



Submission No 19

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

Name: Mr Jonathan Woodson, M.D.

Organisation: Assistant Secretary of Defense for Health Affairs,
United States of America



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 8 2012

Senator Mark Furner
Chair, Defense Sub-Committee
Joint Standing Committee on Foreign Affairs,
Defense and Trade
P.O. Box 6021, Parliament House
Canberra ACT 2600

Dean Senator Furner:

Thank you for your letter dated June 27, 2012, to the U.S. Secretary of Defense concerning your Minister for Defence Science and Personnel's inquiry into the care of Australian Defence Force personnel wounded and injured during operations. As the Assistant Secretary of Defense for Health Affairs, this matter falls under my purview, and I have been asked to respond.

The topics that you inquired about are extensive in depth and breadth, and it would be difficult to address all of them completely in this correspondence. However, we have highlighted some initiatives that have assisted us in improving the care we provide to our Service members. In addition, we have attached several useful policy and doctrine references that may provide you greater detail.

Joint Publication 4.02, "Health Service Support (HSS)," outlines capabilities from point of injury/illness, through the continuum of care, to rehabilitation or transition to civilian care or the Department of Veterans Affairs (VA). In the current operational environment, we have established a trauma network that is capable of providing initial treatment and evacuation to surgical intervention within 1 hour of injury.

We established the Joint Theater Trauma System to enable us to improve the organization and delivery of trauma care and to facilitate real-time, data-driven clinical process improvements. These clinical improvements are often outlined in evidence-based Clinical Practice Guidelines, which provide clinicians a common framework of best practices to improve patient outcomes.

Rapid strategic evacuation of patients from operational areas to definitive fixed facility care has been key to improving clinical outcomes. The use of Critical Care Air Transport Teams to supplement the primary medical aeromedical evacuation crews has allowed for the evacuation of critically injured patients who previously would not have been evacuated.

Based on our wartime experiences, the Department of Defense (DoD) established several department-wide pre- and post-deployment programs and activities to assess and establish

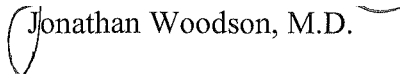
baselines of current health statuses and identify possible injuries or illnesses. As part of preparation for deployment, all Service members complete a pre-deployment health assessment that establishes baseline health information and confirms medical readiness for deployment. Likewise, a post-deployment health assessment (PDHA) is performed with each Service member upon return from deployment. A subsequent post-deployment health reassessment (PDHRA) occurs 90–180 days after the initial PDHA. The PDHRA program assists medical providers in identifying and recommending treatment for deployment-related health concerns that may appear after the Service member has returned from deployment. We also conduct pre-deployment and post-deployment assessments specifically focused on the mental health of the Service members.

The Services and their DoD Wounded Warrior programs ensure recovering wounded, ill, and injured Service members receive appropriate medical and dental care. Upon return to the U.S., Wounded Warriors will eventually transfer back to their home base depending on their medical requirements and the military hospital's ability to provide the services the member needs. Those with long-term health requirements, those not living near a military facility, or those requiring family support may transfer to a nearby VA hospital or a civilian facility.

The Integrated Disability Evaluation System (IDES) is the joint DoD and VA process to determine fitness for duty and disability rating for Service members. DoD determines whether wounded, ill, and injured Service members are fit for continued military service; and DoD and VA work together to determine appropriate benefits for Service members who must separate or retire for a Service-connected disability. IDES features a single set of disability medical examinations appropriate for fitness determination by the Military Departments. It also features a single set of disability ratings provided by the VA for appropriate use by both departments.

Once separated from a Service with a military service-connected disability, if the Service-assigned disability is greater than 30 percent, he or she is eligible for continued DoD medical care. Those with a disability less than 30 percent will be eligible for VA health care for military service-connected disabilities.

If you wish to obtain additional information or have any questions, the point of contact is Mr. Larry Sipos. Mr. Sipos may be reached at 011-703-681-8433, or Larry.Sipos@ha.osd.mil.

 Jonathan Woodson, M.D.

