Medical Response and Care Overview

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North Atlantic Medical Command

1 December 2008

Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
DEC 2008	**N/A**	**-**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
Medical Response and Care Overview	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **North Atlantic Regional Medical Command Washington, DC**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release, distribution unlimited

13. SUPPLEMENTARY NOTES
See also ADM002187. Proceedings of the Army Science Conference (26th) Held in Orlando, Florida on 1-4 December 2008, The original document contains color images.

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			
unclassified	**unclassified**	**unclassified**	**UU**	**18**	

Military Medicine

"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

MEDCOM Mission & Areas of Emphasis

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

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

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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- Build the Team
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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

In Support of

- IP 7.0 Maximize Physical and Psychological Health Promotion and Prevention
- IP 8.0 Improve Quality, Outcome-Focused Care and Services
- IP 9.0 Improve Access and Continuity of Care

The Army Family Covenant

- IP 10.0 Optimize Medical Readiness
- IP 11.0 Improve Information Systems
- IP 12.0 Implement Best Practices
- IP 13.0 Build Relationships and Enhance Partnerships
- IP 14.0 Improve Internal and External Communication
- IP 15.0 Leverage Research, Development and Acquisition
- IP 16.0 Synchronize Army Medicine to Support Army Stationing & BRAC

MEANS — Learning and Growth

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

MEANS — Resource

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

Feedback Adjusts Resourcing Decisions

This is a dynamic, living document

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

AMEDD Senior NCO Summit - Warriors and Families First!

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

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	

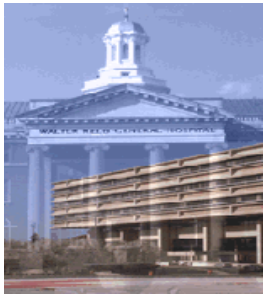
TOE Units

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)

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

MEDCOM Installations

Walter Reed
Fort Detrick

Daily Expenditures (Mil)

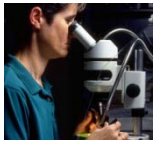
$24.01	DHP Direct Care
$ 0.10	DHP Private Sector Care
$ 2.72	Army
$ 0.50	DoD
$27.33	Total

As of 20 Aug 2008

Average Day in MEDCOM

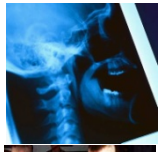
Outpatient Care
59,921 Clinic visits

63 Births

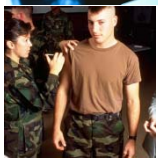


52,479 Laboratory Procedures

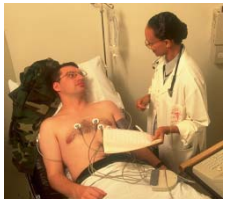
53,329 Out Patient Pharmacy Prescriptions



