.³ We expressed concern about non-medical personnel examining and interpreting individual medical records. As reported, the audit determined there was no validity to the complaints raised, however, the results of the procedures utilized in the review of these medical records are not contained in the report. We believe this information would be useful in providing an understanding of the objective process which was utilized. For example, it would seem to be a reasonable audit approach to utilize medical experts who were neither employed by the Postal Service nor the medical contractor for a review of these records. We believe this aspect of the review should be included in the report.

The report notes "personnel actions" were "judgmentally selected and reviewed" for 12 out of the 28 postal inspectors who received a "D" rating for the period March 2000 through May 2001.⁴ The reason for this portion of the review was to determine whether "actions" were consistent with Inspection Service policy. The results of this review were not reported, although the results of the review relative to incomplete and missed examinations were prominently featured. In order to present a balanced and objective report, we believe this information should also be included.

Finally, with respect to methodology, the audit team benchmarked with officials from five federal agencies, the U.S. Customs Service, U.S. Department of Agriculture, Bureau of Alcohol, Tobacco and Firearms, Defense Criminal Investigative Service, and the United States Marshals Service.⁵ This was done to determine their procedures for administering periodic health examinations. The portion of the audit report concerning the examination rating system, however, indicates benchmarking with four federal law enforcement agencies, and it is not clear if the four are part of the five agencies mentioned on page three. However, neither the composition of these agencies, nor specific information relative to their health examination programs was provided. We question the utility and relevance of including this information in the audit report considering this factor,

³ Audit Report, Page 2, ¶ 2.

⁴ Audit Report, Page 2, FN 3.

⁵ Audit Report Page 3, ¶ 1.

coupled with the acknowledgment the audit team did not independently verify the information obtained from these agencies⁶.

OIG Audit Results

As noted earlier, it is our position the following statements are without proper foundation: "[t]he Inspection Service did not ensure postal inspectors possessed the physical abilities necessary to effectively perform their duties," and as a result, "management placed postal inspectors and others who are dependent upon their performance at risk". We also find it inaccurately portrays the nature and status of the health examination program. Our disagreements with these conclusions are addressed below.

OIG Recommendation #1: Physical Requirements and Medical Standards

Develop and publish complete physical requirements, identifying those physical abilities necessary for the successful performance of duties, for postal inspector positions.

Management Response

We do not agree with the statement the Inspection Service did not establish physical requirements, i.e., "those physical abilities essential for the successful performance of duties, such as the ability to conduct surveillance, perform search and seizures, and apprehend suspects."⁷ Although not formally published, the Inspection Service relied upon the following physical requirements as the basis for assessing the fitness of postal inspectors and suitability for employment. These physical requirements were also utilized in formulating our draft medical examination standards:

Postal inspectors conduct complex criminal, civil, administrative and audit investigations. The duties of the position require the use of firearms, operation of motor vehicles and moderate to arduous physical exertion. It is essential that Inspectors be in sound physical condition and capable of performing vigorous physical activities on a sustained basis. These activities may require the Inspector to climb ladders, work long and irregular hours, or occupy cramped, crowded space for extended periods of time. The activities may also require the Inspector to exert physical force in the arrest, search, pursuit and restraint of another person and to protect the Inspector or others from imminent danger.

Manual dexterity with comparatively free motion of finger, wrist, elbow, shoulder, hip, and knee joint is required. Arms, hands, legs and feet must be sufficiently intact and functioning in order that the individual may perform the duties satisfactorily. Since the duties of the position are exacting and responsible, and involve activities under trying conditions, Inspectors must possess emotional and mental stability.

Vision must be corrected to at least 20/20 (Snellen) in one eye and 20/40 in the other eye. The Inspector must be able to hear ordinary conversation at a distance of at least 15 feet, without the use of a hearing aid. The Inspector must be free of any condition which would cause him/her to be a hazard to himself/herself or others.

⁶ Ibid.

⁷ Audit Report, Page 4, ¶ 1.

As part of the recruitment process, the Inspection Service identifies physical requirements as part of the general requirements for employment as a postal inspector. The following official publications identify specific vision and hearing requirements, with general emphasis on the applicant being in overall good physical condition.

- a. Publication 260-A (larger version) and 260-B (smaller version) entitled, Agents of Impact, Agents of Change
- b. Postal Inspection Service Basic Inspector Application Booklet (no publication number)
- c. Revised Basic Inspector Application Booklet – Publication 168 (currently being published).

The National Medical Director utilizes these physical requirements, in conjunction with the medical examination standards, in assessing an individual postal inspector's fitness for duty. The Medical Director has advised these requirements provide an adequate basis for determining physical or mental suitability in conjunction with both the physical examination program, and in addressing other fitness for duty issues.

