






The American Osteopathic College of Occupational and Preventive Medicine 2024 Midyear Educational Conference



Air Force Medical Agency




Current Insights and Updates in Military Occupational Medicine




Lt Col Scott Everson
Chief, AF OEM
Air Force SG OEM Consultant
20 MARCH 2024

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Disclosures




- I have no employment or financial influences
- The views expressed in this presentation are those of the author(s) and do not necessarily reflect the official policy of the Department of Defense, Department of the Air Force, Defense Health Agency, or the U.S. Government.
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Goals




- Review previous and current OEM initiatives from DoD & VA
- Understand basic organizational hierarchy of OEM in the DoD
- Describe the delayed transition of OEM to Defense Health Agency
- Describe standing up Air Force Medical Agency (AFMED)
- Discuss future of OEM in the DoD



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Previous and Current Initiatives




****Excludes ILER and PACT Act initiatives**


- Atomic Veterans
- Operation Tomodachi Registry, Japan
- Potential Agent Orange Exposure in Blue Water Navy during Vietnam War
- Chemical warfare agent exposures during testing in 1940s to 1975
- Chemical warfare agent exposures in OIF
- Veterans of 1990-91 Gulf War: Potential exposures to nerve agents due to the demolitions at Khamisiyah, Iraq
- Exposures to burn pit emissions and other airborne hazards in OIF/OEF
- Potential exposures at Karshi-Khanabad Air Base, Uzbekistan in 2001-2005
- Historical drinking water contamination at Marine Corp Base Camp Lejeune, 1950s-1985
- PFOS/PFOA in Ground Water and Drinking Water Near Military Bases
- Red Hill Incident

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Previous and Current Initiatives




Atomic Veterans


- DoD/VA efforts:
 - VA provides the name of an individual veteran and specific test to the Nuclear Test Personnel Review, which is an office in the Defense Threat Reduction Agency (DTRA).
 - DTRA confirms the veteran was present at the test and provides a radiation dose estimate.
 - VA uses this estimate to determine eligibility to receive disability compensation for diseases on the presumptive list. (Most diseases are various cancers associated with radiation exposure.)
 - VA has an Ionizing Radiation Registry which includes 18,000 veterans.
- Recent issues:
 - Controversy about 1966 plane crash in Palomares, Spain; release of plutonium from 2 damaged nuclear weapons due to a US Air Force crash; approximately 1,600 Service members and DoD civilians involved in the clean-up. DoD provided names in this cohort and risk assessment to VA in 2018. Veterans filed class action suit in 2019 with assistance of Yale Law School. Senate bill about VA compensation introduced in April 2021.

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Previous and Current Initiatives



Potential Agent Orange Exposure in Blue Water Navy during Vietnam War


- In 2019, Congress passed law that required VA to provide equivalent compensation to BWN.
- In 2020, VBA started providing compensation benefits to Vietnam veterans in the BWN.
 - VA estimates that between 420,000 and 560,000 may be BWN veterans.
 - VA worked with the Naval History and Heritage Command and National Archives and Records Administration to identify and computerize the logs of all relevant ships (ships that operated with 12 miles of the demarcation line). Digitized more than 1,800 ship deck logs (>29 million images).
 - From JAN to AUG 2020, VA processed about 27,000 of 58,000 existing veteran claims; 72% of claims were granted. By 2021, VA had provided \$565 million of retroactive compensation to BWN veterans.

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Previous and Current Initiatives




Karshi-Khanabad (K-2) Air Base, Uzbekistan 2001-2005

- In early 2020, VA told Congress it would perform an epidemiological study of veterans who were at K-2.
 - DMDC, AFHRO, and USAPHC worked to identify all Service members who were based at K-2 (about 15,000); also, comparison group of veterans who did not deploy to K-2.
 - VA is using VA and DoD medical records to perform a retrospective study of morbidity (outpatient care and hospitalizations) and mortality; results expected in 2024.
- NDA 2021 requires DoD to perform an epidemiological study of veterans who were at K-2.
 - DoD performed its own mortality study using data from the National Death Index.
 - DoD contracted with Johns Hopkins to perform a morbidity study using DoD and VA medical records.