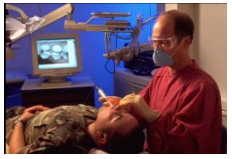
6,340 Radiology Procedures



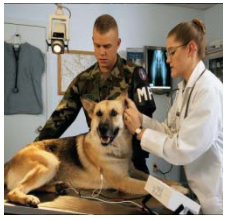
5,420 Immunizations



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

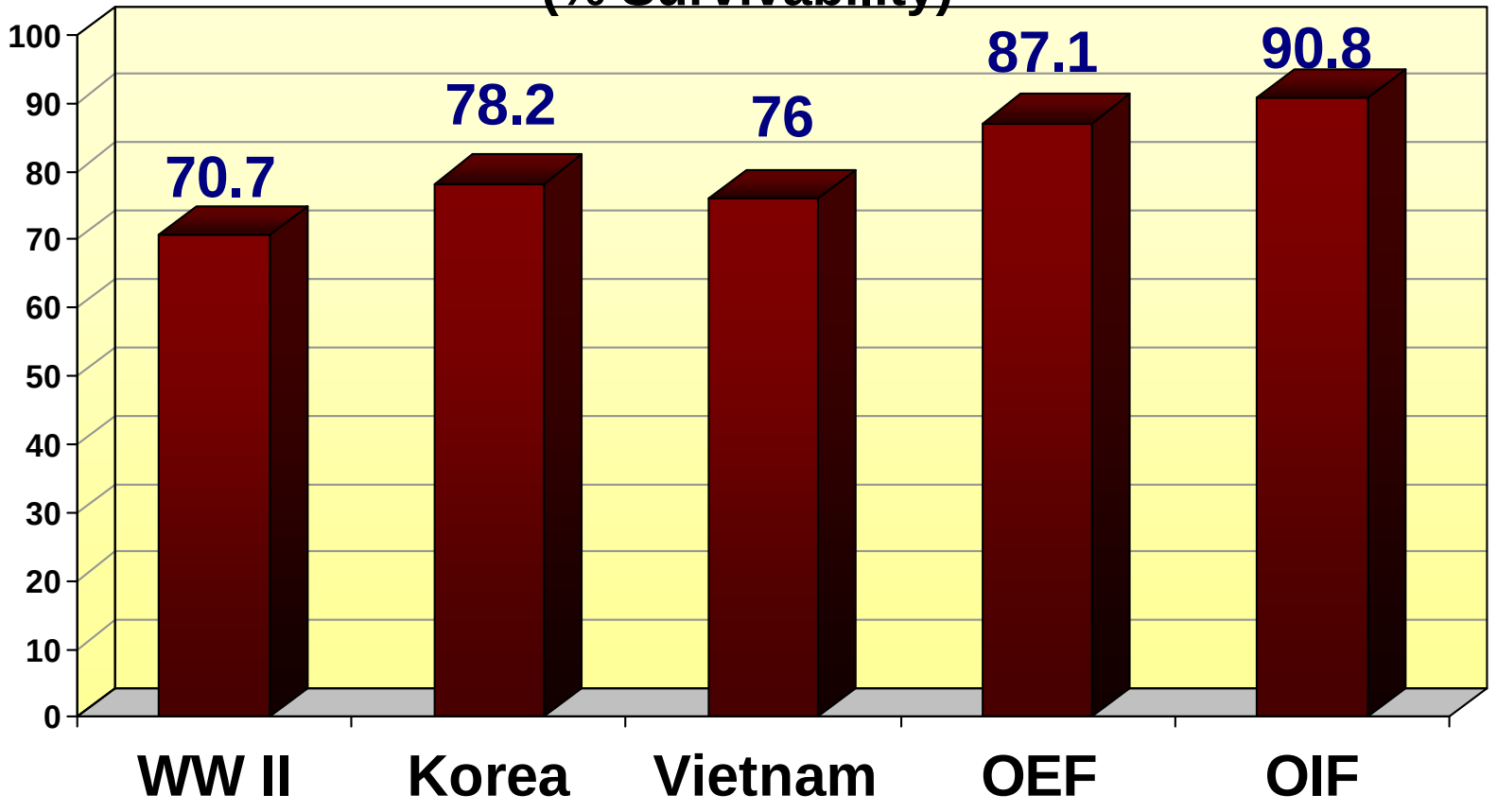
EVAC FROM AOR BREAKOUT IN/OUT

	Inpatients	Outpatients	Total
Total	11,852	29,974	41,826
Combined %	3%	71%	100%

EVAC FROM AOR BREAKOUT BI/DNBI

	BI	NBI	DIS	Total
Total	7,084	9,946	24,796	41,826
Combined %	17%	24%	59%	100%

Advancements in Trauma Care



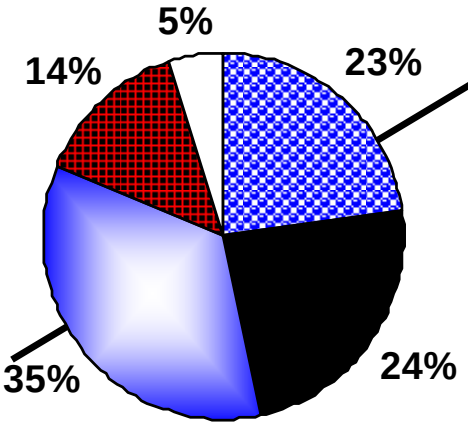
Rapid R&D and application of lessons learned led to improvements in:

