



**DoD/VA WOUNDED, ILL, AND INJURED
SENIOR OVERSIGHT COMMITTEE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301**



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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
UNDERSECRETARY FOR HEALTH (VETERANS
HEALTH ADMINISTRATION)
UNDERSECRETARY FOR BENEFITS (VETERANS
BENEFITS ADMINISTRATION)
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE

SUBJECT: Implementation of Wounded, Ill and Injured-Related Standard Definitions

References: (a) Section 1602 of Public Law 110-181, "National Defense Authorization Act for Fiscal Year 2008", January 28, 2008
(b) Veterans' Disability Benefits Commission Final Report, August 2007

The Overarching Integrated Product Team (OIPT) approved 33 Wounded, Ill and Injured (WII)-related standard terms and definitions which are presented in the attachment.

This memorandum directs the use of these standard terms and definitions for all WII-related reports, requests for information, data calls, communications, and collaborative efforts between the Department of Defense (DoD) and the Department of Veteran's Affairs (VA) not later than December 15, 2008. Terms that have already been defined in the Code of Federal Regulations are annotated with a reminder that the proposed definitions must not be used until after legislative changes have been made.

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Executive Director Wounded, Ill, and Injured Senior Oversight Committee

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APPROVED WOUNDED, ILL AND INJURED-RELATED DEFINITIONS

1. **CATASTROPHIC INJURY/ILLNESS**. A permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that a Service Member or Veteran (SM/V) requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others.

2. **COMBAT RELATED DISABILITY**. A disability that has been determined by DoD as being attributable to an injury for which the member was awarded the Purple Heart; or was incurred (as determined under criteria prescribed by the Secretary of Defense):

- As a direct result of armed conflict
- While engaged in hazardous service
- In the performance of duty under conditions simulating war
- Through an instrumentality of war

3. **COMBAT RELATED WOUNDED WARRIOR**. A term referring to the entire population of WWII SM/Vs who incurred a wound, illness, or injury for which the member was awarded the Purple Heart or whose wound, illness, or injury was incurred:

- As a direct result of armed conflict or
- While engaged in hazardous service or
- In the performance of duty under conditions simulating war, or
- Through an instrumentality of war

4. **COMMITTED DESIGNEE**. Any person legally designated by the SM/V (or, if the SM/V is unable, by other legal authority, such as a court or the Military Department) who provides support, deemed necessary by medical authority, to the seriously injured or ill SM/V following the occurrence of wound or injury or onset of illness, to his/her recovery. These might include parents, siblings, fiancées, other family members, or close friends.

Committed Designees must demonstrate his/her commitment to serving in that role by incurring financial expense(s) or loss(es) (e.g. taking a leave of absence from work to support the member, making an unplanned move to the member's location of treatment, providing no-cost room and board to the member during or after recovery, providing caregiver services to the member).

5. **COMPENSABLE COMBAT RELATED DISABILITY**. A disability that is compensable under the laws administered by the Secretary of Veterans Affairs that has been determined by DoD as being attributable to an injury for which the member was awarded the Purple Heart or was incurred (as determined under criteria prescribed by the Secretary of Defense):

- As a direct result of armed conflict
- While engaged in hazardous service
- In the performance of duty under conditions simulating war
- Through an instrumentality of war.

6. COMPREHENSIVE RECOVERY PLAN. The Recovery Plan is a patient-centered “life map” with identified goals from recovery and rehabilitation to community reintegration developed from a comprehensive needs assessment which identifies the recovering SM’s and family’s personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas which were reviewed during the assessment.

7. DISABILITY EVALUATION SYSTEM. A system or process of the US Government for evaluating the nature and extent of disabilities affecting members of the Armed Forces; it includes medical/psychological evaluations; physical evaluations; counseling of members; and mechanisms for the final disposition of disability determinations.

8. ELIGIBLE FAMILY MEMBER. The term eligible family member, with respect to a recovering service member under the provisions of the Wounded Warrior Act, means the member's spouse; a child of the member (including stepchildren, adopted children, and illegitimate children); the member's parent or person in loco parentis to the member; or a sibling of the member who is on invitational travel orders or serving as a non-medical attendee while caring for the recovering service member for more than 45 days during a one year period.

The term eligible family member, with respect to the provision of medical care at military medical facilities under the provisions of the Wounded Warrior Act, means a family member of a recovering service member who is not otherwise eligible for medical care at a military medical treatment facility and meets one of the following three conditions:

- (1) is on invitational travel orders while caring for the service member;
- (2) is a non-medical attendee caring for the service member; or
- (3) is receiving per diem payments from the Department of Defense while caring for the service member.

9. FEDERAL INDIVIDUAL RECOVERY PLAN (FIRP). The FIRP is created with input from the SM/V’s multidisciplinary health care team, the SM/V, and their family or caregiver. The FIRP tracks care, management and transition through recovery, rehabilitation, and reintegration. For each of these care phases, goals are identified, responsibilities are assigned and timelines are created. The Federal Recovery Coordinator works with existing resources, DoD and VA personnel, as well as other federal, state and private entities, to implement the FIRP.

10. FEDERAL RECOVERY COORDINATOR (FRC). FRCs are assigned to severely wounded, ill, and injured SM/Vs. Stationed at Military Treatment Facilities and VA Medical Centers, they serve as the ultimate point of contact for severely injured, ill, or wounded SMs and their families for ensuring that the SM/V’s clinical and non-clinical needs are met. The FRCs are responsible for initiating and maintaining the FIRP. FRCs ensure that:

- the right clinical and non-clinical case managers are engaged at the right time to achieve SM/V’s goals.
- the SM or family is never alone in meeting access challenges or managing system barriers.

- systemic barriers to care and services are resolved at both the individual and the system level.

11. INCAPACITATING ILLNESS OR INJURY. The casualty status of a person whose illness or injury requires hospitalization but medical authority does not classify as very seriously ill or injured or seriously ill or injured and the illness or injury makes the person physically or mentally unable to communicate.

12. INJURED. Injured means suffering from any intentional or unintentional physical trauma, psychological trauma, distress, or damage to the body resulting from acute or chronic exposure to thermal, mechanical, or electrical energy; or to toxic, biological, or chemical agents; or from the absence of such essentials as heat or oxygen.

13. MAJOR LIFE ACTIVITIES. **(Major life activities are currently defined in CFR 199.2b and PL 109-13, Section 1032 as “Breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring and walking.” The following proposed definition must not be used until required legislative changes have been made.)**

MAJOR LIFE ACTIVITIES (Proposed definition). Major life activities include the following:

- a) basic daily living skills (e.g., eating, bathing, dressing)
- b) instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication), and
- c) functioning in social, family, and vocational/educational contexts

14. MEDICAL CARE CASE MANAGEMENT. Medical care (clinical) case management is a collaborative process under the population health continuum which assesses, advocates, plans, implements, coordinates, monitors, and evaluates options and services required to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes. Health is defined by the World Health Organization as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

15. MEDICAL TREATMENT. Medical treatment is any medical practice(s) or procedure(s) (that is not investigational) performed by health care/medical professionals on a wounded, ill, or injured Service member/veteran for the purposes of health-preservation/restoration.

16. MENTAL DISORDER. **(Mental disorder is currently defined in CFR 199.2b as “For the purposes of the payment of CHAMPUS benefits, a mental disorder is a nervous or mental condition that involves a clinically significant behavioral or psychological syndrome or pattern that is associated with a painful symptom, such as distress, and that impairs a patient’s ability to function in one or more major life activities. Additionally, the mental disorder must be one of those conditions listed in the DSM-III.” The following proposed definition must not be used until required legislative changes have been made.)**

MENTAL DISORDER (Proposed definition). A mental disorder that is represented by one of the diagnoses listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association. Note that "V codes" represent situations that are not mental disorders. Unless otherwise specified, the terms psychological disorder and behavioral disorder have the same meaning as mental disorder.

17. MENTAL HEALTH STATUS. A person's overall emotional and psychological condition (American Heritage Dictionary, 2008, definition #3), characterized by the absence of or presence of psychological condition or disorder, with or without the need of medication.

18. NON-MEDICAL ATTENDEE. A designated individual or someone with a personal relationship to a WII SM/V who helps take care of the member or veteran, and whose presence may contribute to the SM/V's health and welfare, as determined by the attending physician or surgeon and commander or head of the military medical facility exercising control over the member.

19. NON-MEDICAL CARE MANAGER. The Non-Medical Care Manager will ensure the recovering service member and family get all the non-medical support they need. The NDAA defines their role as:

- Communicating with the service member and with the SM's family or other individuals designated by the service member regarding non-medical matters that arise during the care, recovery, and transition of the service member
- Assisting with oversight of the service member's welfare and quality of life
- Assisting the service member in resolving problems involving financial, administrative, personnel, transitional, and other matters that arise during the care, recovery, and transition of the service member.

20. NOT SERIOUSLY ILL OR INJURED. The casualty status of a person whose illness or injury requires medical attention may or may not require hospitalization, and medical authority classifies as less severe than Seriously Injured or Ill.

21. OUTPATIENT. Use of a health care facility for diagnosis or treatment without being admitted to a hospital or other authorized institution as an inpatient. Sometimes called a day patient.

In-out [ambulatory] surgery. Surgery performed in the outpatient department of a hospital or other institutional provider, in a physician's office or the office of another individual professional provider, in a clinic, or in a "freestanding" ambulatory surgical center which does not involve a formal inpatient admission for a period of 24 hours or more. - 32 CFR 199.2(b)

22. RECOVERY CARE. All activity involved in the management, treatment, transition, and rehabilitation of the WII SM/V toward reintegration.

23. RECOVERY CARE COORDINATOR. An individual assigned by the government to recovering SMs whose duties shall include overseeing and assisting the SM as they process

through the entire spectrum of care, management, transition, and rehabilitation services available from the Federal Government, including services provided by the DoD, the VA, the Department of Labor, and the Social Security Administration.

24. RECOVERING SERVICE MEMBER. **(Recovering Service Member is currently defined in NDAA 2008 as “The term “recovering service member” means a member of the Armed Forces including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy and is in an outpatient status while recovering from a serious injury or illness related to the member’s military service. The following proposed definition must not be used until required legislative changes have been made.)**

RECOVERING SERVICE MEMBER (Proposed Definition). Recovering Service member is a term used for a member of the Uniformed Services who is undergoing medical treatment, recuperation, or therapy and is in an inpatient or outpatient status, who incurred or aggravated a serious illness or injury in the line of duty, and may be assigned to a temporary disability retirement or permanent disability retirement list due to the disability evaluation system proceedings.

25. RECUPERATION. Recuperation is the healing of an individual following wound, injury or illness.

26. REHABILITATION. The process of enabling achievement and maintenance of optimal physical, sensory, intellectual, psychological, occupational, and/or social functional levels

27. REINTEGRATION. Reintegration consists of educational events, referrals, and proactive outreach activities for all military personnel including the National Guard and Reserve Component members, the WII SMs and retired members of the Uniformed Services, their families, and associated community members to enable access to services supporting their transition from the deployment cycle to routine civilian life or return to military duty, from medical care to rehabilitation, and sustainment through other meaningful employment activities.

28. SERIOUS ILLNESS OR INJURY (NDAA 2008). **(Serious Illness or Injury is currently defined in NDAA 2008 as “The term “serious illness or injury” in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank or rating.” The following proposed definition must not be used until required legislative changes have been made.)**

SERIOUS ILLNESS OR INJURY (Proposed Definition). The term “serious illness or injury” in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in the line of duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank or rating.

29. SERIOUSLY ILL OR INJURED. The casualty status of a person who has: an injury; a physiological or psychological disease or condition; or a mental disorder that requires medical

attention and medical authority declares that the condition is life-threatening or life-altering, and/or that death is possible, but not likely within 72 hours. This may include Post Traumatic Stress Disorder and associated conditions as deemed by medical authority to be life-threatening or life-altering and/or that death is possible but not likely within 72 hours. NOTE: A casualty status is assigned at a specific point in time and could be changed.

30. TRANSITION. In the context of leaving military service, this term is defined as follows: For Active Duty members, it includes discharge, separation or retirement. For Reserve and Guard members, it includes being released from Active or Reserve duty as well as discharge, separation or retirement. The release may or may not be for medical reasons. It includes the assimilation back into a civilian way of life.

31. VERY SERIOUSLY ILL OR INJURED. The casualty status of a person whose illness or injury is such that a medical authority declares it more likely than not that death will occur within 72 hours.

32. WOUNDED. A SM/V who has incurred an injury as a result of an attack or other use of force against the US, US forces, or other designated persons or property. It also includes force used directly to preclude or impede the mission and/or duties of US forces, including the recovery of US personnel or vital US Government property. It also includes a person who was injured mistakenly or accidentally by friendly forces actively engaged with the enemy, who are directing fire at a hostile force or what is thought to be a hostile force.

33. WOUNDED WARRIOR. A term in popular use typically referring to the entire population of wounded, ill, and injured SM/Vs.