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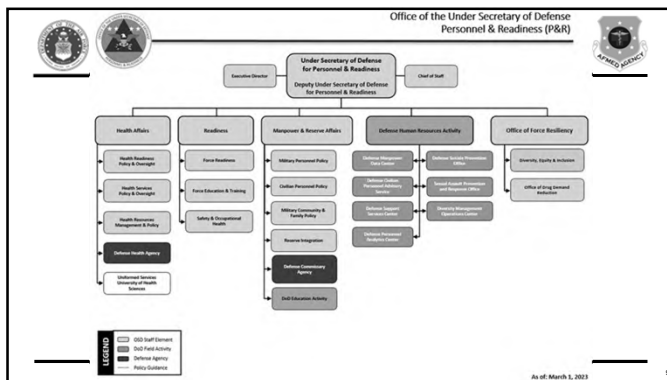
DoD Safety and Occupational Health



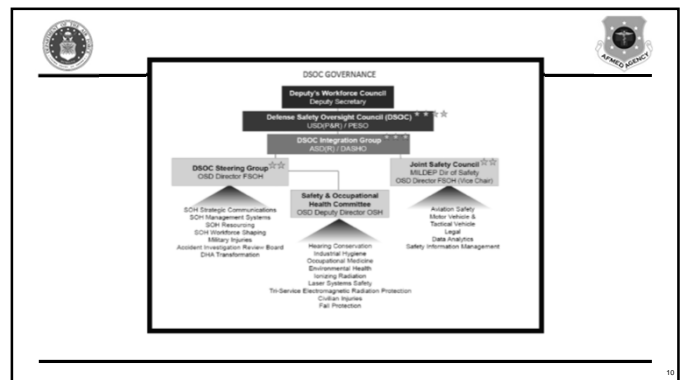
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Transmitted Electromagnetic Field Radiation Protection Working Group



Purpose: DoD SOH Strategic Plan Objectives & Measures

Chair: LCDR Jason Cole (Navy)

Members: Organizational Representatives: Military Departments, Defense Agencies and Field Activities

Personnel: Major DoD personnel active in DSO for Electromagnetic Frequency (EMF) Radiation Protection policies and procedures for DSO personnel in DOD installations, including military, operators and interpreters.

Stakeholder Policy: DOD 6000.11, DOD 6000.01, DOD 6000.05, DOD 6000.10

Meeting Frequency: Semi-annually


Next FY Meeting: 2024-2025

DMDC Focus Area: Occupational Medicine


Next Fiscal Year Accomplishments

Item	2024 Planned Activities	Item	2024 Planned Activities	Item	2024 Planned Activities
1. Updated Strategic Plan	Developed mission to DOD 6000.11	2. Updated Strategic Plan	Developed mission to DOD 6000.11	3. Updated Strategic Plan	Developed mission to DOD 6000.11
4. Updated Strategic Plan	Developed mission to DOD 6000.11	5. Updated Strategic Plan	Developed mission to DOD 6000.11	6. Updated Strategic Plan	Developed mission to DOD 6000.11
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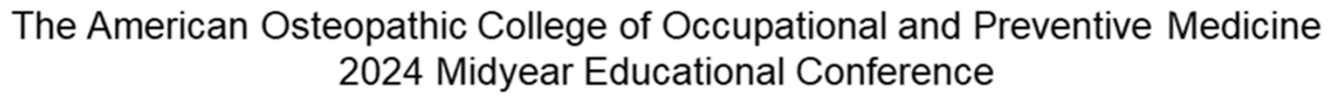
Air Force Transition



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OEM Capabilities-Based Assessment

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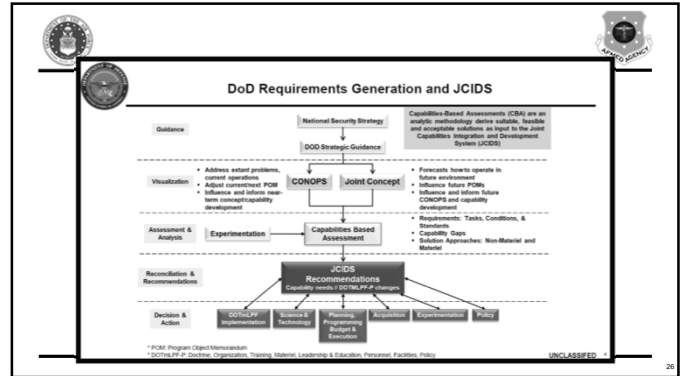
DSOC

Improvements in DoD Occupational & Environmental Medicine (OEM)

LTC Patricia Passman
Office of the Assistant Secretary of Defense for Readiness
Force Safety and Occupational Health

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Improvements in OEM Capabilities-Based Assessment

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DSOC

Concern: On May 4, 2022, Deputy's Workforce Council discussed need to address safety and occupational health challenges and develop initiatives to improve safety and health of workforce.

