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

PERSONNEL AND
READINESS

MAR 25 2013

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable John McCain
Ranking Member

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

PERSONNEL AND
READINESS

MAR 25 2011

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Lindsey Graham
Ranking Member

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

PERSONNEL AND
READINESS

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member

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

PERSONNEL AND
READINESS

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

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

PERSONNEL AND
READINESS

2 5 201

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

cc:
The Honorable Thad Cochran
Vice Chairman

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

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

Dear Mr. Chairman:

Section 731 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year (FY) 2005, Public Law 108-375, requires the Department to submit a report by February 1st of each year to the Senate Armed Services Committee and the House Armed Services Committee based on a Comprehensive Medical Readiness Plan. The annual report describes the actions responsive to the plan on activities covering the health status and medical readiness of the members of the Armed Forces, as well as compliance with Department of Defense policies on medical readiness, tracking, and health surveillance. The enclosed report, which covers 2010, documents progress on five activities and completion of three.

This report has been reviewed by the Joint Medical Readiness Oversight Committee, and as required by law, it was also submitted for review to both military and veterans service organizations. All the comments that were received during the review of the draft report were incorporated into this document. Please accept our apologies for the delay in providing this final report.

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

Sincerely,

Clifford L. Stanley

Clifford L. Stanley

Attachment:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

Joint Medical Readiness Oversight Committee

Annual Report to Congress Covering 2010 on the Health Status and Medical Readiness of Members of the Armed Forces

April 2011

Preparation of this study/report cost the Department of Defense a total of approximately $4,906 for the 2010 Fiscal Year. Generated on 2011Mar10 1509 RefID: 5-015FF6C

Clifford L. Stanley
Under Secretary of Defense (Personnel and Readiness)
Chair, Joint Medical Readiness Oversight Committee

TABLE OF CONTENTS

Background: 2

Action 1, NDAA 05, Section 731(a) – Comprehensive Medical Readiness Plan Update 2

Action 2, NDAA 05, Section 731(c) – Annual Report on the Health Status and Medical Readiness of Members of the Armed Forces 2

Action 3, NDAA 08, Section 1673 – Improvement of Medical Tracking System for Members of the Armed Forces Deployed Overseas 4

Action 4, NDAA 09, Section 733 – DoD Task Force on the Prevention of Suicide by Members of the Armed Forces 5

Action 5, Supplemental Appropriations for Fiscal Year 2009, Senate Report 111-020 – Neurocognitive Baseline Assessment 6

Action 6, NDAA 2010, Section 708 – Mental health assessments for members of the Armed Forces deployed in connection with a contingency operation 7

Action 7, NDAA 2010, Section 712 – Administration and prescription of psychotropic medications for members of the Armed Forces before and during deployment 8

Action 8, Improve Individual Medical Readiness (IMR) 9

Annual Report to Congress On the
Health Status and Medical Readiness of Members of the Armed Forces

Background:

The Department of Defense (DoD) developed the 2005 Comprehensive Medical Readiness Plan (CMRP) with the goal of improving medical readiness throughout DoD and enhancing Service member health status tracking before, during, and after military operations. The 2005 plan specifically addressed requirements of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (NDAA 05) and other legal requirements. DoD has updated the CMRP annually to reflect new requirements and the completion of previous actions. This report details the progress on each action of the 2010 CMRP.

Action 1, NDAA 05, Section 731(a) – Comprehensive Medical Readiness Plan Update

Requirement:

DoD will develop a comprehensive plan to improve medical readiness and tracking of health status throughout service in the Armed Forces, and to strengthen medical readiness and tracking before, during, and after deployment overseas.

Response:

This action is complete for 2010, but is an annual requirement. To maintain the currency of the CMRP, the Force Health Protection Council approved a revised plan in June 2010. It includes the remaining and recurring actions from the 2009 plan, and incorporates new requirements from the National Defense Authorization Act for Fiscal Year 2010. The resulting plan yielded eight actions, of which three are complete, but two of those are ongoing annual requirements.

