Medical Response and Care
Overview

James E. Diggs
North Atlantic Medical Command

1 December 2008
<table>
<thead>
<tr>
<th>1. REPORT DATE</th>
<th>2. REPORT TYPE</th>
<th>3. DATES COVERED</th>
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<tr>
<td>DEC 2008</td>
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<tr>
<th>4. TITLE AND SUBTITLE</th>
<th>5a. CONTRACT NUMBER</th>
<th>8. PERFORMING ORGANIZATION REPORT NUMBER</th>
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<th>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</th>
<th>5c. PROGRAM ELEMENT NUMBER</th>
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<td>North Atlantic Regional Medical Command Washington, DC</td>
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<th>9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)</th>
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12. DISTRIBUTION/AVAILABILITY STATEMENT
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13. SUPPLEMENTARY NOTES

14. ABSTRACT

15. SUBJECT TERMS

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19a. NAME OF RESPONSIBLE PERSON

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std Z39-18
“In his second inaugural address President Lincoln clearly established our collective national responsibility to our soldiers and families. "To care for him who shall have borne the battle and for his widow and his orphans." The remarkable men and women of our all volunteer force supported by their dedicated families are a national treasure and will be cared for accordingly. Our nation recognizes that our soldiers and families deserve a quality of care and a quality of life commensurate with the magnificent service they rendered to the American people. I want to renew my personal commitment to ensure these standards are met and maintained for our soldiers, civilians and families.”

General George W. Casey, Chief of Staff

“Apart from the War itself, there is no higher priority!”

General Richard A. Cody, 31st Army Vice Chief of Staff
Our Vision: America’s Premier Medical Team Saving Lives and Fostering Health and Resilient People. Army Medicine…Army Strong!

Mission
- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

Strategic Themes
- Maximize Value in Health Services
- Provide Global Operational Forces
- Build the Team
- Balance Innovation with Standardization
- Optimize Communication and Knowledge Management

Strategic Performance
Enablers
- Performance Based Adjustment Model (PBAM)
- Human Capital Strategy
- AMAP Institutionalization
- AMEDD-Sponsored Middleware
Army Medicine Strategy Map

**April 2008**

**Army Medicine Strategy Map**
**Mission**
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**Vision**
America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People
Army Medicine...Army Strong!

**Strategic Themes**
- Maximize Value in Health Services
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**SUSTAIN**

**PREPARE**

**RESET**

**TRANSFORM**

**ENDS**
Patient/Customer/Stakeholder

- CS 1.0 Improved Healthy and Protected Families, Beneficiaries and Army Civilians
- CS 2.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors
- CS 3.0 Improved Healthy and Protected Warriors
- CS 4.0 Responsive Battlefield Medical Force
- CS 5.0 Improved Patient and Customer Satisfaction
- CS 6.0 Inspire Trust in Army Medicine

**WAYS**
Internal Process

- IP 1.0 Implement Best Practices
- IP 2.0 Optimize Medical Readiness
- IP 3.0 Maximize Physical and Psychological Health Promotion and Prevention
- IP 4.0 Improve Quality, Outcome-Focused Care and Services
- IP 5.0 Improve Access and Continuity of Care
- IP 6.0 Improve Patient and Customer Satisfaction
- IP 7.0 Leverage Medical Information Systems
- IP 8.0 Implement Relationships and Enhance Partnerships
- IP 9.0 Implement Best Practices
- IP 10.0 Implement and External Communication
- IP 11.0 Improve Medical Readiness
- IP 12.0 Optimize Medical Readiness
- IP 13.0 Improve Medical Readiness
- IP 14.0 Implement Medical Readiness
- IP 15.0 Leverage Medical Readiness
- IP 16.0 Synchronize Medical Readiness

**LEARNING AND GROWTH**

- LG 17.0 Improve Recruiting and Retention of AMEDD Personnel
- LG 18.0 Optimize Training and Development
- LG 19.0 Promote and Foster a Culture of Innovation
- LG 20.0 Optimize Knowledge Management

