Current Department of Defense Guidance for Total Force Fitness

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ABSTRACT  Fitness and health care have traditionally had a major focus in the military and will continue to be an important focus for the medical community throughout the 21st century. The challenges of meeting comprehensive mental and physical care for service members are many, especially in this era of persistent conflict. One must ask two questions: What is military fitness? What and who determines what qualities are components of total force fitness? We have focused much of our attention on enhancing physical health and equating that to fitness, but we must look beyond this singular focus for all. Going back to 2006, the Uniformed Services University of the Health Sciences held a conference for more than 80 attendees from several Department of Defense (DoD) and service-level organizations on this subject. Entitled “Human Performance Optimization (HPO) in the Department of Defense,” this conference set out toward a goal of initiating the development of an overall strategic plan for human performance optimization for the military. The finding of this conference was subsequently published in Military Medicine in 2007. This conference recognized that there was a capability gap regarding HPO, and even today it continues to be so. One important initiative that evolved from that meeting was the development of a dedicated human performance office within Force Health Protection in the Assistant Secretary of Defense Office (Health Affairs). This office has been an active partner within the DoD on all issues arising in the area of HPO. Other related efforts at the DoD Health Affairs level to highlight fitness and performance can be found in the Military Health System Strategic Plan. A “Healthy, Fit and Protected Force” is one of the four components of the mission of the MHS and “Optimizing Human Performance” is further specified in mission element 2: Fit, Healthy and Protected Force. The importance of fitness is also recognized in the most current version of the Joint Force Health Protection Concept of Operations dated July 2007, as a Joint Force Health Protection capability. Senior leadership further recognized the need for a more inclusive and comprehensive program for fitness. In December 2009, a “Total Force Fitness for the 21st Century” conference was held at the Uniformed Services University of the Health Sciences to again address health, fitness, and performance optimization, and ultimately, develop a consolidated Chairman, Joint Chiefs of Staff directive on the way ahead for DoD total force fitness, with application to all services. One product from the conference was an identification of eight integral components of fitness: social, behavioral, physical, environmental, medical, spiritual, nutritional, and psychological fitness. Furthermore, this program would be prevention focused, individual centric, and that the family would be recognized as central to the total force fitness equation. This direction is similar to the Comprehensive Soldier Fitness program that was recently launched by the Army, which contains several overlapping areas of emphasis: family–soldier relationships, assessment and training from accession to retirement, and that leadership engagement is a key component in individual growth. The Army’s focus on the comprehensive soldier fitness concept has been an important framework for the Chairman, Joint Chiefs of Staff to engage all the services to adopt a unified overarching product, but gives the services the freedom to address individual differences. The Air Force has forged out in this realm too in a quest to improve human performance. They have moved from a model traditionally founded on force protection to a more holistic doctrine that “incorporates a capabilities-based, total life-cycle approach to managing airmen, a performance-based force projection model that concentrates on human performance.”

Traditionally, attention to fitness within the military has generally been targeted only to the physical domain. Each service has its own unique evaluation tool, such as the Army Physical Fitness Test, to measure an individual’s physical performance with some of the test requirements changing focus over time using measure/metric to evaluate their performance. As the military closes in on the ninth year of persistent conflict in Iraq and Afghanistan, a larger concern is emerging about the total health of the force. Physical injury patterns
from blast and improvised explosive devices are clearly different from previous conflicts, especially in the area of amputations, which has challenged traditional health care standards, both in how we take care of them and the total numbers seen. Not so easily identified and treated are the so-called “hidden” injuries—head, vision, and now the more often diagnosed concussions, post-traumatic stress disorder, and anxiety. The personal and professional burden they create for our returning warriors is potentially overwhelming.

Our experience with injuries and illnesses from these conflicts has identified that there are additional domains of health that the health care systems have not uniformly targeted for evaluation and/or personal growth for our service members and their families. The Army has made the first service-wide attempt to consolidate a group of “strengths” for evaluation. They have identified five strengths—physical, social, emotional, family, and spiritual—and have begun to build an Army life cycle program to foster development, improvement, and further growth in each domain. The remaining services have yet to fully implement a similar program that engages the service members and their families in such a comprehensive fashion. This evaluation of needs by the Army has energized the DoD to assess the need for a unified, overarching program for all services.

The Department of Defense provides guidance for all DoD personnel through several types of department directives and instructions. The most encompassing policy guidance comes from the issuance called the Department of Defense Directive (DoDD). Directives are documents that establish policy, delegate authority, and assign responsibility. This includes non-organizational charters, assignment of functions and resources between or among the DoD or Office of the Secretary of Defense (OSD) components, assignment of executive agents, and matters of special interest to the secretary or deputy secretary of defense. Currently there is only one directive that addresses many of the concepts contains within total fitness. It is DoDD 6200.04, “Force Health Protection,” the only DoD policy that complements the departments full dimensional force protection effort for all members of the active duty and reserve components. Briefly, it mandates that all service members shall be physically and mentally fit to carry out their missions. Furthermore, the commanders, supervisors, individual service members, and the Military Health System shall promote, improve, conserve, and restore the physical and mental well-being of members of the armed forces across the full range of military activities and operations. It goes on to clarify how the DoD components shall provide a healthy and fit force, to include civilian and contractor personnel who accompany the force. In addition to this above-mentioned directive, DoDD 1010.10, “Health Promotion and Disease/Injury Prevention,” further clarifies the policy and responsibilities for health promotion, disease and injury prevention, and population health with the DoD. It establishes the DoD requirement to implement health promotion, disease and injury prevention programs, and population health to improve and sustain military readiness and the health, fitness, and quality of life of military personnel, DoD personnel, as well as other beneficiaries. This DoDD further emphasizes the Healthy People Leading Health Indicators, which were to create a culture within DoD that values health and fitness and empowers individuals and organizations to actualize those values and achieve optimal health. It also delineates who has what responsibilities to coordinate, implement, and evaluate DoD policy.

Using the DoDD policies as base documents, the department produces issuances that provide department-level guidance in the form of a DoD Instruction (DoDI). This guidance delves deeper into specific aspects of programs and procedures that are contained in a directive. DoDI 1308.3, “DoD Physical Fitness and Body Fat Programs Procedure” is the only specific issuance in the physical fitness domain. It states that service members shall maintain physical readiness through appropriate nutrition, health, and fitness habits. Aerobic capacity, muscular strength, muscular endurance, and desirable body fat composition, form the basis for the DoD Physical Fitness and Body Fat Programs where the criteria for evaluation and body fat measurement is identified within the program.

Queries for DoD-level guidance on many of the other components of total fitness are limited. DoDI 6490.4 “Requirements for Mental Health Evaluations of Members of the Armed Forces” touches on three components of total fitness—mental, behavioral, and psychological fitness. This instruction addresses the referral, evaluation, treatment, and administrative management of service members who may require mental health evaluation, psychiatric hospitalization, and/or assessment of risk for potentially dangerous behavior and protects the rights of service members referred by their chain of command. There are no other documents currently written at the DoD level addressing social, environmental, spiritual, or nutritional fitness.

There are two DoDIs that are more holistic in their influence. The first is DoDI 6130.4, “Medical Standards for Appointment, Enlistment or Induction in the Armed Forces,” and the second, DoDI 6490.03, “Deployment Health.” The Medical Standards DoDI focuses on physical fitness and has a limited evaluation on psychological fitness of the individual in regard to military service. The DoDI for Deployment Health is much more prescriptive with a requirement to document and reduce the risk of disease and occupational exposures of deployed personnel along with recording daily locations of these personnel. This includes exposures, reporting of data, and submission of health-related lessons learned to their respective services.

Total force fitness for the services, military families, and our civilian workforce faces many challenges ahead. We must clearly define what those fitness components will be, how they will be assessed as individual measures, as well as how they will be applied to the community at large, how they will be “trained,” and who determines and what the “end state”
is—all tasks that lie ahead. The Department of Defense needs to be an active participant in all these discussions as we forge ahead. Effective, well-informed guidance from our senior leaders is paramount to the successful launch of this initiative and ensure that it becomes totally integrated into the entire life cycle of our service members. The individuals within our ranks are our most valuable resource and we need to embark on a journey to maximize their potential to the fullest.

REFERENCES