- **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**

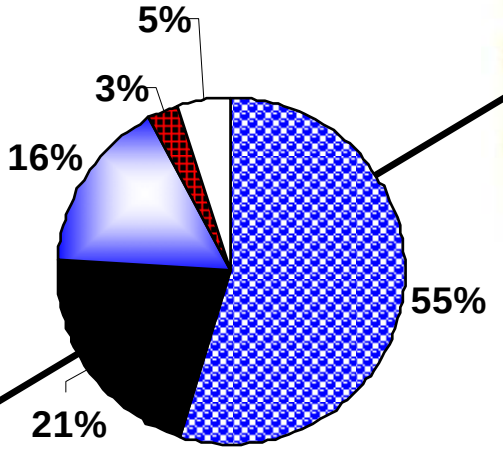
Transforming For Success

Footprint= % Personnel Assets in Theater

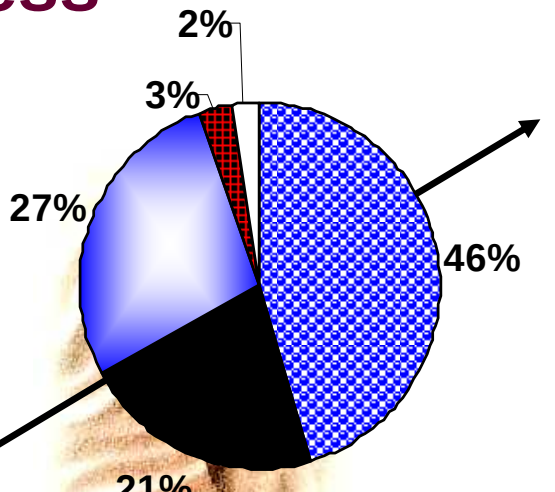
- Combat Service Support (Less Medical)
- Medical
- Combat
- Combat Support
- Other



DS/DS
DNBI[3] = .392
Survivability[4] = 78.3%



OEF[1]
DNBI[3] = .302
Survivability[4] = 87.1%



OIF[2]
DNBI[3] = .234
Survivability[4] = 89.6%

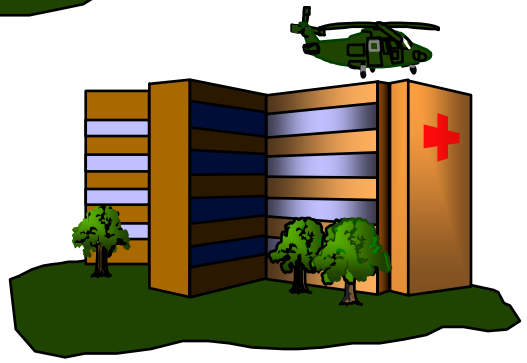
Status of Army Hospitals

1988

14 OCONUS
35 CONUS
49 U.S. Army Hospitals

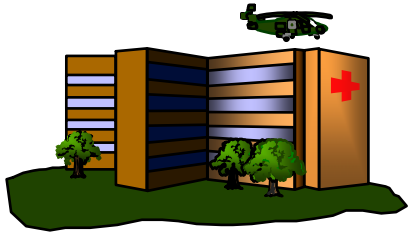
48% reduction in

Last 2 Decades



1995

6 OCONUS
31 CONUS
37 U.S. Army Hospitals

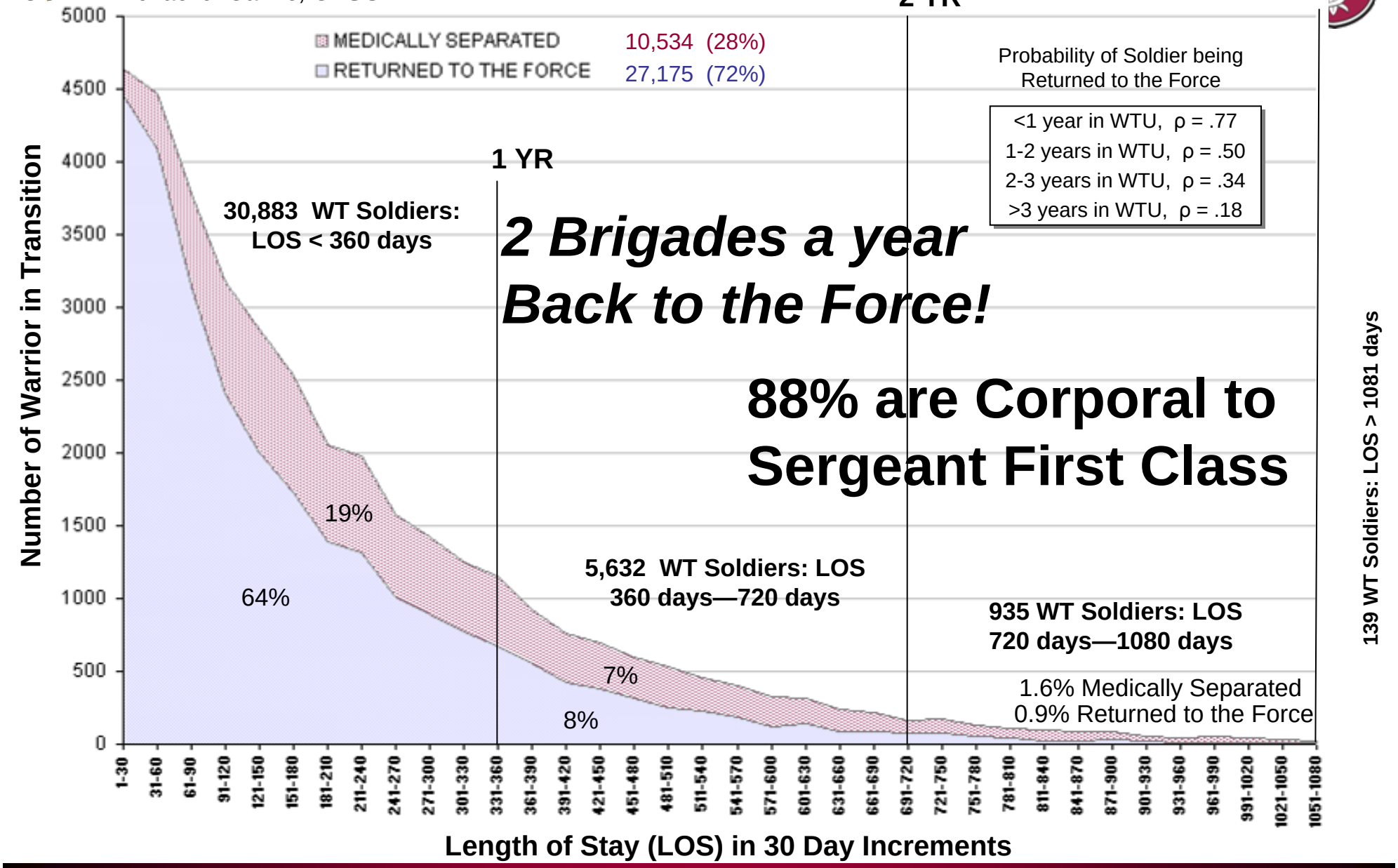


2008

3 OCONUS
21 CONUS
24 U.S. Army Hospitals

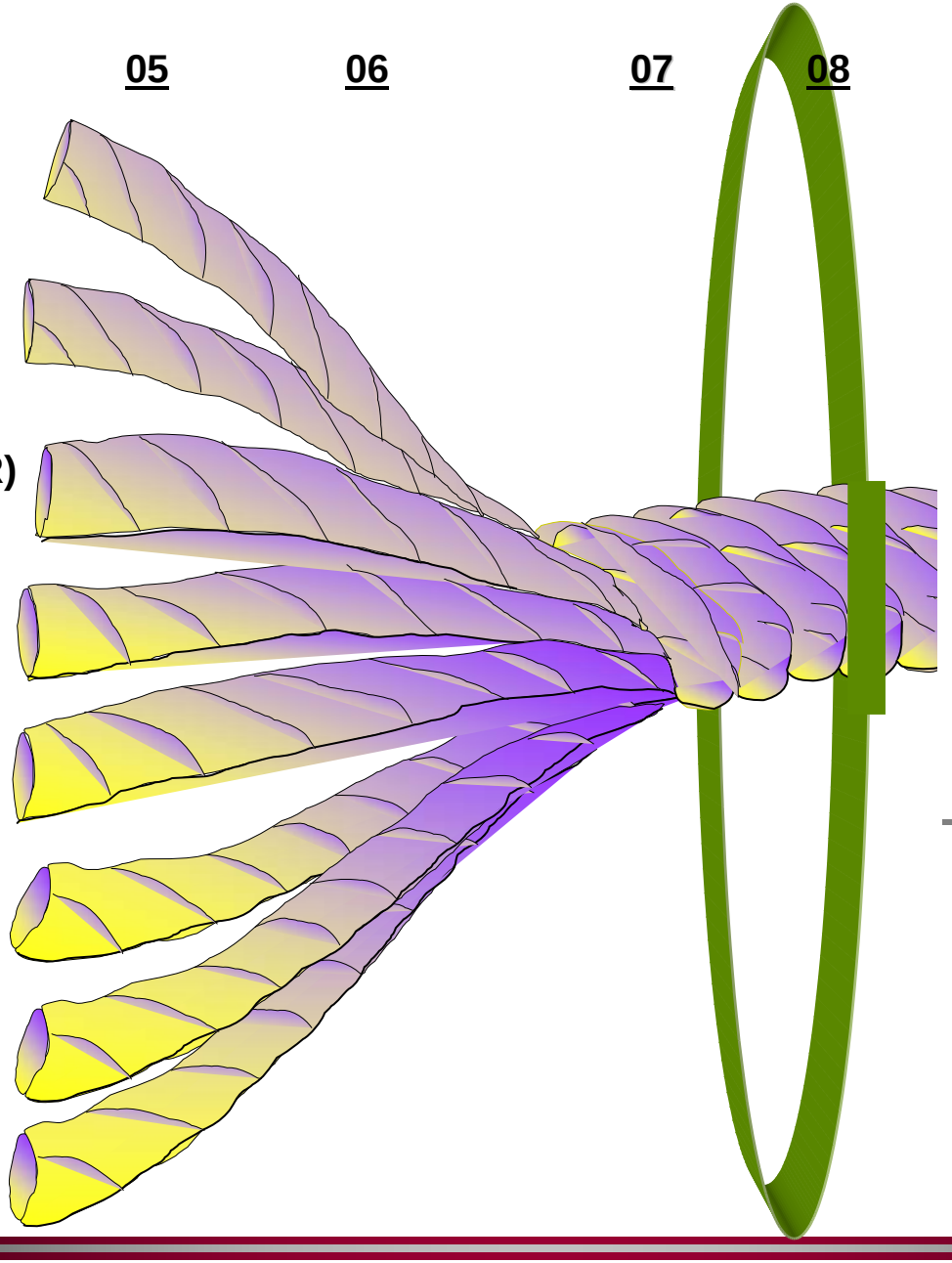
Returning Warriors to the Line !