Action 2, NDAA 05, Section 731(c) – Annual Report on the Health Status and Medical Readiness of Members of the Armed Forces

Requirement:

The Joint Medical Readiness Oversight Committee (JMROC) will prepare and submit a report annually to the Secretary of Defense, and to the Senate and House Armed Services Committees (after review by veterans and military health advocacy organizations) on the health status and medical readiness of members of the Armed Forces, including members of Reserve Components, based on the comprehensive plan and compliance with DoD policies on medical readiness tracking and health surveillance.

Response:

This action is now complete for 2010 with the submission of this report, but this is an annual requirement. In addition to coordination within the Department of Defense, the 2011 report covering actions in 2010 has been submitted to the following military health advocacy and Veterans Services organizations:

- Air Force Association
- American Legion
- American Veterans (AMVETS)
- Army Gold Star Mothers
- Association of the United States Army
- Blinded Veterans Association
- Disabled American Veterans
- Enlisted Association of the National Guard of the United States
- Fleet Reserve Association
- Jewish War Veterans of the U.S.A.
- Marine Corps Association
- Marine Corps Reserve Association
- Military Officers Association of America
- Military Order of the Purple Heart
- National Association for Uniformed Services
- National Guard Association of the United States
- National Military Family Association
- Non Commissioned Officers Association
- Paralyzed Veterans of America
- Reserve Enlisted Association
- Reserve Officers Association
- Veterans of Foreign Wars
- Veterans of Modern Warfare
- Vietnam Veterans of America

The Department of Veterans Affairs also received the report for review and comment.

Summary of Comments

Constructive comments received regarding the report covering 2009 were incorporated in the report submitted to Congress in July 2010. There were no comments received from any of the military health advocacy or Veterans Services organizations on the 2010 report.

Action 3, NDAA 08, Section 1673 – Improvement of Medical Tracking System for Members of the Armed Forces Deployed Overseas

Requirement:

This section requires a protocol for the pre-deployment assessment and documentation of the cognitive (including memory) functioning of a member who is deployed outside the United States in order to facilitate the assessment of the post-deployment cognitive (including memory) functioning of the member. The protocol will include appropriate mechanisms to permit the differential diagnosis of traumatic brain injury in members returning from deployment in a combat zone. The section also requires conducting up to three pilot projects to evaluate various mechanisms for use in the protocol. One of the mechanisms to be so evaluated will be a computer-based assessment tool to include administration of computer-based neurocognitive assessment and pre-deployment assessments to establish a neurocognitive baseline for members of the Armed Forces for future treatment.

Response:

DoD continues professional discussion regarding post-deployment testing of Service members for residual problems possibly related to mild traumatic brain injury (mTBI), and has focused on the spectrum of issues (physical, behavioral, cognitive) that can result from mTBI. The DoD TBI screening protocol, initiated in response to positive answers to concussive/mTBI event questions on the Post-Deployment Health Assessment, includes a clinical referral/evaluation and a neurocognitive assessment as part of the post-deployment TBI screening. Recently completed studies have reinforced the DoD position that there is no utility in performing population-based post-deployment assessments, and that more focus should be placed on determining the utility and validity of appropriate post-injury testing. This will help inform return-to-duty decision making in an effort to assure our Service members are adequately protected from repeated head injury.

A report on the current status of the DoD neurocognitive assessment program required by NDAA 2008, Section 1673, was submitted to Congress in January 2011. The pilot studies directed by this legislation commenced in December 2010 and are expected to take 36 months to complete. A final report will be provided to Congress at their completion. This action remains open.

Action 4, NDAA 09, Section 733 – DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

Requirement:

This section requires the Secretary of Defense to establish a task force to examine matters relating to prevention of suicide by members of the Armed Forces. Not later than 12 months after the date on which the members of the task force have been appointed, the task force shall submit a report containing recommendations regarding a comprehensive policy designed to prevent suicide in the Armed Forces.