Tasks:

- #1 DoD Components to determine occupational medicine capability requirements (e.g., staffing and information management) and provide recommendations to the DSOC.
- #2 Identify DoD OEM requirements, responsibilities, gaps and solutions to include assignment of OPAs (i.e., Capabilities Based Assessment (CBA)).
- #3 Improve DoD's ability to conduct OEM in support of readiness, worker protections, and compliance with Federal labor laws so the worker can safely perform their assigned duties.

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Key Gaps in DoD OEM

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DSOC

- Leadership lacks an understanding of the purpose and value provided by the OEM community and the critical relationship to those activities mitigating risks to force, mission, and readiness.
- DoD lacks a comprehensive information management system that enables OEM activities, supports data gathering and metrics analysis, and accessible to all relevant leaders and stakeholders.
- DoD is noncompliant with several federal regulations (e.g., 5 CFR 260, 5 CFR 339, Americans with Disabilities Act, Genetic Information Nondiscrimination Act).
- OEM activities are inconsistently conducted across DoD Components due to differing Component resourcing, ineffective implementation of guidance/policies surrounding the collection, documentation, and management of OEM-related data, and ineffective information management of OEM-related data.
- DoD has an insufficient quantity of adequately trained and certified OEM specialists (see below).
- DoD OEM is not supported by the Military Health System's resourcing model which relies upon a health care (i.e., patient treatment) paradigm. OEM needs a resourcing model that accounts for required OEM activities (e.g., worksite visits, injury/illness prevention consultation that are not clinical medicine or reimbursable).

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OEM Capabilities-Based Assessment Milestones

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DSOC

May 2023 - Mar - May 2024

Timeline:

- May 2023: OEM Working Group identifies DoD customer participation in CBA; Organize weekly CBA traffic huddle.
- Jun 2023: FICOM and OPA review CBA requirements; Complete OEM operational needs, work, means, critical regulatory & policy requirements, milestones, milestones.
- July 2023: Begin analysis of DoD OEM capabilities and requirements; Complete analysis of gaps, needs, milestones in DoD OEM capabilities and requirements; Begin identifying operational implementation plans, OPA & OPA for tasks.
- Dec 2023: Complete OEM capabilities gap analysis and develop a summary report; Prepare DSOC findings based on gaps, solutions, OPA & OPA, findings.
- Jan - Mar 2024: FICOM and OPA review CBA requirements and develop a summary report; FICOM reviews CBA and JCIDS assessment and prepares final findings to be shared with DoD Components, DSOC, and OPA support and track progress.
- Mar - May 2024: FICOM and OPA review CBA requirements and develop a summary report; FICOM reviews CBA and JCIDS assessment and prepares final findings to be shared with DoD Components, DSOC, and OPA support and track progress.

Original Efforts/Actions: Review DoD OEM Program requirements including relationships with other DoD programs (e.g., safety, personnel, supervisors); Identify OEM Program gaps and challenges with achieving program requirements; Develop recommended solutions to address gaps within DoD/JP/OP domains to include identification of OPA & OPA.

Outcomes: Joint Capabilities Integration and Development System documents and Joint Requirements Oversight Council Memorandum (JCIDS); JCIDS-directed actions to DoD Offices of Primary Responsibility for OEM requirements with timelines.

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**Department of Defense
Safety & Occupational Health
Strategic Plan
FY 2023 - FY 2028**



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February 2023

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Vision / Mission / Goals


The following vision, mission, and goals represent a collaborative, enterprise approach to target SOH risks for improvement, support the 2023 National Defense Strategy to build a resilient joint force and defense ecosystem, and the Secretary's three priorities – defending the nation, caring for our people, and succeeding through teamwork.