**MEANS**
Resource

- R 21.0 Optimize Resources and Value
- R 22.0 Optimize Lifecycle Management of Facilities and Infrastructure
- R 23.0 Optimize Human Capital

**In Support of**

- The Army Family Covenant

**Feedback Adjusts Resourcing Decisions**

For more information go to: https://ke2.army.mil/bsc

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**This is a dynamic, living document**
**Beneficiaries**

546K Active Duty (AD)
814K Family Members (FM) (AD)
214K Dependent Survivor
180K Eligible NG/R
264K Family Members of NG/R
714K Retired
825K FM Retired
145K Other
3702M Total

**TDA Facilities**

- 9 Medical Centers
- 16 Army Community Hospitals
- 5 Army Health Centers
- 8 Army Health Clinics (supporting an installation)
- 73 Army Health Clinics
- 47 Army Troop Medical Clinics
- 18 Army Occupational Health Clinics
- 124 Dental Clinics
- 96 Veterinary Clinics
- 31 Research and Development Laboratories
- 32 Prevention Facilities

459 Total

**AMEDD Personnel**

(Compo 1, 2 & 3)

- 3,769 Medical Corps Officers
- 827 Dental Corps Officers
- 8,284 Other Officers
- 33,558 Enlisted
- 34,900 Civilian
- 81,338 Total AC
- 45,859 Total NG/RC
- 127,197 Total AC/NG/RC

**OTSG/MEDCOM Personnel**

(Compo 1, 2 & 3)

- 23,466 Military (WTU’s ADD 13k)
- 33,339 Civilians
- 9000 Contractors
- 120 RC Augmentation
- 65,925

**TOE Units**

- Active/Reserve
  - 10 / 19 Combat Spt Hosp (CSH)
  - 16 / 22 FWD Surg Tm (FSTs)
  - 91 / 0 Other Active Units
  - 0 / 47 Other Army NG Units
  - 0 / 140 Other Army AR Units
  - 117/47/181 AC/NG/AR

**Deployable Units**

(345 Total)

**MEDCOM Installations**

Walter Reed
Fort Detrick

**Daily Expenditures (Mil)**

- $24.01 DHP Direct Care
- $ 0.10 DHP Private Sector Care
- $ 2.72 Army
- $ 0.50 DoD
- $27.33 Total

As of 20 Aug 2008
Average Day in MEDCOM

**Outpatient Care**
- 59,921 Clinic visits
- 63 Births
- 52,479 Laboratory Procedures
- 53,329 Out Patient Pharmacy Prescriptions
- 6,340 Radiology Procedures
- 5,420 Immunizations

**Inpatient Care**
- 1,278 Beds Occupied
- 389 Patients Admitted

**Dental**
- 23,361 Procedures

**Veterinary Services**
- 2,090 Veterinary Outpatient Visits
- $23.2 Million of Food Inspected

**Soldiers Deploying**
- 1,096 Soldiers Deployed

As of 7 Sep 08
ARMY OIF/OEF SOLDIER EVACUATIONS 07 OCT 01 – 08 SEP 08

Total To CONUS: 25,621 from OIF: 23,158, OEF: 2,463

Total AOR Evacs: 41,826

OEF EVACS: 6,044

OIF EVACS: 35,782

<table>
<thead>
<tr>
<th>EVAC FROM AOR BREAKOUT IN/OUT</th>
<th>EVAC FROM AOR BREAKOUT BI/DNBI</th>
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<tr>
<td>Inpatients</td>
<td>Outpatients</td>
</tr>
<tr>
<td>Total</td>
<td>11,852</td>
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<tr>
<td>Combined %</td>
<td>3%</td>
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Sources: TRAC2ES, JPTA, PARRTS  DSN 761-1833
Rapid R&D and application of lessons learned led to improvements in:

- **Equipment** - Personal Protective Equipment: Body Armor
- **Battlefield tactics, techniques, and procedures** - Rapid Evacuation
- **Doctrine** - Far forward Resuscitative Surgical Care
- **Training** - Enhanced Trauma Skills of the Combat Medic and Corpsman
Transforming For Success

Footprint = % Personnel Assets in Theater

- Combat Service Support (Less Medical)
- Medical
- Combat
- Combat Support
- Other

