



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

SEP 9 2011

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

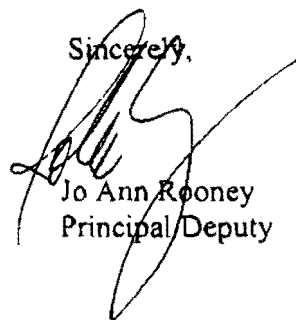
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

SEP 9 2011

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

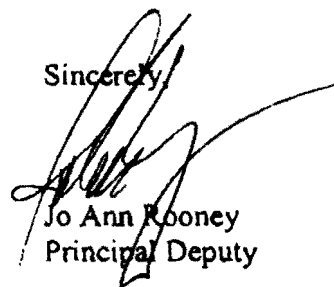
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Lindsey Graham
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

SEP 9 2011

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

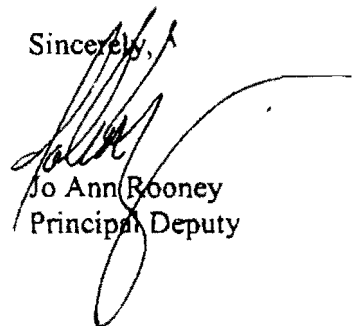
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

SEP 9 2011

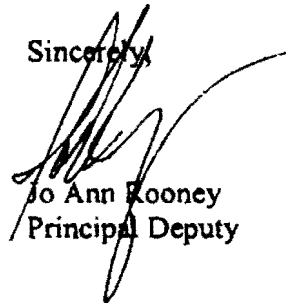
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

SEP 9 2011

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

Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Jo Ann Rooney", with a long, sweeping flourish extending to the right.

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

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

SEP 9 2011

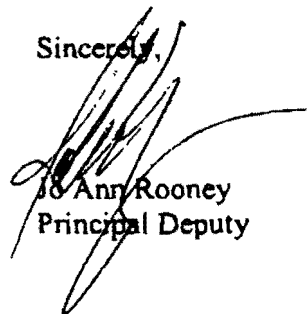
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

SEP 9 2011

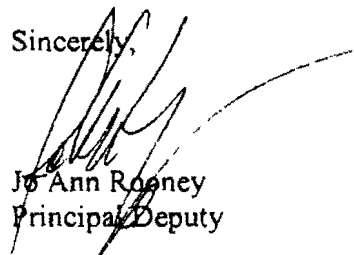
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

SEP 9 2011

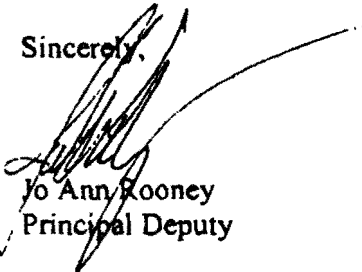
Dear Mr. Chairman:

This letter is in response to language on page 336 of House Report 111-166 to accompany H.R. 2647, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which requested the Secretary of Defense (SecDef) develop and implement a comprehensive policy for the prevention, diagnosis, mitigation, treatment, and rehabilitation of arthritis, and to submit a report on this program within one year after the date of enactment of the NDAA for FY 2010. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

The Department has signed and implemented a policy on comprehensive arthritis management (enclosed). The memo (11-007), dated May 6, 2011, describing this policy is also available on the Military Health System Web site at http://www.health.mil/libraries/HA_policies_and_guidelines/11-007.pdf. This letter will serve as the final report to Congress and is hereby submitted as requested. A similar letter has been sent to the Chairmen of the other congressional defense committees.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,



Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

MAY 6 2011

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
COMMANDER, JOINT TASK FORCE NATIONAL CAPITAL
REGION - MEDICAL

SUBJECT: Memorandum for Comprehensive Arthritis Management

Reference: House Armed Services Committee Report 111-166, Page 336

Health Affairs Policy for Comprehensive Arthritis Management

ARTHRITIS PREVENTION

Arthritis is the most common cause of disability in the United States, limiting the activities of nearly 19 million adults, according to the Center for Disease Control and Prevention. Based on 2003-2005 data from the National Health Interview Survey, an estimated 46 million Americans (22% of adults) have self-reported doctor-diagnosed arthritis and 19 million (9% of all adults) have arthritis and arthritis-attributable activity limitation.

