



# Department of Defense

## DIRECTIVE

NUMBER 6025.21E

July 5, 2006

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USD(AT&L)

SUBJECT: Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries

- References: (a) Section 256 of Public Law 109-163, "National Defense Authorization Act for Fiscal Year 2006"<sup>1</sup>
- (b) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
  - (c) DoD Directive 5134.3, "Director of Defense Research and Engineering (DDR&E)," November 3, 2003
  - (d) DoD Directive 5025.1, "DoD Directives System," March 2005
  - (e) through (g), see Enclosure 1

### 1. PURPOSE

This Directive:

1.1. Implements Reference (a) by establishing policy and assigning responsibilities governing coordination and management of medical research efforts and DoD programs related to prevention, mitigation, and treatment of blast injuries.

1.2. Designates the Secretary of the Army, in compliance with Reference (a) and consistent with Reference (b), as the DoD Executive Agent (DoD EA) for Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries according to Reference (b).

1.3. Establishes the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee. The ASBREM Committee serves to facilitate coordination and prevent unnecessary duplication of effort within DoD biomedical research and development and associated enabling research areas, to include serving as the forum for implementation of subsections (d) and (g) of Reference (a).

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<sup>1</sup> Federal legislative information is available through the Library of Congress THOMAS site, <http://thomas.loc.gov>.

## 2. APPLICABILITY

This Directive applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter collectively referred to as the “DoD Components”).

2.2. Medical and associated enabling research supported by any DoD Component for prevention, mitigation, and treatment of blast injuries.

## 3. DEFINITIONS

As used in this Directive, the following terms are defined as follows:

3.1. Blast Injury. Injury that occurs as the result of the detonation of high explosives, including vehicle-borne and person-borne explosive devices, rocket-propelled grenades, and improvised explosive devices. The blast injury taxonomy is provided at Enclosure 2.

3.2. Research. Any systematic investigation, including research, development, testing, and evaluation (RDT&E), designed to develop or contribute to general knowledge.

## 4. POLICY

It is DoD policy that:

4.1. DoD research related to blast injury prevention, mitigation, and treatment will be coordinated and managed by a DoD EA to meet the requirements, objectives, and standards of the DoD Military Health System as identified by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the unique combat casualty care requirements of the DoD Components.

4.2. Relevant research shall take maximum advantage of the scientific and technical capabilities of industry, academia, DoD Components, and other Federal Agencies.

4.3. The ASBREM Committee will be the venue for joint and cross-Service coordination specified by Reference (a).

4.4. DoD Components will gather and share medical information related to the efficacy of personal protective equipment and of vehicular equipment designed to protect against blast injury.

## 5. RESPONSIBILITIES AND FUNCTIONS

5.1. The Director of Defense Research and Engineering (DDR&E), under the Under Secretary of Defense for Acquisition, Technology and Logistics, according to DoD Directive 5134.3 (Reference (c)), shall:

5.1.1. Plan, program, and execute the functions and reports mandated for the DDR&E by Reference (a).

5.1.2. Have the authority to publish DoD Issuances consistent with Reference (d) for implementation of this Directive.

5.1.3. Establish, as needed, procedures to ensure that new technology developed under this Directive is effectively transitioned and integrated into systems and subsystems and transferred to and firmly under the control of the DoD Components.

5.1.4. Chair the ASBREM Committee to coordinate DoD biomedical research (see Enclosure 3 for additional detail), and employ that entity to facilitate the DoD EA's coordination and oversight of blast-injury research as specified in Reference (a).

5.1.5. Serve as the final approving authority for DoD blast-injury research programs.

5.1.6. Oversee the functions of the DoD EA and conduct/report on related periodic assessments (per Reference (a)).

5.2. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the USD(P&R), shall:

5.2.1. Assist the DDR&E, the DoD EA, and the Director, Joint Improvised Explosive Devices Defeat Organization (JIEDDO), with identification of related operational and research needs, assessment of relevant research efforts, and coordination of planning to resolve capability gaps through focused research efforts.

5.2.2. Be the approving authority for Military Health System prevention and treatment standards developed and proposed by the DoD EA.

5.2.3. Appoint appropriate representatives to related coordinating boards or committees established by the DoD EA.

5.2.4. Ensure that the information systems capabilities of the Military Health System support the DoD EA and the functions specified by this Directive.

5.2.5. Serve as Co-chair of the ASBREM Committee. (See Enclosure 3 for additional detail.)

5.3. The Secretary of the Army is hereby designated as the DoD EA for Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries, consistent with Reference (a), to coordinate and manage relevant DoD research efforts and programs, and in that role shall:

5.3.1. Give full consideration to the Research and Engineering (R&E) needs of the DoD Components and the Director, JIEDDO, addressing those needs/requirements by:

5.3.1.1. Maintaining a DoD technology base for medical research related to blast injuries and based on the DDR&E-approved program for the DoD Components.

5.3.1.2. Performing programming and budgeting actions for all blast-injury research to maintain the R&E programs based on DDR&E-approved priorities of the DoD Components.

5.3.1.3. Programming and budgeting for blast-injury research based on analysis and prioritization of needs of the DoD Components, consistent with paragraph 5.1 of this Directive.

5.3.1.4. Executing the approved DoD blast-injury research program consistent with DoD guidance and availability of annual congressional appropriations.

5.3.2. Provide medical recommendations with regard to blast-injury prevention, mitigation, and treatment standards to be approved by the ASD(HA).

5.3.3. Coordinate DoD blast-injury-research issues with the staffs of the DDR&E, the ASD(HA), and the Director, JIEDDO.

5.3.4. Support the development, maintenance, and usage of a joint database for collection, analysis, and sharing of information gathered or developed by the DoD Components related to the efficacy of theater personal protective equipment (including body armor, helmets, and eyewear) and vehicular equipment designed to protect against blast injury.

5.3.5. Appoint a medical general or flag officer representative to the ASBREM Committee.

5.3.6. Ensure that information is shared as broadly as possible except where limited by law, policy, or security classification and that data assets produced as a result of the assigned responsibilities are visible, accessible, and understandable to the rest of the Department as appropriate and in accordance with Reference (e).

5.4. The Secretaries of the Navy and the Air Force shall:

5.4.1. Forward their respective approved blast-injury medical R&E requirements to the DoD EA for consideration and integration.

5.4.2. Appoint medical general or flag officer representatives to the ASBREM Committee and appoint representatives to any other coordination, oversight, or assessment board established by DDR&E or the DoD EA.

5.4.3. Coordinate with other DoD Components on the assignment of Joint Technical Staff Officers to Army medical research entities, research and acquisition organizations, or installations for coordination of research programming and execution needs pertaining to their Component.

5.4.4. Provide an appropriate system for identification, verification, prioritization, and headquarters-level approval of their respective blast-injury R&E requirements before submission to the DoD EA.

5.5. The President of the Uniformed Services University of the Health Sciences (USUHS), under the ASD(HA) and USD(P&R), shall:

5.5.1. Ensure that education relating to blast-injury prevention, mitigation, and treatment is included in the USUHS medical and continuing education curriculum and programs.

5.5.2. Appoint a representative to any coordination, oversight, or assessment board established by DDR&E or the DoD EA.

5.6. The Chairman of the Joint Chiefs of Staff shall:

5.6.1. Coordinate input to the DoD EA and ensure integration of the requirements processes of the Joint Capabilities Integration and Development System<sup>2</sup> with the processes employed under this Directive.

5.6.2. Appoint a relevant senior representative to the ASBREM Committee.

5.6.3. Appoint representatives to organizational entities of the ASBREM Committee and to any other coordination, oversight, or assessment board established by DDR&E or the DoD EA.

5.7. The Commander, U.S. Special Operations Command shall establish procedures and processes for coordination of relevant Defense Major Force Program 11 activities with those planned, programmed, and executed by the DoD EA and shall also:

5.7.1. Forward that command's approved blast-injury R&E requirements for consideration and integration to the DoD EA.

5.7.2. Appoint representatives to organizational entities of the ASBREM Committee, as appropriate, and to any other coordination, oversight, or assessment board established by DDR&E or the DoD EA.

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<sup>2</sup> CJCSI 3170.01E, "Joint Capabilities Integration and Development System," May 11, 2005, is available at [http://www.dtic.mil/cjcs\\_directives/cjcs/instructions.htm](http://www.dtic.mil/cjcs_directives/cjcs/instructions.htm).

5.7.3. Coordinate with the command on the assignment of Joint Technical Staff Officers to Army medical research entities, research and acquisition organizations, or installations for coordination of research programming and execution needs.

5.7.4. Provide an appropriate system for identification, verification, and headquarters-level approval of that command's blast-injury R&E requirements before submission to the DoD EA.

5.8. The Director, JIEDDO, consistent with Reference (f), shall:

5.8.1. Support development, maintenance, and usage of a joint database for collection, analysis, and sharing of information gathered or developed by DoD Components related to the efficacy of theater personal protective equipment (e.g., body armor, helmets, and eyewear) and vehicular equipment designed to protect against blast-injury.

5.8.2. Appoint representatives to organizational entities of the ASBREM Committee, as appropriate, and to any other coordination, oversight, or assessment board established by DDR&E or the DoD EA.

5.8.3. Assist the DoD EA, the DDR&E, and the ASD(HA) with identification of related operational and research needs, assessment of relevant research efforts, and coordination of planning to resolve capability gaps through focused research efforts.

## 6. AUTHORITY

The DoD EA identified by this Directive is hereby delegated authority to do the following:

6.1. Obtain reports and information, consistent with the policies and criteria of DoD Directive 8910.1 (Reference (g)), as necessary, to carry out assigned responsibilities and functions.

6.2. Communicate directly with the Heads of the DoD Components, as necessary, to carry out assigned functions, including the transmission of requests for advice and assistance. Communications to the Military Departments shall be transmitted through the Secretaries of the Military Departments, their designees, or as otherwise provided in law or directed by the Secretary of Defense in other DoD issuances. Communications to the Commanders of the Combatant Commands shall normally be transmitted through the Chairman of the Joint Chiefs of Staff.

6.3. Communicate with other Federal Agencies, representatives of the Legislative Branch, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned responsibilities and functions. Communications with representatives of the Legislative Branch shall be coordinated with the Assistant Secretary of Defense for Legislative Affairs and the Under Secretary of Defense (Comptroller)/Chief Financial Officer, as appropriate, and be consistent with the DoD Legislative Program.

7. EFFECTIVE DATE

This Directive is effective immediately.



Gordon England

Enclosures – 3

- E1. References, continued
- E2. Taxonomy of Injuries from Explosive Devices
- E3. ASBREM Committee

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 8320.2, "Data Sharing in a Net-Centric Department of Defense," December 2, 2004
- (f) DoD Directive 2000.19E, "Joint Improved Explosive Device Defeat Organization (JIEDDO)," February 14, 2006
- (g) DoD Directive 8910.1, "Management and Control of Information Requirements," June 11, 1993



E2. ENCLOSURE 2

TAXONOMY OF INJURIES FROM EXPLOSIVE DEVICES

E2.1.1. Primary. Blast overpressure injury resulting in direct tissue damage from the shock wave coupling into the body.

E2.1.2. Secondary. Injury produced by primary fragments originating from the exploding device (preformed and natural (unformed) casing fragments, and other projectiles deliberately introduced into the device to enhance the fragment threat); and secondary fragments, which are projectiles from the environment (debris, vehicular metal, etc.).

E2.1.3. Tertiary. Displacement of the body or part of body by the blast overpressure causing acceleration/deceleration to the body or its parts, which may subsequently strike hard objects causing typical blunt injury (translational injury), avulsion (separation) of limbs, stripping of soft tissues, skin speckling with explosive product residue and building structural collapse with crush and blunt injuries, and crush syndrome development.

E2.1.4. Quaternary. Other “explosive products” effects – heat (radiant and convective), and toxic, toxidromes from fuel, metals, etc. – causing burn and inhalation injury.

E2.1.5. Quinary. Clinical consequences of “post detonation environmental contaminants” including bacteria (deliberate and commensal, with or without sepsis), radiation (dirty bombs), tissue reactions to fuel, metals, etc.

E3. ENCLOSURE 3

ASBREM COMMITTEE

E3.1. ORGANIZATION AND MANAGEMENT

The ASBREM Committee shall:

E3.1.1. Consist of general and flag officer and Senior Executive representatives of relevant DoD Components.

E3.1.1.1. Standing members include relevant senior officials of the DoD Components. At a minimum, the DDR&E, the ASD(HA), and representatives of the DoD Components' Acquisition Executives.

E3.1.1.2. The standing membership may be expanded by invitation of the Chair when issues require senior-level coordination outside the scope of the principal members. Such invited members will include a medical flag officer from the Joint Staff, a designee of the DoD EA specified by this Directive, the Director, JIEDDO, the Director of the Combating Terrorism Technology Support Office, and others as appropriate.

E3.1.2. Be chaired by the DDR&E or Senior Executive designee and co-chaired by the ASD(HA) or Senior Executive designee.

E3.1.3. Convene at the discretion of the Chair and Co-chair.

E3.1.4. Invite the attendance of observers from DoD boards, committees or offices, or from other Federal Agencies with interests in the deliberations of the ASBREM Committee.

E3.1.5. Establish subcommittees, Joint Technology Coordinating Groups, and other entities, as required, to facilitate and execute committee business.

E3.2. FUNCTIONS

The ASBREM Committee shall:

E3.2.1. Review medical RDT&E program plans and accomplishments for quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System, and the goals of Force Health Protection.

E3.2.2. Review program plans and budgets in support of the various guidance documents relevant to National Security and to the missions and functions of the Department of Defense.

E3.2.3. Provide coordination, recommendations, and support to DoD EA(s) and other DoD officials as requested, directed, or otherwise appropriate.