

United States Special Operations Command

Office of the Command Surgeon



(U) SOCOM Surgeon Update For Warrior Care Program Conference

USSOCOM Command Surgeon:

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Briefer:

LTC Gabrielle Caldara

Date: 11 APR 24



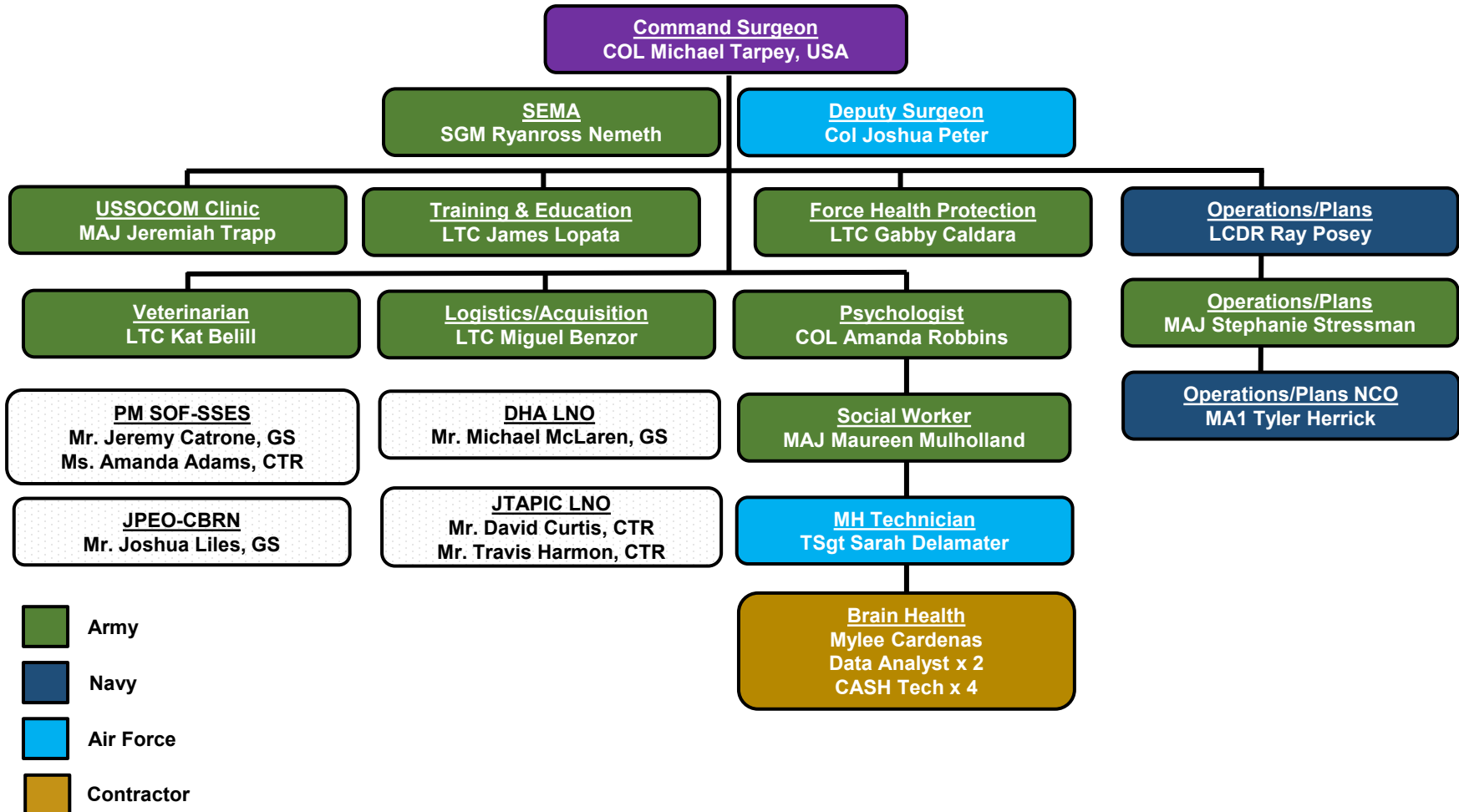
(U) Command Surgeon

- **Mission: Provide guidance, oversight, and influence across the SOF Enterprise to champion the advancement of SOF Military Medicine.**
- **Key Tasks:**
 - Increase survivability and preserve lethality
 - Develop doctrine to educate and empower SOF medicine
 - Promote and protect SOF professionals through medical advancements (SOF Health for Life)
 - Influence and inform medical innovation
 - Synchronize integrated and partnered health service support
- **Endstate: Ensure an interoperable, responsive, and impactful SOF medical enterprise to support the unique capabilities provided by USSOCOM through collaboration and innovation at the institutional and operational levels.**



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(U) Task Organization





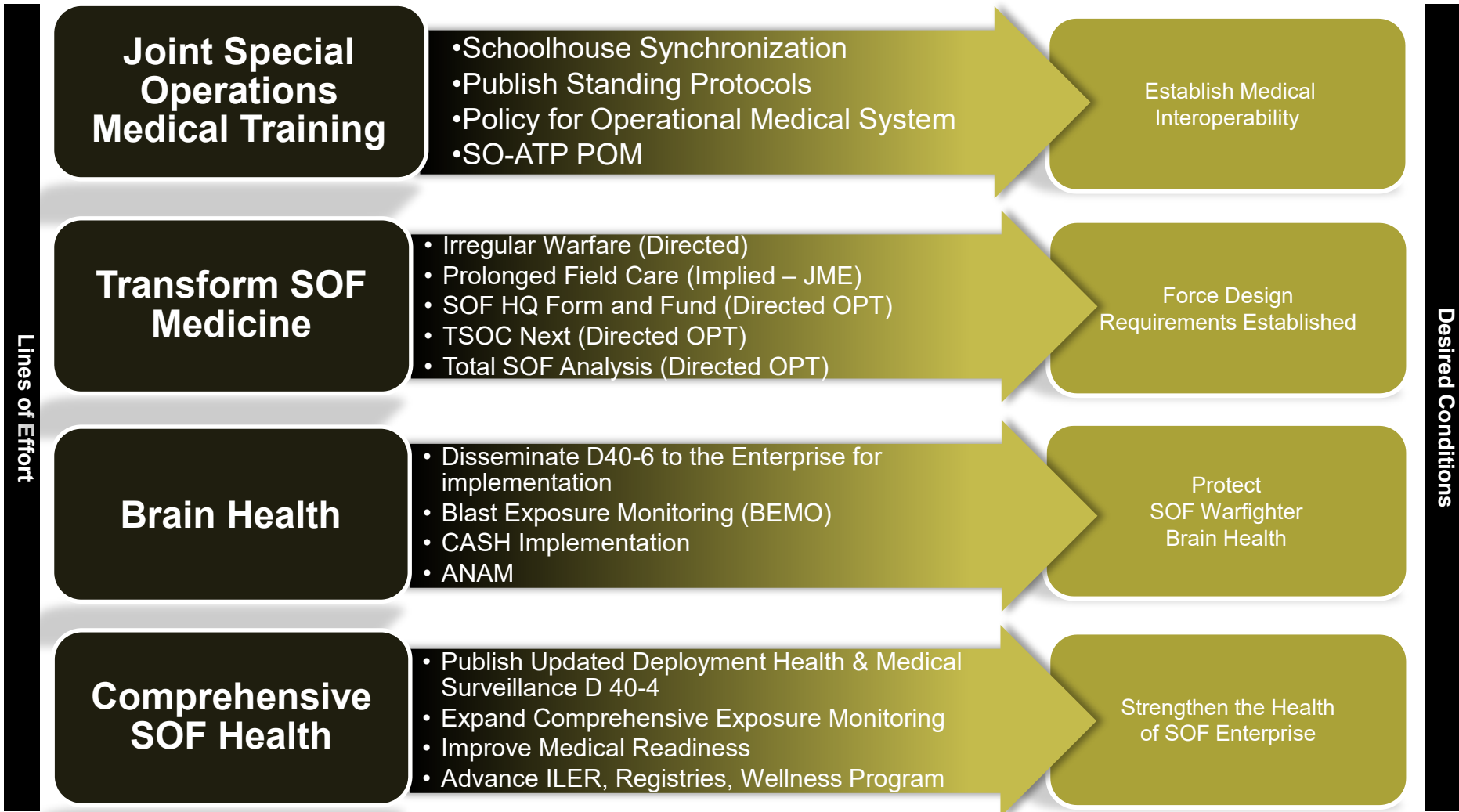
(U) Surgeon Priorities

- **WIN: Establish Joint Special Operations Medical Training**
- **TRANSFORM: Force Design Requirements established by enduring medical capability and capacity ISO Irregular Warfare (IW)**
- **PEOPLE: Protect SOF Warfighter Brain Health**
- **PEOPLE: Strengthen the Health of the SOF Enterprise**



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(U) Surgeon Priorities





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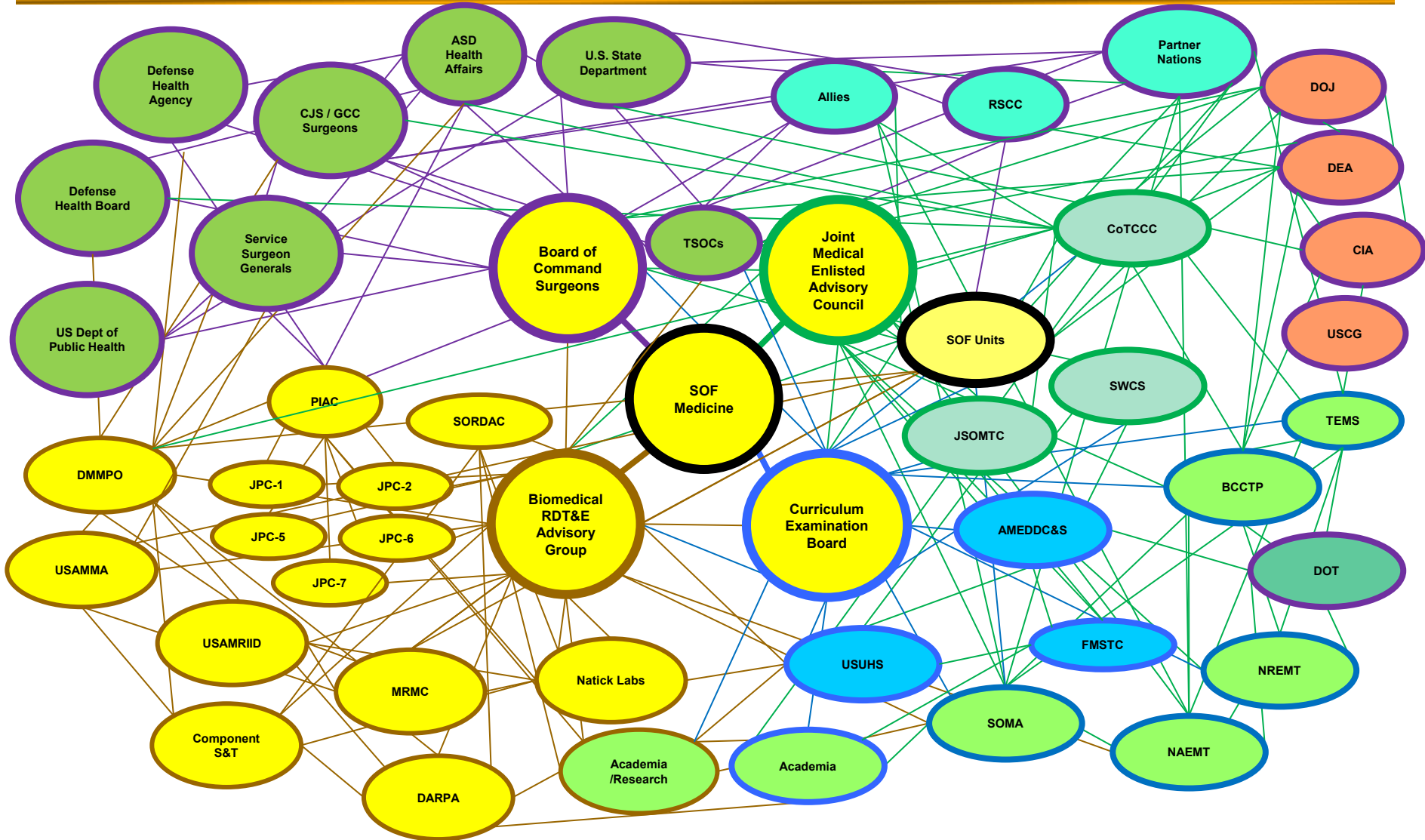
(U) Global SOF Medical Network

- **Collaborative environment to enhance communication and promote interoperability through organized discussion**
 - Share lessons learned
 - Define requirements
 - Focus Common efforts
 - Coordinated distribution
 - Promote opportunities
- **Requirements-based analysis of training/education, resourcing, and innovation**
- **Identify, Address, Coordinate, Synchronize Global SOF Medical and Health-Related concerns**



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(U) SOF Medical Network Phase 1A "Connect the Dots"





People - Win - Transform (U) Phase 1B "Define Relationships"

Policy

Intra-Agency

International Partnering





People - Win - Transform (U) SOF Medical Network Phase 2

“Establish, Develop & Influence Relationships”





(U) Brain Health

■ USSOCOM brain health community of interest

- **MONITOR: Surgeon's Office Brain Health**
- **ENHANCE: Preservation Of The Force & Family (POTFF)**
- **ADVANCE: SOF acquisitions, technology, & logistics (science & technology)**
- **CONNECT: Warrior Care Program**

■ Monitor, enhance, and advance the cognitive health and performance of the SOF Service Member to meet the operational demands now and in the future.

- **USSOCOM sets the standard for protecting brain health and cognitive performance**
- **Connecting Service Members to resources during and after service**



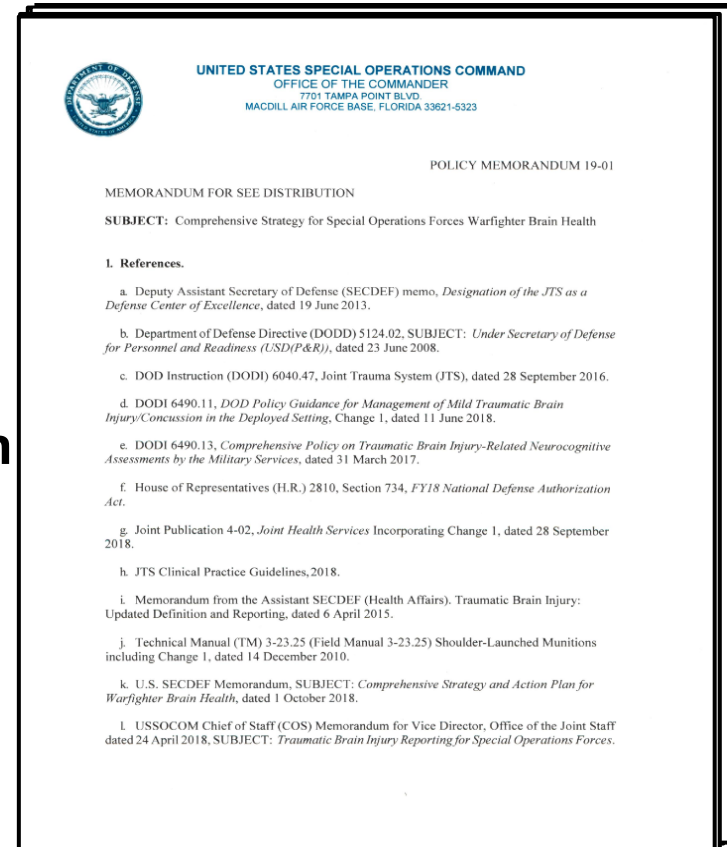
(U) Brain Health Overview

■ USSOCOM Brain Health

- Policy Memo 19-01
- Policy Memo 20-02
- Directive 40-6

■ DoD Brain Health

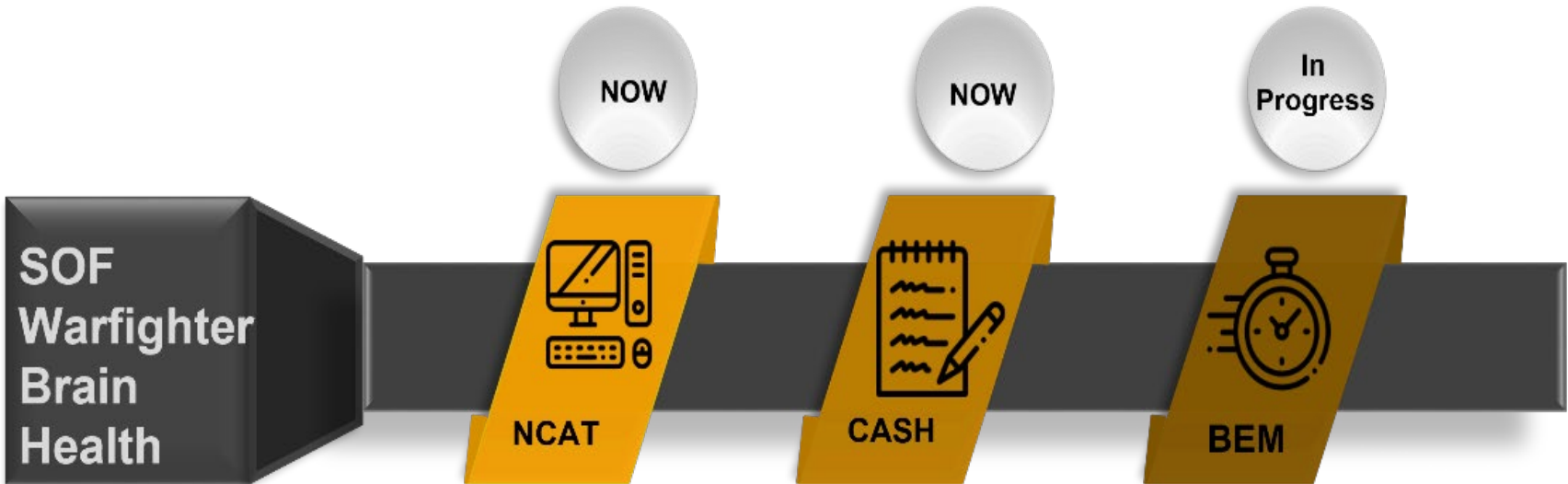
- WBH Initiative Strategy & Action Plan
- WBH JROCM
- FY23 NDAA, Sec 735





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(U) Brain Health



- NCAT:** Neurocognitive Assessment Test
- CASH:** Comprehensive Assessment and Symptom History
- BEM:** Blast Exposure Monitoring

“How much is too much blast?”
Longitudinal surveillance to keep Operators sharp by enhancing and extending readiness.