The study, "Arthritis prevalence and symptoms among US non-veterans, veterans, and veterans receiving Department of Veterans Affairs health care," published in the February 2006 edition of the Journal of Rheumatology, indicates that U.S. veterans are more likely to report physician-diagnosed arthritis than the general population and that arthritis represents a significant health problem among veterans. The study also alludes to the fact that "military service-related overuse and injuries may be one contributing factor, particularly related to veterans' risk for osteoarthritis."

The Uniformed Services University of the Health Sciences Consortium for Health and Military Performance has been conducting research on the relationship between injuries and the subsequent development of osteoarthritis in Active Duty Service members. Its ongoing research on injury prevention may lead to a reduction in the incidence of arthritis in the future. The Army's Military Operational Medicine Research Program (MOMRP) provides biomedical solutions that protect soldiers and enhance their performance in operational and training environments that include multiple stressors. MOMRP's Bone Health and Military Medical Readiness Program is a research program to develop strategies to improve the bone health of men and women in the military. The focus of this program is to enhance military readiness by reducing the incidence of stress fracture during intense physical training and reduce the risk of osteoporosis and other bone disorders, such as osteoarthritis later in life. These programs and others should continue to conduct research to further elucidate the relationship between arthritis

HA - POLICY

11-007

and the stress placed on joints during military training and military combat operations, and to develop recommendations for the prevention of stress-related bone disorders, to include arthritis.

Should the results of the above research confirm a direct cause and effect relationship between overuse injuries and an increased risk of developing osteoarthritis, intensive educational and preventive measures will need to be implemented in an effort to reduce the occurrence of these types of injuries. Health care providers will need to educate Active Duty members on this association, and provide them with assistance in avoiding injury and/or early identification and treatment of injury once it occurs. Widespread deployment of the Patient Centered Medical Home (PCMH) across all of the Department of Defense's (DoD) primary care venues will facilitate access to primary care for Active Duty members and provide continuity of care for primary prevention and follow-up of identified injuries.

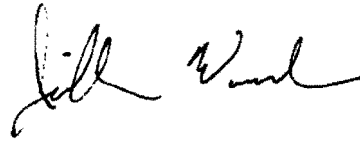
ARTHRITIS DIAGNOSIS, MITIGATION, TREATMENT AND REHABILITATION

DoD has committed extensive effort to designing, implementing, and evaluating evidence-based clinical practice guidelines (CPGs) as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1998, the Department of Veterans Affairs (VA) and DoD have worked together to both devise new guidelines and adapt nationally and internationally recognized CPGs to meet the requirements of the military and veterans health care systems. Over 20 guidelines have been developed to date. The VA/DoD evidence-based working group has examined the need for a CPG in the area of osteoarthritis. The CPG for Degenerative Joint Disease is included in its work plan for Fiscal Year 2011. The Services are requested to widely disseminate, educate on, and encourage use of any guidelines this working group may develop and adopt. These and all other active CPGs should be incorporated and integrated into future developments of DoD electronic health records as well.

The etiology of arthritic disease is not fully known and diagnosis can be difficult. Furthermore, arthritic disease can affect the physical and emotional aspects of the individual, as well as the family and community. There is no simple solution to this complex problem. Thus, the treatment and rehabilitation needs to be interdisciplinary and multimodal in its approach. The use of all modalities, which are proven safe and effective, should be considered for inclusion in an individualized arthritis management plan of care.

DoD has already dedicated itself to the implementation of PCMHs across our primary care venues. Part of a PCMH is care coordination and/or integration across the patient's community, which includes family. The Services are requested to include programs of patient education for members suffering from arthritis and their families in their PCMHs and all other clinics that treat patients for arthritis.

Updates to this policy will be published, if required, to reflect significant advances from ongoing research in the field of arthritis management. Questions may be directed to the Deputy Chief Medical Officer, Office of the Chief Medical Officer, TRICARE Management Activity, Falls Church, Virginia, (703) 681-0064.

A handwritten signature in black ink, appearing to read "Jonathan Woodson". The signature is fluid and cursive, with the first name "Jonathan" and last name "Woodson" clearly distinguishable.

Jonathan Woodson, M.D.

cc:

Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon