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

Dear Mr. Chairman:

I am pleased to forward this response to the National Defense Authorization Act for Fiscal Year 2009, (Senate Report 110-335, page 391) that requests the Secretary of Defense to conduct a comprehensive review of the adequacy of dietary and nutritional services to seriously ill and injured service members.

This report contains a discussion and analysis of the adequacy of existing policies, processes, and programs to meet the full range of dietary and nutritional needs of Service members, from common dietary challenges to the seriously ill and injured.

The Military Health System (MHS) has existing policies, processes, and programs in community, outpatient, and inpatient settings to meet the nutritional needs of all Service members who require such services. We have fitness programs and nutritional counseling capabilities in place; advise the provision of healthy choices in meal halls in garrison and in our many deployment settings; advise the offering of healthy nutritional choices in our commissaries and exchanges; and of course, have professional dietary and nutritional counseling available in our MHS.

The impact of our recent and ongoing military conflicts have certainly increased the need for professional dietary and nutritional services personnel. I have instituted a new executive level office for Human Capital management. They have been evaluating the sufficiency of human capital in the MHS in the dietary and nutrition professional service areas. They intend to have an analysis and report available by this summer on plans to recruit and retain appropriate staffing levels to meet all of the dietary and nutritional needs of our Armed Forces.

Also, the Office of the Under Secretary of Defense and my office have developed interim policy for the administrative and clinical management of seriously ill and injured Service members. Because we are still accommodating the changing numbers of those who need such services, we are still working on a combined, integrated Department of Defense (DoD) Instruction on the care management of these individuals. I can assure you that all seriously ill and injured Service members have their nutritional needs assessed and met as a part of our routine quality care in our MHS, and we are
incorporating similar language into the contracted care that will be necessary for our Service members who receive dietary and nutritional care in our contracted settings. Embedded in our interim clinical care management policy are education and training modules – nutrition is a part of the ongoing assessment and care of the seriously ill and injured Service members, and we will continue to improve all aspects of the education and training necessary to properly care for those individuals.

Also, we have a DoD Nutrition Committee that focuses on recommending DoD policy to deliver best-practices in the areas of general and illness and injury-specific dietary and nutrition needs for our Armed Forces; identify required training to keep military and civilian dietary and nutrition professionals skilled in the care of military forces; and recommend research to identify the best food sources for the various military settings including recovery from illness and injury.

We take very seriously our responsibilities toward our Service members and as a part of our medical mission, we seek to support their nutritional needs in health, in peace, in war, and under the stress of illness and injury. We are meeting their needs, but will continue to improve our processes, policies, and programs to keep our healthy troops well, and support the restoration of our ill and injured back to their optimal attainable health.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure: As stated

cc: The Honorable John McCain
Ranking Member
Dear Mr. Chairman:

I am pleased to forward this response to the National Defense Authorization Act for Fiscal Year 2009, (Senate Report 110-335, page 391) that requests the Secretary of Defense to conduct a comprehensive review of the adequacy of dietary and nutritional services to seriously ill and injured service members.

This report contains a discussion and analysis of the adequacy of existing policies, processes, and programs to meet the full range of dietary and nutritional needs of Service members, from common dietary challenges to the seriously ill and injured.

The Military Health System (MHS) has existing policies, processes, and programs in community, outpatient, and inpatient settings to meet the nutritional needs of all Service members who require such services. We have fitness programs and nutritional counseling capabilities in place; advise the provision of healthy choices in meal halls in garrison and in our many deployment settings; advise the offering of healthy nutritional choices in our commissaries and exchanges; and of course, have professional dietary and nutritional counseling available in our MHS.

The impact of our recent and ongoing military conflicts have certainly increased the need for professional dietary and nutritional services personnel. I have instituted a new executive level office for Human Capital management. They have been evaluating the sufficiency of human capital in the MHS in the dietary and nutrition professional service areas. They intend to have an analysis and report available by this summer on plans to recruit and retain appropriate staffing levels to meet all of the dietary and nutritional needs of our Armed Forces.

Also, the Office of the Under Secretary of Defense and my office have developed interim policy for the administrative and clinical management of seriously ill and injured Service members. Because we are still accommodating the changing numbers of those who need such services, we are still working on a combined, integrated Department of Defense (DoD) Instruction on the care management of these individuals. I can assure you that all seriously ill and injured Service members have their nutritional needs
assessed and met as a part of our routine quality care in our MHS, and we are incorporating similar language into the contracted care that will be necessary for our Service members who receive dietary and nutritional care in our contracted settings. Embedded in our interim clinical care management policy are education and training modules – nutrition is a part of the ongoing assessment and care of the seriously ill and injured Service members, and we will continue to improve all aspects of the education and training necessary to properly care for those individuals.

Also, we have a DoD Nutrition Committee that focuses on recommending DoD policy to deliver best-practices in the areas of general and illness and injury-specific dietary and nutrition needs for our Armed Forces; identify required training to keep military and civilian dietary and nutrition professionals skilled in the care of military forces; and recommend research to identify the best food sources for the various military settings including recovery from illness and injury.