Vision
A Department-wide SOH culture where protecting resources and preserving mission capability is integrated across all DoD operations.



Mission
To oversee the Department's SOH resources and programs through informed risk decision-making.

Goals

1. Promote and instill a Positive DoD SOH Culture
2. Ensure SOH Information is VALUETED across the DoD
3. Assess and Reduce SOH Risks across All DoD Operations
4. Resource SOH Programs
5. Advocate for SOH Technologies and Solutions



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Goal 4 – Resource SOH Programs

Ensure SOH programs are adequately planned, programmed, budgeted and executed (PBB) in order to support SOH program requirements, mission, and responsibilities.

Objective 4.1: Develop and track required SOH program management resources (including funding, staffing, technologies) for each DoD Component in the Future Years Defense Program (FYDP).

Objective 4.2: Develop qualifications and validate qualified SOH personnel meet staffing and competency requirements.

Objective 4.3: Recruit and retain personnel in all SOH-related job series.


Goal 5 – Advocate for SOH Technologies and Solutions

Research and implement technologies and solutions to meet emerging SOH requirements and reduce mishaps, injuries, occupational illnesses, and property damage.



Objective 5.1: Develop and implement processes for vetting, prioritizing, and testing SOH technologies and solutions.

Objective 5.2: Secure DoD-wide funding for demonstration and validation of SOH technologies and solutions focused on reducing risk and preventing mishaps.

Objective 5.3: Advocate and implement successfully demonstrated SOH technologies and solutions, and validate implementation results.



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ILER

Individual Longitudinal Exposure Record (ILER): Advancements in Military Medical Record Technology



ILER is a web-based application that provides the Department of Defense and the Department of Veterans Affairs personnel the ability to link service member and veteran data to known exposures, ensuring the efficient and effective continuity of individualized health care.

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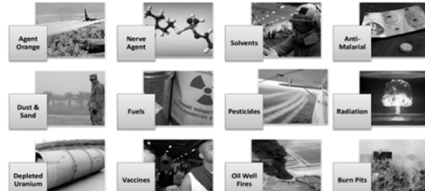
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ILER Cont


What is the Problem? A multitude of occupational and environmental exposures in deployed and garrison locations.







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What is the Solution?




- ILER links individuals to known exposure events and provides a (historic) record of service-related exposures
- ILER delivers the capability to:
 - **Improve the medical care** for those who have exposure-related health outcomes
 - Research and support epidemiologic study of exposed cohorts to determine whether deployment-related exposures are associated with post-deployment health outcomes
 - Create exposure cohorts based on location, date, time, and agents
 - Improve both medical surveillance (occupational and environmental health surveillance (OEHS) by detecting emerging (latent) health conditions on personnel returning from deployment
 - Assist Veteran disability evaluations and benefits determination





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Key Features

- Consolidates and assembles multiple, disparate sources of exposure data from over 1.5M records
- Provides a framework for identifying previously unknown health effects associated with environmental exposures
- Allows near real-time report creation using demographic variables

Key Benefits

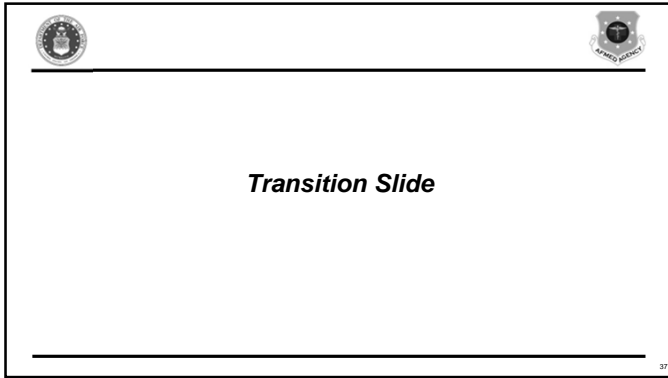
- Ability to create more than 6.5M individual unique exposure to exposure summaries
- Allows users to search reportable data by individual, location, and exposure type
- Applies OEH standards to filter and report most relevant exposure data
- Eliminates beneficiary's burden of proof of previously documented, harmful exposures



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