(U) CASH

■ Intake

- Demographics
- Exposures questionnaire

■ Self-Surveys

- Cognitive Symptoms
- Mental Health Symptoms
- Physical Symptoms
- Optional Spousal Survey

■ Face-to-face interview

The screenshot displays the 'smartabase' web application interface. It features a navigation bar with 'HOME' and a dropdown arrow. The main content area is titled 'Military Information' and contains a 'Demographics' section. Below this is an 'Additional Exposures' section with the following text: '1. Have you been exposed to any of the following? (Please select all that apply)'. This is followed by a list of checkboxes for various exposure types: N/A or Unknown, Chemical or Biological Agents, Asbestos, Burn Pits or open burning debris, Lead, Pesticides or herbicides, White phosphorous, Electronic Countermeasures, POLs (Petroleum, Oil, Lubricant), and Methyl/ Ethyl/Ketone/Hydraulic Fluid. There is also a checkbox for 'Mercury' and 'Other'. Below the list is a text input field labeled '1a. Other Exposure: (Please describe)'. The next question is '2. Are you currently experiencing difficulties with sexual libido or erectile dysfunction? (Please select all that apply)', with checkboxes for 'No', 'Libido', 'Erectile Dysfunction', and 'Both'.



(U) Blast Exposure Monitoring System

■ Blast Exposure Monitoring System

- **Capability:** Accurately identify, measure, and record SOF personnel exposure to blast overpressure in both training and combat environments
- **Hardware:** Automated, lightweight, wearable sensors that accurately capture and wirelessly transmit blast overpressure events which occur from high explosive blasts and non-explosive weapons
- **Software:** Automate, wireless data capture and transmission through end user devices with data integration into multiple DoD information systems



(U) Comprehensive SOF Health

- **Health Exposure monitoring**
 - Occupational and environmental health site surveys
 - Deployed, garrison
- **R&D - Technology, innovations**
 - Equipment providing direct readings and field portable
 - Wearable diagnostics (CBRN)
- **BEMO**
- **Pandemic and infectious disease planning**
- **ILER, PACT Act, Registries**
- **Nutrition with Human Performance – COTS & PES**
- **Cancer Efforts**
- **SOF Wellness**





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(U) Comprehensive SOF Health Individual Longitudinal Exposure Record (ILER)

- ***ILER is a web application intended to represent the complete record of service-related exposures and serve as an authoritative data source for all Occupational and Environmental Health Surveillance data to include hazardous OEH exposures to Service Members in theater and critical non-theater OEH exposures that impact Service Members and Veterans.***
- **Key Capabilities:**
 - **Health Care** - Improve the quality of information needed to facilitate quality, exposure-related health care
 - **Benefits** - Improve disability claim functions, increasing the accuracy and decreasing processing time of claims and benefits determinations. It will relieve the Veteran from “burden of proof” disability evaluations and benefits determinations
 - **Collaborations** - Increase transparency between VA, DoD, Congress, beneficiaries, and other stakeholders (such as Veterans Service Organizations)
 - **Research** - Provide a foundation for prospectively following exposed cohorts for long-term or latent health effects that could be attributable to exposures
 - **Registries** - Integrate the environmental health registries, including the Agent Orange Registry, Gulf War Registry, Airborne Hazards and Open Burn Pit Registry, Ionizing Radiation Registry. The Toxic Embedded Fragment Surveillance Center and Depleted Uranium Follow-Up Program registries will not be included.



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(U) ILER

- Compiles exposure history & reports (DOEHRS, AFHSD, Personnel reporting systems)
- Links SMs to known exposure events and incidents
- Exposure + location
- Benefit determinations for service-related exposures
- Interest, Gaps