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



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."

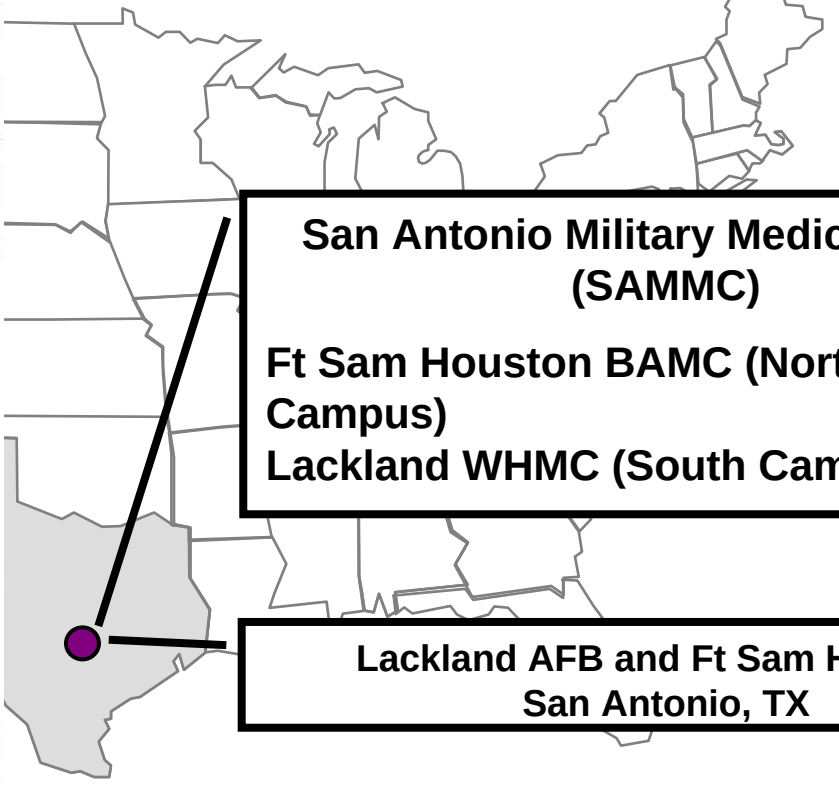


All of which have an impact on Medical Operations!

BRAC Impact – BAMC
San Antonio Military Medical Center

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



San Antonio Military Medical Center (SAMMC)

Ft Sam Houston BAMC (North Campus)
Lackland WHMC (South Campus)

Lackland AFB and Ft Sam Houston
San Antonio, TX

BRAC Impact – Fort Sam Houston

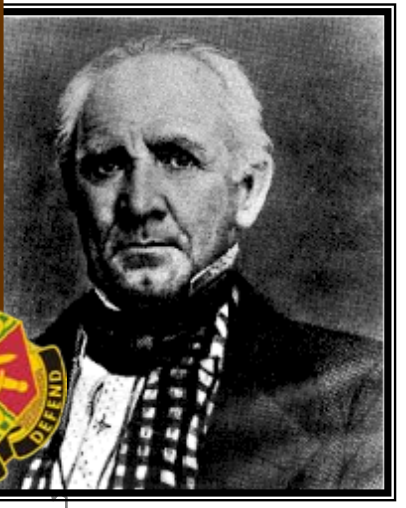
Medical Education Training Campus (METC)

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)**

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

QUESTIONS/COMMENTS

- **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, FRAGOs 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

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,

While others equally capable,

Seek safety.

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


Questions ?
"Soldier Medic"