Response:

DoD established this Task Force under the Defense Health Board, a chartered, federal advisory committee, which provides independent scientific advice to the Assistant Secretary of Defense for Health Affairs. The Task Force completed its mission and submitted a final report to DoD detailing its findings on August 24, 2010. The Secretary of Defense transmitted the final report of the Suicide Prevention Task Force to Congress in November 2010. A copy of the full report appears on the Defense Health Board Website at: http://www.health.mil/dhb/default.cfm.

The Task Force report includes 49 findings and 76 recommendations that fall into four primary focus areas: Organization and Leadership; Wellness Enhancement and Training; Access to and Delivery of Quality Care; and Surveillance, Investigations, and Research. The findings in each focus area drive a set of strategic initiatives, and for each strategic initiative, there is a set of targeted, actionable recommendations. In addition, the Task Force provided a set of 13 foundational recommendations that aggregate several of the targeted recommendations, which the Task Force believes are critical to a successful DoD strategy.

The response from DoD will occur in three phases: phase one will be an initial response by March 2011, focusing on the 13 foundational recommendations as a framework for further action; phase two will examine the 76 detailed recommendations, to be completed by September 2011; and phase 3 will begin the execution of the yet-to-be determined oversight structure(s) designed to provide DoD with strategic direction, policy coordination, and oversight of suicide prevention efforts. This action remains open.

Action 5, Supplemental Appropriations for Fiscal Year 2009, Senate Report 111-020 – Neurocognitive Baseline Assessment

Requirement:

The Senate language identified that Neurocognitive Assessment Tests (NCATs) measure cognitive performance areas most likely affected by mild traumatic brain injury, including attention, judgment, memory, and thinking ability. It also noted that DoD chose the Automated Neurocognitive Assessment Metrics (ANAM) as the specific type of NCAT to test and record a Service member's cognitive performance prior to deployment. The Committee expressed the need to adapt the ANAM to a Web-based product. The Committee requested the Assistant Secretary of Defense for Health Affairs to report on the path forward for developing a Web-based tool for ANAM.

Response:

DoD is in the final phase of developing an automated, web accessible system to support the DoD NCAT tool. Beta tests of the product are underway and the completed product is set for release to the Services in the third quarter of FY11, pending testing results. The system must support the interim NCAT tool (ANAM) as well as any other NCAT tool that DoD may select in the future based on emerging scientific evidence, to include a head-to-head comparative evaluation of commercially available NCAT products.

The DoD system to support NCAT will be developed as a Web-enabled rather than Web-based tool, meaning it need not operate exclusively over the Web. The product will be Web accessible, which will provide the user downloading capability along with the ability to invoke the application over the Web. This will allow DoD to address some of the logistical challenges of interrupted connectivity within theater and address the need for obtaining precise measures of performance during testing. Intermittent Web connectivity would severely degrade test results for a Web-based tool. Any product that is completely Web-based will not provide functionality in a disconnected fashion and will present challenges in military operation. This product must operate independent of internet connectivity to maximize its use and improve test accuracy and performance. Until this system is available, a help desk assists healthcare providers in theater by providing requested baseline ANAM results to use in evaluating post-injury results. This action remains open.

Action 6, NDAA 2010, Section 708 – Mental health assessments for members of the Armed Forces deployed in connection with a contingency operation

Requirement:

Section 708 requires the Secretary of Defense to issue guidance within 180 days after enactment of NDAA 2010 for the provision of a person-to-person mental health assessment for each Service member deployed in connection with a contingency operation during the 60-day period before deployment, between 90 and 180 days after deployment, and not later than 6 months, 12 months, and 24 months after return from deployment. A mental health assessment would not be required for Service members who are not subjected or exposed to operational risk factors during deployment, as determined by the Secretary.

Response:

DoD released guidance to the Services in response to this legislation on July 19, 2010, and reported the information contained within the guidance to Congress on September 29, 2010.

The purpose of the mental health assessment is to identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions, that require referral for additional care and treatment. These assessments must include a person-to-person dialogue (e.g., face-to-face, by telephone, video telehealth) and must be conducted in a private setting to foster trust and openness in discussing sensitive health concerns. The Service member and health care provider components of the mental health assessment are provided in the signed guidance and must be conducted within the following time frames:

1. Within 2 months before the estimated date of deployment;
2. Between 3 and 6 months after return from deployment;
3. Between 7 and 12 months after return from deployment;
4. Between 16 and 24 months after return from deployment.