<table>
<thead>
<tr>
<th>Component</th>
<th>OIF²</th>
<th>OEF¹</th>
<th>DS/DS</th>
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<tr>
<td>Survivability</td>
<td>89.6%</td>
<td>87.1%</td>
<td>78.3%</td>
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<tr>
<td>DNBI³</td>
<td>.234</td>
<td>.302</td>
<td>.392</td>
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<tr>
<td>Combat Support</td>
<td>27%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Medical</td>
<td>3%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Combat</td>
<td>46%</td>
<td>35%</td>
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<tr>
<td>Combat Service Support (Less Medical)</td>
<td>5%</td>
<td>14%</td>
<td>16%</td>
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<tr>
<td>Other</td>
<td>2%</td>
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Status of Army Hospitals

1988
14 OCONUS
35 CONUS
49 U.S. Army Hospitals

48% reduction in
Last 2 Decades

1995
6 OCONUS
31 CONUS
37 U.S. Army Hospitals

2008
3 OCONUS
21 CONUS
24 U.S. Army Hospitals
Returning Warriors to the Line

Data source: MODS, October 2001—3 March 2008
POC: Dr. Michael J. Carino, OTSG

1.6% Medically Separated
0.9% Returned to the Force

88% are Corporal to Sergeant First Class

2 Brigades a year Back to the Force!
Soldier’s Health In The News

• *Journal of the American Medical Association* (March 1, 2006)
  
  – “The prevalence of reporting a mental health problem was 19.1% among service members returning from Iraq compared with 11.3% after returning from Afghanistan…”

  – 35% of Iraq war veterans accessed mental health services in the year after returning home; 12% were diagnosed with a mental health problem.”
AC/RC Rebalance
Army Modularity
Global Defense Posture and Realignment (GDPR) (50k)
BRAC
OIF/OEF
Grow The Army
Reset/Modernization
Business Transformation

All of which have an impact on Medical Operations!
Realign – In-patient medical services from Wilford Hall Med Ctr (Lackland AFB) to Brooke Army Med Ctr (Ft Sam Houston) and establish the San Antonio Military Med Center (SAMMC)

– Wilford Hall Med Ctr becomes Ambulatory Care Center
BRAC Impact – Fort Sam Houston
Medical Education Training Campus (METC)

Med Education and Training Realignments:
Sheppard AFB, TX, Great Lakes, IL, San Diego, CA & Portsmouth, VA

HQ Realignments:
IMCOM, F&MWRC, AFLO, AEC, NETCOM, and ACA

Army Modular Force Moves:
• Fifth Army
• Sixth Army
• 470th MI BDE
• MEDCOM Band

MISC Army Units:
ACA, AAA, and CHPPM

Local BRAC Moves within San Antonio Area:
• Wilford Hall Med Ctr In-Patient Care to Brooke Army Med Ctr
• Armed Forces Reserve Center
• Med Research (Brooks City Base)
AMEDD Senior NCO Summit - Warriors and Families First!

BRAC Impact – National Capital Region
Walter Reed National Military Medical Center

Walter Reed National Military Medical Center, Bethesda, MD
National Naval Medical Center, Bethesda, MD
Walter Reed Army Medical Center, WDC
DeWitt Community Hospital, Ft. Belvoir, VA
And some may ask why we do it...

Where do we find such men,

That with everything to live for;

They still step forward into evil,

Seek safety.

May God bless them for answering their nation’s call to serve.

SGM Yerry (Delta Force) lost his leg to enemy machine gun fire in Sep ’05.

After 5 months at Walter Reed, he was returned to duty.

He is currently deployed.

The DA AMAP website: 
https://www.us.army.mil/suite/page/400750
DA EXORD, FRAGOIs are posted as well as "AMAP Policies and procedures."

MEDCOM AMAP website: 
https://www.us.army.mil/suite/page/407622
MEDCOM OPORDS, AMAP related ALARACTS are posted here

The Warrior Transition Office’s (WTO) website: 
https://www.us.army.mil/suite/page/328110
WTU best practices, training modules, contact info SAV info