Individual Deployment History [Count: 26] Information from DMDC				
Data may not be complete as duty locations are typically general in nature or may not capture an exact individual location for a specific date and time				
Geographic Location / Country	Start Date	End Date	Unit Name / Organization / Unit Number	Description of Duty / Work Assignment
Germany (NATO member)	05/23/2019	06/14/2019	W6MTAA	
Latitude: 49.9669° N Longitude: 8.1991° E Map				
City/Location: STUTTGART				
Distance: Bearing:				
Rwanda	05/20/2019	05/22/2019	W6MTAA	
Latitude: 2.7874° S Longitude: 29.7196° E Map				
City/Location: KIGALI				
Distance: Bearing:				
Germany (NATO member)	05/06/2019	05/19/2019	W6MTAA	
Latitude: 49.9669° N Longitude: 8.1991° E Map				
City/Location: STUTTGART				
Distance: Bearing:				
Morocco	04/26/2019	05/05/2019	W6MTAA	
Latitude: 34.2648° N Longitude: 6.7097° W Map				
City/Location: RABAT				
Distance: Bearing:				
Germany (NATO member)	04/23/2019	04/25/2019	W6MTAA	
Latitude: 49.9669° N Longitude: 8.1991° E Map				
City/Location: STUTTGART				
Distance: Bearing:				
Morocco	04/22/2019	04/22/2019	W6MTAA	
Latitude: 34.2648° N Longitude: 6.7097° W Map				
City/Location: RABAT				
Distance: Bearing:				
Morocco	04/18/2019	04/21/2019	W6MTAA	
Latitude: 34.2648° N Longitude: 6.7097° W Map				
City/Location: RABAT				
Distance: Bearing:				
Morocco	04/18/2019	04/21/2019	W6MTAA	
Latitude: 34.0476° N Longitude: 6.7547° W Map				
City/Location: RABAT				
Distance: Bearing:				
Afghanistan	03/14/2014	07/30/2014	W6MTAA	
Latitude: 34.9523° N Longitude: 69.2632° E Map				
City/Location: VANCE				
Distance: Bearing:				
Base Camp: Base Camp CHERRY BEASLY				
Distance: 0 km Bearing: NW (313°) Geocode:				
Afghanistan	03/07/2014	03/13/2014	W6MTAA	
Latitude: 33.9467° N Longitude: 69.0509° E Map				
City/Location: SHANK				
Distance: Bearing:				
Base Camp: Base Camp McCLOSKEY				
Distance: 1 km Bearing: E (99°) Geocode:				



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(U) Promise to Address Comprehensive Toxics (PACT) Act

- VA's new process for *evaluating and determining exposure and service connection* for various chronic conditions ...*hard to prove on an individual basis*
- Expands health care and benefits for exposures to toxins while on active duty, training duties, or as a veteran deployed ISO:
 - Operation Enduring Freedom
 - Operation Freedom's Sentinel
 - Operation Iraqi Freedom
 - Operation New Dawn
 - Operation Inherent Resolve
 - Resolute Support Mission
- *Removes the need for certain veterans and their survivors to prove service connection if DX*
 - Speeding up receipt of benefits
 - Survivors of veterans who died due to designated conditions may be eligible for benefits
- Enroll in VA health care from *five ten years post-discharge*
- Requires VA to:
 - *Conduct new studies* of veterans who served in Southwest Asia during the Gulf War
 - *Analyses* of post-9/11 veterans' health trends



(U) PACT Act - Health Conditions

■ Presumptive Respiratory Illnesses:

- Chronic bronchitis
- Chronic OPD
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis
- Glioblastoma
- Chronic sinusitis
- Chronic rhinitis
- Asthma that developed and was diagnosed after qualifying service

■ The 11 categories of cancers added to the toxic exposure presumptive list include:

- Head cancer of any type
 - Neck cancer of any type
 - Respiratory cancer of any type
 - Gastrointestinal cancer of any type
 - Reproductive cancer of any type
 - Lymphoma cancer of any type
 - Lymphomatic cancer of any type
 - Kidney cancer
 - Brain cancer
 - Melanoma
 - Pancreatic cancer
- N.B. When “of any type” is added as a qualifier, hundreds of types of cancers can now be considered presumptively service-connected



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(U) Airborne Hazards and Open Burn Pit Registry

MHS Home > Military Health Topics > Health Readiness & Combat Support > Environmental Exposures > Airborne Hazards and Open Burn Pit Registry [Need larger text?](#)