We are currently in the process, in coordination with the National Medical Director, of making several modifications to these requirements. For example, we are removing the reference to audit investigations; modifying the vision requirement to include color identification and discrimination, including disqualifying language for individuals who have undergone radial keratotomy or orthokeratology; as well as modifying the language with respect to the hearing requirement by eliminating the reference to use of a hearing aid, and including audiometer measurements, as well as the ability to discern normal speech discrimination. These changes will be incorporated into the new application package for postal inspectors. These requirements compare to those set forth by OPM for GS series 1811 criminal investigator positions.⁸

In contrast to statements made in the report⁶, the National Medical Director believes both the existing and modified physical requirements, coupled with medical examination standards, are sufficient to determine the ability of a postal inspector to fulfill the law enforcement duties associated with the position.

With respect to the comments which address the medical examination standards, we agree with some of the comments, but disagree with others. The Medical Examination Standards, prepared by the National Medical Director, have existed in draft format since September 1996. We do not agree with the characterization they have been "frequently revised".¹⁰ The Medical Director issued another draft in January 2001, and is presently working on the final version which will be presented to the Inspection Service Executive Committee for adoption. Although these standards had not been widely published or "formalized", the Medical Director previously provided this

⁸ "The duties of these positions require moderate to arduous physical exertion involving walking and standing, use of firearms, and exposure to inclement weather. Manual dexterity with comparatively free motion of fingers, wrists, elbows, shoulders, hips and knee joints is required. Arms, hands, legs and feet must function sufficiently in order for applicants to perform the duties satisfactorily." United States Office of Personnel Management, Operating Manual, Qualification Standards for General Schedule Positions.

⁹ See, Audit Report, Page 5, ¶ 2.

¹⁰ Ibid.

information to the CHS medical director for their use in preparing examination reports.¹¹ These standards will be published once they have been adopted.

As information, the National Medical Director advised he utilizes the current examination standards in addressing any medical issues concerning USPS OIG special agents.

The audit report notes due to the "frequency with which the standards were revised", "postal inspectors with similar medical conditions received different medical ratings based on the timeframe they received their examination."¹²

Although the medical standards have been in draft format for six years, they have not been frequently revised. During the August 2001 status meeting, the audit team raised the issue of inconsistent medical ratings (noted above on page 5 of the report). It was explained to the review team that as results of each examination are evaluated on a case by case basis, it was entirely feasible and reasonable for individuals to receive different ratings for what might be described as generic conditions.¹³ At the exit conference in March 2002, the review team again raised this purported discrepancy. We requested specific instances be furnished. The OIG responded to our request by stating: "[w]e reviewed the report and did not identify any instances where we referenced this situation occurring. Our only statement regarding this matter was that the lack of finalized medical standards resulted in confusion for inspectors..."¹⁴ We do not agree with the analysis and object to its inclusion in the report without appropriate qualifying language, i.e., that no instances were noted wherein individuals with the **exact same condition** were rated differently or inconsistently.

We agree with the general statement that postal inspectors, along with OIG special agents, and other federal law enforcement agents be physically and mentally capable of performing the duties which are required of their positions. The reference to 5 U.S.C. § 8401(17) should, however, be considered along with the entire section, including references to similar provisions of 5 U.S.C. § 8331. Chapter 84 of Title 5 of the United States Code contains the statutes relating to the Federal Employees' Retirement System. Section 8401 contains the definitions relating to the Federal Employees' Retirement System, and specifically, the relevant portions of paragraph 17 defines the term "law enforcement officer" as:

¹¹ Inspection Service employees undergo the physical examination at a local medical provider. The local provider submits its examination notes and results to the National CHS Medical Director at their Vienna, VA office where the information is reviewed and evaluated by the various specialists, along with the laboratory analyses. The examination report which is provided to the employee is then prepared by CHS personnel. In those instances wherein a "C" or "D" rating is assigned, a copy is sent to the National Medical Director. The National Medical Director is also notified of any urgent situations that may be noted after a review of laboratory tests or radiographs, regardless of the rating.

¹² Audit Report, Page 5, ¶ 2.