Attachments:
As stated

References

1. JP 4-02, Doctrine for Health Service Support in Joint Operations, October 31, 2006
http://www-nmcp.mar.med.navy.mil/hmtraining/March05/HM1_files/jp4_02.pdf
This publication provides doctrine for the planning and execution of force health protection and health service support at the operational level, throughout the range of military operations.
2. DoD Directive 1332.18, Separation or Retirement for Physical Disability, November 4, 1996, certified as current as of December 1, 2003
<http://www.dtic.mil/whs/directives/corres/pdf/133218p.pdf>
This Directive incorporates policy and responsibility for conduct of Ready Reserve physical examinations and certification of physical conditions; authorizes procedures under DoD Instruction (DoDI) 1332.38 (Reference (e)) and DoDI 1332.39 (Reference (f)) for the DoD Disability Evaluation System (DES); and establishes policy for processing Active and Reserve component members who have conditions that are cause for referral for physical disability evaluation.
3. DoDI 1300.24, Recovery Coordination Program, December 1, 2009
<http://www.dtic.mil/whs/directives/corres/pdf/130024p.pdf>
This Instruction establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for improvements to the care, management, and transition of recovering Service members across the Military Departments and establishes the Recovery Coordination Program RCP evaluation process to provide for a coordinated review of the policies, procedures, and issues of the program.
4. DoDI 1332.38, Physical Disability Evaluation, November 14, 1996, incorporating Change 1, July 10, 2006
<http://www.dtic.mil/whs/directives/corres/pdf/133238p.pdf>
This Instruction implements policy, assigns responsibilities, and prescribes procedures for retiring or separating Service members because of physical disability; making administrative determinations for Service members with Service-incurred or Service-aggravated conditions; and authorizing a fitness determination for members of the Ready Reserve who are ineligible for benefits because the condition is unrelated to military status and duty.
5. DoDI 6000.11, Patient Movement (PM), May 4, 2012
<http://www.dtic.mil/whs/directives/corres/pdf/600011p.pdf>
This Instruction establishes policy, define roles, and assign responsibilities for implementation of the DoD global PM mission.

6. DoDI 6025.22, Assistive Technology (AT) for Wounded Service Members, September 9, 2008 <http://www.dtic.mil/whs/directives/corres/pdf/602522p.pdf> Establishes policy, defines terms, assigns responsibilities, and provides procedures for establishing AT programs within the Military Health System.
7. DoDI 6040.44, Lead DoD Component for the Physical Disability Board of Review (PDBR), June 2, 2009 <http://www.dtic.mil/whs/directives/corres/pdf/604044p.pdf> This Instruction establishes policy, assigns responsibilities, and provides instructions for PDBR operation and management; and establishes PDBR within the Office of the Secretary of Defense, as required by section 1554a of Title 10, United States Code.
8. Policy Guidance for the Disability Evaluation System and Establishment of Recurring Directive-Type Memoranda (DTM) (dated May 3, 2007)
<http://prhome.defense.gov/WWCTP/docs/May%203%20DES%20DTM%20small.pdf>
This DTM establishes updated DoD guidance for the overall management of DES.
9. Directive-Type Memoranda (DTM) on Standards for Determining Unfitness Due to Medical Impairment (Deployability) (dated December 19, 2007)
<http://prhome.defense.gov/WWCTP/docs/Deployability%20DTM%20sm.pdf>
This DTM provides supplemental and clarifying guidance on standards for determining unfitness due to medical impairment within DES.
10. Directive-Type Memorandum (DTM) on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Public Law (Pub. L.) 110-181) (dated March 13, 2008)
<http://prhome.defense.gov/WWCTP/docs/NDAA%2008%201%20PM%20small.pdf>
This DTM provides supplemental and clarifying guidance on implementing those disability-related provisions of the National Defense Authorization Act for Fiscal Year 2008 (Pub L. 110-181) which are time-sensitive and impact immediate decisions pertaining to the rating of conditions and the calculation of separation severance pay.
11. Policy Memorandum on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181) (dated October 14, 2008)
<http://prhome.defense.gov/WWCTP/docs/NDAA%2008%202%20PM%20sm.pdf>

This policy memorandum provides supplemental and clarifying guidance on implementing those disability-related provisions of the National Defense Authorization Act of 2008 (Pub L. 11 0-181), which are time-sensitive and impact immediate decisions pertaining to the rating of conditions and the operations of medical and physical evaluation boards.

12. Expedited DES Process for Members with Catastrophic Conditions and Combat-Related Causes (dated January 6, 2009)

[http://prhome.defense.gov/WWCTP/docs/Expedited%20DES%20\(Jan%206\)%20sm.pdf](http://prhome.defense.gov/WWCTP/docs/Expedited%20DES%20(Jan%206)%20sm.pdf)

This memorandum establishes policy that allows the Secretary concerned to expedite a member through DES.

13. Policy on Cross-Service Support, and Service Organization Role at Disability Evaluation System (DES) Pilot Locations, March 29, 2010

<http://prhome.defense.gov/WWCTP/docs/Cross->

[Service%20Support%20and%20VSO%20Memo%20Signed_032910.pdf](http://prhome.defense.gov/WWCTP/docs/Cross-Service%20Support%20and%20VSO%20Memo%20Signed_032910.pdf)

This memorandum provides additional guidance to the Military Departments on Service members needing DES processing at a sister-Service location participating in the DES Pilot.