To ensure consistency across the Services, self-directed training for these assessments is available at: http://fhpr.osd.mil/pdfs/NDAA%20FHP_DHCC.pdf. A certificate of completion will be provided at conclusion of the training. The military Departments will ensure that all health care providers, other than licensed mental health professionals, are trained and certified to perform mental health assessments and to make appropriate clinical referrals. Results from these mental health assessments must be recorded in the Service member's medical record to assist with health surveillance of the deploying force and to allow sharing of mental health assessment data with providers from the Department of Veterans Affairs, consistent with applicable information sharing protocols. This action is closed.

Action 7, NDAA 2010, Section 712 – Administration and prescription of psychotropic medications for members of the Armed Forces before and during deployment

Requirement:

The Secretary of Defense shall submit to the congressional defense committees a report on the implementation of policy guidance dated November 7, 2006, regarding deployment-limiting psychiatric conditions and medications. Not later than October 1, 2010, the Secretary shall establish and implement a policy for the use of psychotropic medications for deployed members of the Armed Forces.

Response:

In fulfillment of this requirement, DoD published a policy on the use of psychotropic medications for deployed members of the Armed Forces on February 2, 2010. Department of Defense Instruction (DoDI) 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," incorporates the November 7, 2006, Health Affairs memorandum entitled "Deployment-Limiting Psychiatric Conditions and Medications."

The contents of these policy issuances have been mapped to the policy elements required by NDAA 10, Section 712, to examine if a need exists for additional policy guidance. The Office of the Deputy Assistant Secretary of Defense for Clinical and Program Policy has initiated the required actions to evaluate compliance with the requirements set forth in the policy guidance dated November 7, 2006, as well as with the new policy published February 2, 2010. The final report to Congress will be complete in the first half of FY 2011 and will include a detailed summary of findings from the implementation compliance analysis that is currently underway. This action remains open.

Action 8, Improve Individual Medical Readiness (IMR)

Requirement:

Currently, the Services do not meet IMR established by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) for either Medically Ready or Indeterminate statuses. Multiple causes, some unique to the Services, have been identified, but questions remain about the validity and usefulness of the IMR measures. USD(P&R) Strategic Plan 2010-12 establishes new measures with new goals. An analysis would provide the fundamental issues that need to be addressed to establish proper measures and goals, and to close existing gaps with established goals.

Response:

On April 29, 2010, USD(P&R) tasked the Military Department Assistant Secretaries for Manpower and Reserve Affairs to report on medical readiness improvement plans to meet IMR targets. In August 2010, USD(P&R) approved the use of a single metric to be implemented in the first quarter of Fiscal Year 2011, reflecting the USD(P&R) Strategic Plan FY10-12, Objective 1.8, "Enhance the medical and dental readiness of the Force, with particular emphasis on the Reserve components." This measure, Total Force Medically Ready, incorporates in its calculation (denominator) those Service members in the Indeterminate status that were previously excluded and considered in a separate metric. Total Force Medically Ready will be calculated as: Fully Medically Ready (FMR) plus Partially Medically Ready (PMR) divided by Total Personnel (FMR plus PMR plus Not Medically Ready plus Medical Readiness Indeterminate). This metric provides a more complete and integrated picture of the Services' IMR status. This measure defines a goal of 80% for all Components since it includes the members in the Indeterminate status in its denominator.

Fourth quarter Fiscal Year 2010 data reflect that the Active Component (AC) met the established goal of the new metric, but the Reserve Component (RC) did not. When the AC and RC are combined, the Services combined didn't meet the newly established goal of 80% (currently at 74%). This metric is reported to USD(P&R) as a single measure combining the AC and RC. When DoDI 6025.19, "Individual Medical Readiness," is revised, the IMR elements will be redefined to independently assess them according to their validity in determining IMR status, and new goals will be reflected. This action remains open and will be annually updated to reflect the latest IMR data.