We take very seriously our responsibilities toward our Service members and as a part of our medical mission, we seek to support their nutritional needs in health, in peace, in war, and under the stress of illness and injury. We are meeting their needs, but will continue to improve our processes, policies, and programs to keep our healthy troops well, and support the restoration of our ill and injured back to their optimal attainable health.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member
The Honorable Ike Skelton  
Chairman, Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

I am pleased to forward this response to the National Defense Authorization Act for Fiscal Year 2009, (Senate Report 110-335, page 391) that requests the Secretary of Defense to conduct a comprehensive review of the adequacy of dietary and nutritional services to seriously ill and injured service members.

This report contains a discussion and analysis of the adequacy of existing policies, processes, and programs to meet the full range of dietary and nutritional needs of Service members, from common dietary challenges to the seriously ill and injured.

The Military Health System (MHS) has existing policies, processes, and programs in community, outpatient, and inpatient settings to meet the nutritional needs of all Service members who require such services. We have fitness programs and nutritional counseling capabilities in place; advise the provision of healthy choices in meal halls in garrison and in our many deployment settings; advise the offering of healthy nutritional choices in our commissaries and exchanges; and of course, have professional dietary and nutritional counseling available in our MHS.

The impact of our recent and ongoing military conflicts have certainly increased the need for professional dietary and nutritional services personnel. I have instituted a new executive level office for Human Capital management. They have been evaluating the sufficiency of human capital in the MHS in the dietary and nutrition professional service areas. They intend to have an analysis and report available by this summer on plans to recruit and retain appropriate staffing levels to meet all of the dietary and nutritional needs of our Armed Forces.

Also, the Office of the Under Secretary of Defense and my office have developed interim policy for the administrative and clinical management of seriously ill and injured Service members. Because we are still accommodating the changing numbers of those who need such services, we are still working on a combined, integrated Department of Defense (DoD) Instruction on the care management of these individuals. I can assure you that all seriously ill and injured Service members have their nutritional needs assessed and met as a part of our routine quality care in our MHS, and we are
incorporating similar language into the contracted care that will be necessary for our Service members who receive dietary and nutritional care in our contracted settings. Embedded in our interim clinical care management policy are education and training modules – nutrition is a part of the ongoing assessment and care of the seriously ill and injured Service members, and we will continue to improve all aspects of the education and training necessary to properly care for those individuals.

Also, we have a DoD Nutrition Committee that focuses on recommending DoD policy to deliver best-practices in the areas of general and illness and injury-specific dietary and nutrition needs for our Armed Forces; identify required training to keep military and civilian dietary and nutrition professionals skilled in the care of military forces; and recommend research to identify the best food sources for the various military settings including recovery from illness and injury.

We take very seriously our responsibilities toward our Service members and as a part of our medical mission, we seek to support their nutritional needs in health, in peace, in war, and under the stress of illness and injury. We are meeting their needs, but will continue to improve our processes, policies, and programs to keep our healthy troops well, and support the restoration of our ill and injured back to their optimal attainable health.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member
Dear Madam Chairwoman:

I am pleased to forward this response to the National Defense Authorization Act for Fiscal Year 2009, (Senate Report 110-335, page 391) that requests the Secretary of Defense to conduct a comprehensive review of the adequacy of dietary and nutritional services to seriously ill and injured service members.

This report contains a discussion and analysis of the adequacy of existing policies, processes, and programs to meet the full range of dietary and nutritional needs of Service members, from common dietary challenges to the seriously ill and injured.

The Military Health System (MHS) has existing policies, processes, and programs in community, outpatient, and inpatient settings to meet the nutritional needs of all Service members who require such services. We have fitness programs and nutritional counseling capabilities in place; advise the provision of healthy choices in meal halls in garrison and in our many deployment settings; advise the offering of healthy nutritional choices in our commissaries and exchanges; and of course, have professional dietary and nutritional counseling available in our MHS.

The impact of our recent and ongoing military conflicts have certainly increased the need for professional dietary and nutritional services personnel. I have instituted a new executive level office for Human Capital management. They have been evaluating the sufficiency of human capital in the MHS in the dietary and nutrition professional service areas. They intend to have an analysis and report available by this summer on plans to recruit and retain appropriate staffing levels to meet all of the dietary and nutritional needs of our Armed Forces.

Also, the Office of the Under Secretary of Defense and my office have developed interim policy for the administrative and clinical management of seriously ill and injured Service members. Because we are still accommodating the changing numbers of those who need such services, we are still working on a combined, integrated Department of Defense (DoD) Instruction on the care management of these individuals. I can assure you that all seriously ill and injured Service members have their nutritional needs
assessed and met as a part of our routine quality care in our MHS, and we are incorporating similar language into the contracted care that will be necessary for our Service members who receive dietary and nutritional care in our contracted settings. Embedded in our interim clinical care management policy are education and training modules – nutrition is a part of the ongoing assessment and care of the seriously ill and injured Service members, and we will continue to improve all aspects of the education and training necessary to properly care for those individuals.

Also, we have a DoD Nutrition Committee that focuses on recommending DoD policy to deliver best-practices in the areas of general and illness and injury-specific dietary and nutrition needs for our Armed Forces; identify required training to keep military and civilian dietary and nutrition professionals skilled in the care of military forces; and recommend research to identify the best food sources for the various military settings including recovery from illness and injury.

We take very seriously our responsibilities toward our Service members and as a part of our medical mission, we seek to support their nutritional needs in health, in peace, in war, and under the stress of illness and injury. We are meeting their needs, but will continue to improve our processes, policies, and programs to keep our healthy troops well, and support the restoration of our ill and injured back to their optimal attainable health.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member