¹³ The specific examples discussed during this meeting involved the use of anti-coagulants (i.e., coumadin) and diabetes. An individual who is currently taking coumadin as a result of a recent coronary procedure, i.e., an angioplasty, would probably receive a "C" rating, as the treatment regimen is temporary, normally lasting thirty to sixty days, during which time the individual would not be assigned to safety sensitive duties. In contrast, an individual who is taking coumadin on a permanent basis to treat a condition, might receive a "D" rating, as they will be never be able to resume full performance of law enforcement duties. At the time of the examination, the full extent of usage is not oftentimes known. This aspect is further examined during the follow-up protocol. It is also feasible for two individuals with diabetes to receive different ratings, based upon the type of the disease, the medication, if any which is needed, the frequency with which it is taken, etc.

¹⁴ E-mail message, OIG Director Oversight to Acting Chief Postal Inspector, March 28, 2002.

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Federal Employees' Retirement System, and specifically, the relevant portions of paragraph 17 defines the term "law enforcement officer" as:

- (A) an employee, the duties of whose position—
- (i) are primarily—
 - (I) the investigation, apprehension, or detention of individuals suspected or convicted of offenses against the criminal laws of the United States, or
 - (II) the protection of officials of the United States against threats to personal safety; and
 - (ii) are sufficiently rigorous that employment opportunities should be limited to young and physically vigorous individuals, as determined by the Director *considering the recommendations* of the employing agency; [emphasis added].
- (B) an employee who is transferred directly to a supervisory or administrative position after performing duties described in subparagraph (A)...for at least 3 years...¹⁵

Similar language is found in Chapter 83 of Title 5 which defines the retirement system for Civil Service employees. Specifically, 5 U.S.C. § 8331 defines the term "law enforcement officer", but it does not contain the "young and physically vigorous individuals" language.¹⁶

The references in the report to Chapter 5 of the Code of Federal Regulations can also be somewhat misleading without citing the applicable sections in their entire context. The audit report correctly notes these regulations are not applicable to the Postal Service. As an example, with respect to medical standards:

OPM *may establish* or approve medical standards for a Government wide occupation (i.e., an occupation common to more than one agency). An agency *may establish medical standards* for positions that predominate in that agency (i.e., where the agency has 50 percent or more of the positions in a particular occupation). Such standards must be justified on the basis that the duties of the position are arduous or hazardous, or require a certain level of health status or fitness because the nature of the positions involve a high degree of responsibility toward the public or sensitive national security concerns. The rationale for establishing the standard must be documented. Standards established by OPM or an agency must be: (a) Established by written directive and uniformly applied, (b) Directly related to the actual requirements of the position. [emphasis added].¹⁷

Although not required, it is our position we meet these conditions, notwithstanding the fact they have been in draft form, although it is anticipated they will be formalized and published within sixty days. With respect to physical requirements the CFR offers the following:

¹⁵ 5 U.S.C. § 8401(17).

¹⁶ [L]aw enforcement officer means an employee, the duties of whose position are primary the investigation, apprehension, or detention of individuals suspected or convicted of offenses against the criminal laws of the United States, including an employee engaged in this activity who is transferred to a supervisory or administrative position.... 5 U.S.C. § 8331 (20).

¹⁷ 5 C.F.R. § 339.202.

Agencies are authorized to establish physical requirements for individual positions without OPM approval when such requirements are considered essential for successful job performance. The requirements must be clearly supported by the actual duties of the position and documented in the position description.¹⁸

We believe these requirements are also met. Our physical requirements are documented in our draft medical examination standards. We will recommend to the vice president, Employee Resource Management, that our physical requirements be incorporated into the postal inspector standard position description. As previously noted, they are incorporated in the revised postal inspector application publication.

With respect to medical evaluation programs, the CFR provides that agencies may establish periodic examination programs to safeguard the health of employees whose work may subject them or others to significant health or safety risks.¹⁹ It is our position the Inspection Service health examination program meets these criteria as well.

The comments in the audit report regarding the establishment of physical requirements do not contain the entire contextual framework and are misleading. First, as noted, we have established physical requirements for postal inspectors. There is no requirement, to develop an exhaustive list of additional standards or medical guidelines. The audit report is silent as to this aspect with the other five agencies which were used for benchmarking purposes. As noted earlier, we have discussed our existing and soon-to-be released medical examination standards, containing our physical requirements, with the National Medical Director. A determination has been made that the use of these requirements, coupled with the medical examination standards, provides a sufficient basis for ensuring our personnel possess the requisite physical and mental abilities to safely discharge their duties. By utilizing a case-by-case approach we can ensure postal inspectors meet these requirements.

We agree our medical examination standards have not been publicized in a widespread manner. However, the National Medical Director and his staff utilized these medical examination standards in conducting individual fitness for duty evaluations. The finalized medical examination standards will be published in the Inspection Service Manual.

OIG Recommendation #2: Periodic Health Examinations

Establish controls to ensure that postal inspectors-in-charge are notified of employees who missed required health examinations, and that appropriate action is taken to ensure examinations are completed.

Management Response

We acknowledge the health examination employee data covering the period from January 1999 to December 12, 2001 indicated insufficient controls were in place to ensure health examinations were scheduled for our employees; were taken on a timely basis; and declined or incomplete examinations were followed-up to ensure appropriate documentation was received appropriately. This acknowledgement was also made in the April 26, 2002 memorandum to Director, Oversight, wherein we clearly identified action steps had already been implemented to strengthen program oversight in the area of examination follow-up (see attachment). We also noted that there were a

¹⁸ 5 C.F.R. § 329.203.

¹⁹ 5 C.F.R. § 339.205.

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number of cases in which missed examinations or declined examinations occurred because employees were anticipating their imminent upcoming retirements. In acknowledging this as an area of improvement, the following changes were started in October 2001 and are now fully implemented as program components:

Standard operating procedures (SOP) were developed, documented, and implemented by the Newark and South San Francisco ISOSG beginning October 2001. This SOP specifically addresses follow-up by human resource specialists when examination procedures are declined or incomplete. It also outlines the requisite steps for involvement by an employee's executive manager or DCI in situations where the employee is delinquent in scheduling examinations.

Finalization of a database that facilitates tracking, flagging, and enhanced coordination between medical contractor, administrator, human resource specialists, employees, and Inspection Service management.

Beginning April 2002, management of the health examination program was centralized at the Newark ISOSG. The consolidation of the program is contributing to increased consistency and uniformity in follow-up. It also allows management to evaluate program performance and identify program deficiencies and gaps on an ongoing basis.

OIG Recommendation #3: Follow-up Medical Test Results

Ensure follow-up medical test results are provided to contractor medical staff for consideration and inclusion in employee medical files.

Management Response

We are not in concurrence with the recommendation to provide the medical contractor with employee medical test results. The forwarding of employee medical test results to the medical contractor is being suggested without giving consideration to the process already being utilized by the Inspection Service to ensure employee medical test results are collected and provided to the National Medical Director for the purpose of determining if an employee can safely perform the duties of his or her position. Based on the sensitive and confidential nature of the test results, we have strong concern with regard to sending this information to a medical contractor.

If an employee receives a health examination rating of "A" or "B" there is no benefit in sending confidential information to a contractor. The employee test results become pertinent when an employee receives a "C" or "D" health examination rating. In the case of a "C" or "D" rating, it becomes mandatory for an employee to submit test results and other related medical documentation to the National Medical Director in order to make a determination as to the employee's fitness for duty or ability to perform duties in a restricted capacity. The Inspection Service's current fitness for duty procedures are designed to ensure employee test results and other related medical information are seen by the National Medical Director to ensure the employee is working with his or her personal physician to bring a medical condition under control. The documentation is handled on an as needed basis by Inspection Service human resources personnel for transmittal to the National Medical Director and for filing in the employee's medical file. If there is a need by the National Medical Director to refer to historical medical information, this occurs between Inspection Service human resources personnel and the National Medical Director, without involving a contractor.

OIG Recommendation #4: Periodic Health Examination Rating System

Develop a revised rating system for periodic health examinations that clearly identifies whether an employee meets the physical requirements of their position.

Management Response

We do not agree with the conclusion that the examination rating system did not clearly define conditions resulting in postal inspectors not meeting physical requirements of the position. Information was not furnished regarding the assertion that physicians assigning medical ratings were "sometimes confused", therefore, we cannot provide a meaningful response. We believe the current rating system adequately addresses the levels of conditions noted during periodic health examinations. Some modifications are being made with respect to clarifying the ratings definition and corresponding resulting action which is taken, and we have, in consultation with the National Medical Director, started the process of modifying this aspect of the program. We have determined a pass/fail system will not meet our needs.

As previously noted, we find this recommendation particularly troubling, in that as recent as the exit conference in March 2002, the OIG utilized the same rating system for its special agents

The current rating system, as noted, utilizes four levels. An "A" rating is assigned when no physical deficiencies are noted; a "B" rating indicates deficiencies noted that are controllable by the individual, and at the present time, do not adversely affect the performance of their duties, but requires attention by the individual working with their personal medical provider to bring the situation under control. Examples of conditions warranting a "B" rating include elevated cholesterol levels and mildly elevated blood pressure. "C" ratings are assigned when deficiencies are noted which are not under control and preclude full performance of duties, or present a hazard to the inspector or others, and require action by the individual working with a personal medical provider to bring the condition under control, so the inspector can fully perform all of the duties required. A "D" rating represents a deficiency or combination of deficiencies that preclude present performance of duties unless treatment is immediately received, and which could lead to serious medical complications. Attention is required by the individual, working with a personal physician to bring the matter under control, if that is possible.

