



## THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

### MEMORANDUM FOR DEFENSE HEALTH BOARD

SUBJECT: Response to Defense Health Board Recommendation for Tactical Evacuation Care Improvements within the Department of Defense

I would like to extend my appreciation to the Defense Health Board (DHB) for its continued efforts to provide the Department with constructive recommendations to help maximize the health, safety, and effectiveness of the U.S. Armed Forces. As the Department continually seeks to identify opportunities to improve tactical evacuation (TACEVAC) care in theater, I would specifically like to address a number of concerns regarding the Board's recent recommendations released on August 8, 2011.

The DHB recommended that the Department of Defense (DoD) emulate the United Kingdom's Medical Emergency Response Team (MERT) in developing a pilot program to determine if this expanded capability should have a wider application in the DoD medical evacuation system. However, DoD lacks such data as documentation comparing casualty outcomes across the MERT, PEDRO, and DUSTOFF platforms to support piloting of this capability. Implementation of a pilot would require the use of high-value U.S. government assets. Before consideration of such a measure, data must demonstrate that the MERT platform contributes to significantly better casualty outcomes relative to current U.S. platforms. Additionally, an analysis of casualty outcomes comparing different provider skill levels is required in order to determine the optimal model for TACEVAC platform staffing.

In order to consider these recommendations for potential implementation, additional data, when available, are needed, including the following: 1) defining the capability, composition, indications for use, and gaps in the current capabilities of the MERT platform; 2) defining how the MERT would be employed; 3) its added value to enhance care; and 4) clinical outcome data, beginning with the time of injury, manpower issues in relation to training requirements, ability of the current workforce to meet staffing needs and the impact on other aspects of the system as a result of the new mission requirements. The MERT represents a mature pilot that is already in place. I urge the Combat Casualty Care community to leverage this opportunity and develop a study with the appropriate academic rigor to validate this platform.

As many Board members acknowledged in the DHB meeting held on June 14, 2011, resource limitations present considerable challenges for the immediate implementation of all of the changes advised by the Board. The Department will continue to ensure that necessary improvements are made to U.S. TACEVAC operations, when validated and where practicable.

I welcome definitive evidence that would assist the Department in meeting its critical objective to improve TACEVAC care in theater. Fostering collaborations and leveraging resources within the Department would ensure the delivery of evidence required for resource allocations and decisions vital to achieving optimized military capabilities. Thank you for your service and interest in the health of our Armed Forces.



Jonathan Woodson, M.D.