



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
**U.S. ARMY INSTITUTE OF SURGICAL RESEARCH**  
**3400 RAWLEY E. CHAMBERS AVENUE, BLDG 3611**  
**FORT SAM HOUSTON, TEXAS 78234-6315**

MCMR-SRZ

**MAR 25 2010**

MEMORANDUM THRU Commander, U.S. Army Medical Research and Materiel Command,  
504 Scott Street, Fort Detrick, Maryland 21702-5012

FOR Commander, U.S. Army Medical Command, 2050 Worth Road, Fort Sam Houston, Texas  
78234

SUBJECT: Organizational Placement of Joint Theater Trauma System (JTTS)

1. For DECISION.
2. PURPOSE. To obtain a decision on whether the JTTS should remain part of the U.S. Army Institute of Surgical Research (USAISR) or become an element of another unit, possibly joint.
3. RECOMMENDATION. Leave JTTS as an element of the USAISR. In addition, the JTTS should:
  - a. Receive a commitment for long-term funding.
  - b. Be provided adequate space to hire authorized personnel to better accomplish its mission.
4. BACKGROUND AND DISCUSSION. The Chief of Staff, U.S. Army Medical Command (MEDCOM) directed that a decision paper be written to outline the issues associated with JTTS remaining an element of the USAISR or moving it to another element within the Army or the Department of Defense (DoD). This was precipitated because the JTTS Director proposes it be realigned to a Joint organization, or a defense organization with the Army as Executive Agent.
  - a. The JTTS was established in 2003 as an element of the USAISR to improve the organization and delivery of trauma care to wounded warriors. An overview of JTTS mission/vision, organizational structure and accomplishments are at TAB A.
  - b. Recommendations 169, 170, and 174 of Base Realignment and Closure (BRAC) 2005 directed the relocation of all Army, Navy and Air Force battlefield health and trauma research functions (less neuroprotection) to USAISR. This action is scheduled to be completed by 1 June 2010, when the Battlefield Health and Trauma Research Institute (BHT) is completed at Fort Sam Houston, Texas. The BRAC 2005 recommendations are at TAB B.
  - c. The primary reasons suggested for moving from USAISR are:
    - (1) Perception as Army Program.
    - (2) Potential perception of comingling P6 and P8 dollars.

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- (3) Optimal placement at Joint/Defense level to broaden impact and visibility.
- (4) Limited availability of space at USAISR hindering mission.
- (5) Multiple Tri-Service customers.
- (6) Greater collaboration among Services.
- (7) Broader reach and participation by other Services for development and implementation of Clinical Practice Guidelines (CPGs).
- (8) The JTTS is not a research organization, but rather a performance improvement organization.

d. The primary reasons advanced by the USAISR for retaining the JTTS as an element of the USAISR are:

(1) All Tri-service battlefield health and trauma research functions (less neuroprotection) are being relocated to the BHT (Tri-Service). The USAISR is going to be the largest of the Services' research elements within the BHT, with the Navy and Air Force units being tenants of the USAISR. The ultimate objective being to establish an entity that integrates all Services' combat casualty care research missions/functions into a multi-faceted synergistic research capability with a clinical foundation.

(2) The USAISR is a key "customer" of JTTS products. Specifically, the Joint Theater Trauma Registry directs research in combat casualty care and will do so in the future. With the arrival of Navy and Air Force researchers at the BHT, their proximity to the JTTS will enhance access to and understanding of JTTS products; ultimately impacting their research efforts. Moreover, everyone working at the BHT, to include JTTS personnel, will be in a "Joint" rather than an Army environment. As such, the JTTS should experience greater interest by the Navy and Air Force, leading to greater impact and visibility.

(3) As a unit with both a research and clinical mission, the USAISR is one of the few DoD units with experience in dealing with both P6 and P8 funds and the issue of continued funding will remain, no matter where the JTTS resides.

(4) The availability of space is extremely limited in the San Antonio area and the USAISR has been unable to obtain additional areas for JTTS use. The USAISR, however, is committed to the JTTS and will continue to provide as much space as possible to meet their needs.

(5) The USAISR offers full support (personnel, resource management, information management, logistics, operations training/security, subject matter experts in trauma), a joint environment, and maximal utilization.

e. The rationale for this recommendation is at TAB C.

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5. IMPACTS. None.

6. POINT OF CONTACT. The point of contact for this action is Mike Feeley, (210) 916-0859.

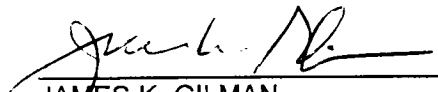
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1. JTTS Overview (TAB A)
2. BRAC 2005 BRAC Language (TAB B)
3. Rational for Decision (TAB C)



LORNE H. BLACKBOURNE  
COL, MC  
Commanding


Recommend Approval / ~~Disapproval~~



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JAMES K. GILMAN  
MG, MC  
Commanding General

Recommend Approval / ~~Disapproval~~



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ERIC B. SCHOOMAKER  
Lieutenant General  
The Surgeon General and  
Commanding General, USAMEDCOM