Several changes have been made during the past two years with respect to the resulting action when "C" and "D" ratings have been assigned. Presently, it is possible for employees with "C" and "D" ratings to be assigned non-safety sensitive duties while they undergo treatment for their respective conditions. Additionally, employees are no longer immediately placed on administrative leave upon receipt of a "D" rating, unless the condition identified poses an immediate risk to the individual. We have determined this aspect of the program requires some modification.

We have and plan to continue to address each medical condition on a case-by-case basis. However, we recognize the need to draw a greater distinction between the manner in which "C" and "D" ratings are handled vis a vis making temporary reasonable accommodations while the individual medical situations are addressed. To achieve this end, several changes will be implemented concerning actions taken with respect to "C" and "D" ratings.

An individual who is assigned a "C" rating will be permitted, depending upon the Medical Director's recommendations, to perform duties commensurate with the medical restrictions. These may or may not involve safety sensitive functions. During the period the inspector is in a

restricted status, he/she will be required to address the medical issues and report the progress to the Medical Director through our Human Resources office. Specific time frames will be utilized in this regard.

For those employees receiving a "D" rating, the individual will not be permitted to work in any capacity, until further medical evaluation is performed, and the Medical Director determines which duties, if any, can be performed. Initially, the employee will be placed on administrative leave for a limited period of time while the evaluation is obtained. After the limited administrative leave period, if the employee is unable to return to work, requests for leave will be approved until some resolution is reached. The National Medical Director concurs with this approach, and agrees a pass/fail system is not in the best interests of the Inspection Service.

The audit report notes the OIG benchmarked with four other federal law enforcement agencies to determine their procedures for assigning ratings. Although it is noted none utilized an "A, B, C, D" system, no other information about their periodic programs, testing protocols, and follow up attention was provided. Therefore, we find this reference irrelevant in evaluating our program.

The Federal Bureau of Investigation (FBI) utilizes both a rating and accommodation program similar to the one we employ. The FBI system is tiered, and numerical ratings are utilized. The system has four levels (Medical Mandate I, II, III, and IV)²⁰, with I indicating a short term disability and IV indicating a permanent medical condition or physical limitation which is permanent, or has reached maximum improvement but still prevents the employee from fulfilling an essential function of their job, with or without reasonable accommodation. Like the Inspection Service, the FBI strives to accommodate its employees during treatment/recovery periods.

OIG Recommendation #5 to the vice president, Employee Resource Management: Medical Standards

Finalize and publish medical standards for postal inspector positions based on established physical standards, once developed.

Management Response

As indicated in our response to recommendation #1, we, along with the National Medical Director, are finalizing our medical examination standards which contain the physical requirements for the position of Postal Inspector. Once adopted by the Inspection Service Executive Committee, they will be published accordingly. We anticipate the standards will be published within sixty days from the date of this response.

OIG Recommendation #6 to the vice president, Employee Resource Management: Update and Retention of Medical Files

Establish procedures for retaining and storing medical files for persons no longer employed by the Inspection Service in accordance with contractual and federal requirements.

Management Response

We agree that procedures were not in place to ensure employee files were obtained from CHS when employees retired or separated from the agency. We have taken the following action to remedy this situation:

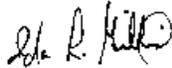
²⁰ In actuality, there are five ratings, since a separate rating does not appear for individuals who would have no deficiencies noted (i.e., our "A" rating).

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Each month when the Newark ISOSG sends information to the medical contractor regarding address changes, additions, and deletions, the contractor will be required to send employee medical files for retired or separated individuals to the ISOSG where they will be kept for the appropriate retention period. This procedure is documented in the SOP referenced on page nine.

We have contacted CHS and reached an agreement for obtaining the employee records for all employees that have retired or separated since CHS has served as the medical contractor for the health examination program. It was agreed that beginning in August 2002, as CHS prepares either to make the transition of records to a new medical contractor or assume responsibilities under a new contract, they will begin shipping the files to the Newark ISOSG.

Again, we appreciate the opportunity to provide our comments to this report and your consideration of our response extension request. Please feel free to contact me at 202-268-6545, if you have any questions or wish to discuss.



Ida L. Gillis
Acting Deputy Chief Inspector
Professional Standards and
Resource Development

Attachment

cc: James J. Rowan, Jr.
Suzanne F. Medvidovich
DeWitt Harris
Susan M. Duchek