Health Readiness & Combat Support

Armed Forces Health Surveillance Division

Armed Forces Medical Examiner System

Armed Services Blood Program

Civil Military Medicine

Environmental Exposures

▶ Airborne Hazards and Open Burn Pit Registry

Chemical and Biological Exposures

Cold War

▶ Depleted Uranium

Dugway Proving Ground

▶ GulfLINK

Operation Tomadachi

▶ Project 112/SHAD

Theater Medical Data Store

World War II Exposures

Global Health Engagement

Immunization Healthcare Division

Medical Logistics

Public Health

Reserve Health Readiness Program



■ Burn Pit Registry

- ▶ Veteran or SM who served in the Southwest Asia theater of operations after August 2, 1990, or in Djibouti, Africa or Afghanistan after 9/11, you are eligible

■ Other registries:

- ▶ Agent Orange, Gulf War, Ionizing Rad, TEmbFrag, Depleted UR

Airborne Hazards and Open Burn Pit Registry

The Department of Veterans Affairs (VA) developed the [Airborne Hazards and Open Burn Pit Registry](#) to help service members and veterans document potential exposure to airborne hazards while deployed overseas.

The registry is a secure database of health information voluntarily provided by service members and veterans that helps VA collect, analyze, and publish data on health conditions that may be related to environmental exposures experienced during deployment. After completing the registry questionnaire, participants may schedule an appointment to discuss exposures and health concerns with a provider. Participation in the registry will not affect access to health care or benefits, and it is not related to the VA disability compensation claims process.

Eligibility

VA determines eligibility for the registry based on deployment information from the Department of Defense (DOD). Service members and veterans who deployed to the **Southwest Asia theater of operations or Egypt on or after Aug. 2, 1990, or in Afghanistan, Djibouti, Syria, or Uzbekistan on or after Sept. 11, 2001**, are eligible to sign up for the Airborne Hazards and Open Burn Pit Registry.

These regions include the following countries, bodies of water, and the airspace above these locations: Afghanistan, Bahrain, Djibouti, Egypt, Gulf of Aden, Gulf of Oman, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Syria, United Arab Emirates, Uzbekistan, and the waters of the Arabian Sea, Persian Gulf, and the Red Sea.

How to Participate

1. Obtain a Premium DS Logon Level 2 account. To obtain or upgrade your DS Logon account, visit the [DMDC Identity Management website](#). If you're having trouble, you can access the DS Logon Frequently Asked Questions Directly from that website.
2. Go to the [registry website](#) and use your DS Logon to access the registry. Once logged in, verify your eligible deployment history. See the [user guide](#) for instructions to submit edits to your eligible deployment history.
3. Complete and submit the online questionnaire, then save and print your completed questionnaire for your records.
4. If interested, schedule an appointment to discuss exposures and health concerns with a provider.

Note: Please bring a printed copy of your completed questionnaire to avoid electronic access issues when you attend a medical evaluation and/or your next routine health assessment, such as a Periodic Health Assessment or Post-Deployment Health Assessment. Bringing your completed questionnaire can help your provider obtain a comprehensive picture of your health and potential health concerns.

Access the Registry

Visit the [VA Airborne Hazards and Open Burn Pit Registry Website](#)

Get Registry Help

For assistance or questions regarding the registry, please contact the Registry Help Desk:

1-877-470-5947

8 a.m. - 8 p.m. Eastern Time

Explore Resources

- [Registry User Guide](#)
- [Registry Fact Sheet](#)
- [Registry FAQs](#)
- [Registry Communications Toolkit](#)
- [Registry Digital Poster](#)
- [Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations Report Highlights \(2020\)](#)
- [10 Things to Know \(VA Fact Sheet\)](#)

Resources for Health Care Professionals

- [Health Care Provider Guide](#)
- [Health Care Provider Clinical Toolbox](#)
- [DHA Director Memo to Patient-Facing Staff and Health Care Providers](#)
- [On Demand Training for Providers](#)

As a service member or veteran who may have been exposed to burn pits, airborne hazards, or other hazardous environments during your military service, you may be concerned about your risk of contracting COVID-19.

The best way to protect yourself is to get vaccinated. Visit the



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Questions/Discussion



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