UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 6 2010

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005 requires the Joint Medical Readiness Oversight Committee to prepare a comprehensive plan and submit an annual report by February 1 of each year on the health status and medical readiness of the members of the Armed Forces, and compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The final report, which is attached, took longer to coordinate than anticipated, and for this delay we offer our apologies; we are fully committed to delivering next year's report on time.

We developed this year's Comprehensive Medical Readiness Plan by including the remaining actions from last year's plan and adding new readiness actions mandated by the NDAA for FY 2009. Two actions are continuing from NDAA 2005, one remains from NDAA 2008, and three are new this year.

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

Sincerely,

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 6 20[illegible]

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

Dear Mr. Chairman:

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The Honorable John McCain
Ranking Member

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PERSONNEL AND
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JUL 6 2010

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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The Honorable Lindsey O. Graham
Ranking Member

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 6 2010

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

Dear Madam Chairwoman:

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The Honorable Joe Wilson
Ranking Member

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PERSONNEL AND
READINESS

JUL 6 2010

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005 requires the Joint Medical Readiness Oversight Committee to prepare a comprehensive plan and submit an annual report by February 1 of each year on the health status and medical readiness of the members of the Armed Forces, and compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The final report, which is attached, took longer to coordinate than anticipated, and for this delay we offer our apologies; we are fully committed to delivering next year's report on time.

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The Honorable Thad Cochran
Ranking Member

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PERSONNEL AND READINESS

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

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PERSONNEL AND
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JUL 6 2010

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2005 requires the Joint Medical Readiness Oversight Committee to prepare a comprehensive plan and submit an annual report by February 1 of each year on the health status and medical readiness of the members of the Armed Forces, and compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The final report, which is attached, took longer to coordinate than anticipated, and for this delay we offer our apologies; we are fully committed to delivering next year's report on time.

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The Honorable Jerry Lewis
Ranking Member

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JUL 6 2010

PERSONNEL AND READINESS

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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The Honorable C. W. Bill Young
Ranking Member

Joint Medical Readiness Oversight Committee

Annual Report to Congress On the Health Status and Medical Readiness of Members of the Armed Forces

June 2010

Clifford L. Stanley
Under Secretary of Defense (Personnel and Readiness)
Chair, Joint Medical Readiness Oversight Committee

TABLE of CONTENTS

Annual Report to Congress On the
Health Status and Medical Readiness of Members of the Armed Forces
June 2010

Background:

The 2005 Comprehensive Medical Readiness Plan (CMRP) was established with the goal of improving medical readiness throughout the Department of Defense (DoD) and enhancing Service member health status tracking before, during, and after military operations. The 2005 plan specifically addressed requirements of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (NDAA 05) and other legal requirements. DoD has updated the CMRP annually to reflect new requirements and completion of previous actions.

Action 1, National Defense Authorization Act for Fiscal Year 2005 (NDAA 05), Section 731(a) – Comprehensive Medical Readiness Plan Update

Requirement:

DoD will develop a comprehensive plan to improve medical readiness and tracking of health status throughout service in the Armed Forces, and to strengthen medical readiness and tracking before, during, and after deployment overseas.

Response:

This action is complete for 2009, but is an annual requirement. To maintain the currency of the Comprehensive Medical Readiness Plan, the Joint Medical Readiness Oversight Committee (JMROC) updated the plan. The JMROC approved the revised plan with concurrence or no comment. It includes not only the remaining and recurring actions from 2008, but also new requirements from the National Defense Authorization Act for Fiscal Year 2009 (NDAA 09) and the Supplemental Appropriation for 2009. The resulting plan yielded six actions, of which two are ongoing annual requirements and one is complete.

Action 2, NDAA 05, Section 731(c) – Annual Report on the Health Status and Medical Readiness of Members of the Armed Forces

Requirement:

The JMROC will prepare and submit a report annually to the Secretary of Defense and to the Senate and House Armed Services Committees (reviewed by veterans and military health advocacy organizations) on the health status and medical readiness of

members of the Armed Forces, including members of reserve components, based on the comprehensive plan and compliance with DoD policies on medical readiness tracking and health surveillance.

Response:

This action is complete for this year's report, but is an annual requirement. In addition to coordination within the Department of Defense, the 2010 report covering actions in 2009 was submitted to the following military health advocacy organizations:

- Air Force Association
- American Legion
- American Veterans (AMVETS)
- Army Gold Star Mothers
- Association of the United States Army
- Blinded Veterans Association
- Disabled American Veterans
- Enlisted Association of the National Guard of the United States
- Fleet Reserve Association
- Jewish War Veterans of the U.S.A.
- Marine Corps Association
- Marine Corps Reserve Association
- Military Officers Association of America
- Military Order of the Purple Heart
- National Association for Uniformed Services
- National Guard Association of the United States
- National Military Family Association
- Non-Commission Officers Association
- Paralyzed Veterans of America
- Reserve Enlisted Association
- Reserve Officers Association
- Veterans of Foreign Wars
- Veterans of Modern Warfare
- Vietnam Veterans of America

The Department of Veterans Affairs also received the report for review and comment.

Summary of Comments

No comments were received from any military health advocacy organizations for this report.

Action 3, NDAA 08, Section 1673 – Improvement of Medical Tracking System for Members of the Armed Forces Deployed Overseas

Requirement:

This section requires a protocol for the pre-deployment assessment and documentation of the cognitive (including memory) functioning of a member who is deployed outside the United States in order to facilitate the assessment of the post-deployment cognitive (including memory) functioning of the member. The protocol will include appropriate mechanisms to permit the differential diagnosis of traumatic brain injury in members returning from deployment in a combat zone. The section also requires conducting up to three pilot projects to evaluate various mechanisms for use in the protocol. One of the mechanisms to be so evaluated will be a computer-based assessment tool to include administration of computer-based neurocognitive assessment and pre-deployment assessments to establish a neurocognitive baseline for members of the Armed Forces for future treatment.

Response:

To leverage current knowledge and resources in support of our at-risk Service members, the Assistant Secretary of Defense for Health Affairs published interim guidance on May 28, 2008, directing the Military Departments to administer automated baseline neurocognitive assessments using the Automated Neuropsychological Assessment Metrics (ANAM) for testing of all Service members before deployment. As of November 30, 2009, DoD has completed more than 405,000 pre-deployment assessments on Service members.

However, there are tools other than ANAM that may perform this testing. To establish a scientific basis for the best instrument to use in our cognitive testing program, the Defense and Veterans Brain Injury Center will conduct a pilot study of automated neurocognitive tools. The study will compare five computerized instruments to validate automated test batteries against traditional neuropsychological tests. The pilot will commence in early 2010. The study will take 18–24 months to complete.

With respect to continued professional discussion regarding the validity of population-based post-deployment testing, DoD has completed two pilot studies that examined the utility of post-deployment assessments. Once the data and scientific summary reports from these pilot studies are analyzed and released, DoD will use the results to help inform the discussions on the validity and utility of population-based post-deployment testing and institutionalizing neurocognitive assessments within the DoD life-cycle assessment model. As a result, this action remains open.

Action 4, NDAA 09, Section 733 – DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

Requirement:

This section requires the Secretary of Defense to establish a task force to examine matters relating to prevention of suicide by members of the Armed Forces. Not later than 12 months after the date on which the members of the task force have been appointed, the task force shall submit a report containing recommendations regarding a comprehensive policy designed to prevent suicide in the Armed Forces.

Response:

DoD established this Task Force under the Defense Health Board, a chartered, federal advisory committee, which provides independent scientific advice to the Assistant Secretary of Defense for Health Affairs. Due to political changes, the Task Force was not appointed as soon as Congress intended. The members took their oaths on August 6, 2009, so the Department will not receive their report until one year later. The congressional language required DoD to develop a plan based on the recommendations of the task force and submit it to Congress not later than March 1, 2010. However, this date is not possible to meet because of Task Force timelines, so DoD will report to Congress documenting after receiving the task force's report. As a result, this action remains open.

Action 5, NDAA 09, Section 735 – Enhancement of Medical and Dental Readiness of Members of the Armed Forces

Requirement:

This section requires the expansion of availability of medical and dental services for Reserves assigned to units scheduled for deployment within 75 days of mobilization.

Response:

Medical and dental readiness has always been a high-priority for DoD and the Military Services. However, more frequent deployments with less advanced warning require Service members to maintain a constant state of readiness.

In the report submitted in October 2009, DoD reported tracking key elements of medical and dental readiness for the Active Component, the Selected Reserve, and the Coast Guard. Overall, individual medical readiness (IMR) status is determined by six defined and measurable elements of medical and dental readiness. These six elements are Periodic Health Assessment; No Deployment-Limiting Medical Conditions; Dental

Readiness; Immunization Status; Medical Readiness Laboratory Tests; and Individual Medical Equipment.

The rate of individual medical readiness has remained between 83 percent and 86 percent for the last three years. As of September 30, 2009, the Medical Ready rate for the total force was 86 percent, up by 2 percent from the previous year. However, the Medical Ready rate of both Active and Reserve Components is below the standard of 92 percent established by the Under Secretary of Defense for Personnel and Readiness. While the Active Component is demonstrating higher percentages, significant differences exist between different Services. DoD is identifying and implementing additional measures to assist the Active and Reserve Components to meet 2010 medical readiness standards. Areas of focus for improving readiness rates are (1) reducing delinquent annual health assessments, (2) reducing deployment-limiting medical conditions, (3) reducing the percentage of delinquent dental exams, and (4) reducing the percentage of non-deployable dental conditions.

To expand the availability of medical and dental services, DoD has implemented several programs that will ultimately bring the IMR status to within established readiness standards. For example, the Army Selected Reserve Dental Readiness System (ASDRS) enables the Army Reserve Component to provide dental examinations and readiness treatment to Army Selective Reservists outside alert status. In August 2008, the Army Dental Command implemented the Dental Demobilization Reset (DDR) program, targeting Army Reserve Component soldiers during the demobilization reset process. Soldiers not treated for identified dental readiness conditions during demobilization may also access dental care through the ASDRS initiative, traditional dental benefits, the TRICARE Dental Plan, or at a Department of Veterans Affairs dental facility. The Force Health Protection and Readiness' Reserve Health Readiness Program (RHRP) actively supports Army's medical and dental initiatives. In 2009, RHRP dental services were responsible for successfully converting over 8,500 soldiers to deployable status. To maximize the effectiveness of the ASDRS initiative, the Army Reserve Component Dental Surgeon proposed the establishment and funding of two medical/dental readiness days per soldier. The Army Reserve approved and funded the extra days starting in fiscal year 2009. The Army National Guard has approved.

Similarly, the Air Reserve Component (ARC), which includes the Air National Guard (ANG) and the Air Force Reserve, leverage the services provided by RHRP. In Fiscal Year 2009, the ANG sent 4,000 members to the RHRP for dental services, maintaining a dental readiness rate of 90%. The Air Force Reserve improved its overall dental readiness in one year from 85% to 90%. In addition, to improve dental capacity, the ARC is converting analog dental radiology equipment to digital systems. This effort will greatly increase the number of completed dental examinations during Unit Training Assemblies. Finally, the Air Force began to provide dental examinations and classifications to cover the ARC student population at military medical treatment facilities at installations with secondary training programs.

Action 6, Supplemental Appropriations for Fiscal Year 2009, Senate Report 111-020 – Neurocognitive Baseline Assessment

Requirement:

The Senate language identified that Neurocognitive Assessment Tests (NCATs) measure cognitive performance areas most likely affected by mild traumatic brain injury, including attention, judgment, memory, and thinking ability. It also noted that DoD chose the Automated Neurocognitive Assessment Metrics (ANAM) as the specific type of NCAT to test and record a Service member's cognitive performance prior to deployment. The Committee expressed the need to adapt the ANAM to a Web-based product. The Committee directed the Assistant Secretary of Defense for Health Affairs to report on the path forward for developing a Web-based tool for ANAM.

Response:

DoD is in the final phase of developing an automated, supported system to support the DoD NCAT tool. Beta tests of the product are underway and the completed product is set for release to the Services in 2011, depending on testing results. The system must support the interim NCAT tool (ANAM) as well as any other NCAT tool that DoD may select in the future based on evaluations to included the objective invited head-to-head evaluation of commercially available NCAT products.

The DoD system to support NCAT is being developed as a Web-enabled rather than Web-based tool, meaning it will not operate exclusively over the Web. The product will be Web accessible, which will provide the user downloading capability along with the ability to invoke the application over the Web. This will allow DoD to address some of the logistical challenges of interrupted connectivity within theater and address the need for obtaining precise measures of performance during testing. Intermittent Web connectivity would severely degrade test results. Any product that is completely Web-based will not provide functionality in a disconnected fashion and will present challenges in military operation. This product will operate independent of internet connectivity to maximize its use and improve test accuracy and performance. Until this system is available, a help desk assists healthcare providers in theater by providing requested baseline ANAM results to use in evaluating post-injury results.