
The U.S. Army Medical Department Commitment to Injury Reduction

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Medical surveillance data demonstrate that injuries are the leading health problem of the U.S. Army, resulting in over 900,000 injury-related encounters with Army medical providers in 2006. The Army consistently experiences the highest injury rates compared to other services, which places a constant strain on the Army's medical and personnel systems and has a negative impact on unit deployment readiness.

Unlike other health conditions that can be effectively reduced by vaccination, counseling, or other preventive medical efforts, injuries cannot be prevented through medical efforts alone. Rather, partnerships with safety and operational commanders are essential to achieve desired reductions, as they have direct and routine contact with our soldiers and control the environments and circumstances in which injuries occur. Ultimately, it is the commander who has responsibility for preventing injuries to soldiers and has a major concern for their well-being.

In 2003, the Defense Safety Oversight Council (DSOC) was established to reduce injuries across the Department of Defense. Since then, U.S. Army Medical Department epidemiologists, public health educators, providers, and researchers have contributed greatly to DSOC efforts. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)—the Army's public health agency—leads projects to improve the documentation of injury causes in medical records; evaluates interventions to prevent injuries during airborne and other training; investigates the effects of deployment on fitness and injury; develops leadership injury prevention training; identifies existing interventions to prevent work-related falls; and conducts epidemiologic analyses to identify causes of motor vehicle accidents among military personnel. As

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described in three of the papers in this supplement to the *American Journal of Preventive Medicine*, the USACHPPM also introduced DSOC leadership to both the public health process^{1,2} and a systematic process for establishing injury prevention priorities.³

While great progress has been made toward controlling injuries among military personnel, continued control and reductions in injury rates depend on institutionalizing existing processes and establishing additional links between medical providers, public health and safety officials, and commanders. The Army Medical Department (AMEDD) is prepared to provide continued leadership in defining data-driven priorities and maintaining a systematic process toward injury prevention. In addition, AMEDD needs to develop plans to support long-term injury prevention progress by (1) applying lessons learned during the prioritization process to set research priorities and (2) distributing the scientific evidence of injury prevention tactics to commanders, workplace supervisors, safety officers, and others who can implement injury prevention programs and policies. AMEDD also recognizes the integral role behavior change plays in injury prevention and will make specific efforts to ensure that the Army succeeds in changing risky behaviors, as the AMEDD has done with other problems. Continuing to build upon and follow a systematic, public health approach to injury prevention will enable continued progress toward reducing the negative impact injuries place on soldiers, their families, commanders, and the Army medical system.

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