



DoD INSTRUCTION 6040.47

JOINT TRAUMA SYSTEM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance:

- Establishes policy, assigns responsibilities, and provides procedures to develop and maintain an enduring global trauma care capability that supports the DoD trauma enterprise (DTE), including activities within the garrison environment and across the full range of military operations (ROMO).
- Implements Sections 707 and 708 of Public Law 114-328, to include designation of the Joint Trauma System (JTS) as the reference body for all trauma care provided across the DTE.
- Establishes the Director, Defense Health Agency (DHA) as the Military Health System (MHS) Lead Agent for trauma care, recognizes the JTS as a DoD Center of Excellence (DCoE), and establishes the JTS Defense Committee on Trauma (DCoT).
- Establishes an integrated Combatant Command (CCMD) Trauma System (CTS) modeled after the Joint Theater Trauma System (JTTS), and the requirement for a comprehensive

DoD Trauma Registry (DoDTR) that gathers relevant data from point of injury (POI) through rehabilitation for all Service members.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the CCMDs, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

1.2. POLICY. It is DoD policy that:

a. The DoD supports trauma care research to increase readiness and decrease injuries and preventable death, while improving health and quality of life for those Service members who have suffered traumatic injuries.

b. The DTE initiatives focus on the prevention, diagnosis, mitigation, treatment of trauma injuries, and rehabilitation of injured Service members.

c. The JTS DoDTR serves as the DoD’s sole, comprehensive repository for all trauma data collected from point of POI through rehabilitation, to include trauma data collected in the garrison setting and across the ROMO.

d. Trauma-related data throughout the DTE is gathered and analyzed in order to exchange information across the DoD, and across national and international trauma communities of interest.

e. The DoD identifies, tracks, and recommends performance improvement (PI) measures to ensure the appropriate evaluation and treatment of injured Service members across the continuum of care.

f. The DoD adheres to the priorities outlined in the approved Joint Requirements Oversight Council Memoranda (JROCM) Force Health Protection JROCM 031-14, Combat Casualty Care Medical Research and Development JROCM 025-15, Joint Theater Patient Evacuation JROCM 048-15, Defense Trauma Enterprise JROCM 126-17, and Sections 707 and 708 of Public Law 114-328.

1.3. SUMMARY OF CHANGE 2. The changes to this issuance implement Sections 707 and 708 of Public Law 114-328 and DTE JROCM 126-17. These changes reflect the expanded responsibilities, composition, and procedures of the DHA JTS as the designated reference body for all trauma care provided across the DTE.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

- a. Advises the Secretary of Defense and USD(P&R) and provides policy guidance and oversight with respect to the implementation of Sections 707 and 708 of Public Law 114-328.
- b. Uses the Planning, Programming, Budgeting, and Execution process to allocate of funds from the Defense Health Program appropriation for an annual operating budget to maintain the JTS.
- c. Monitors compliance with this issuance, develops procedural guidance, and implements measures of effectiveness as necessary.
- d. Informs the USD(P&R) of development and deployment of DTE capabilities, and provides supporting guidance to this issuance as necessary.
- e. Approves standardized trauma care guidance, recommended by the JTS, for distribution and inclusion in training throughout the DTE.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. Functions as the DoD proponent for trauma-related policy recommendations from the JTS.
- b. Establishes and maintains communications with the appropriate MHS senior governance council to present and address policy matters related to the DTE.
- c. Coordinates with the DoD Components on policy issues related to the DTE.
- d. Facilitates communication among the Joint Staff, operational commanders, Service medical communities, and the DHA on matters related to DTE requirements.
- e. Specifies key force health protection elements, reporting frequency, and measures of success for quality assurance pursuant to DoD Instruction (DoDI) 6200.05.
- f. Develops and coordinates DTE policy to incorporate changes or updates recommended by the JTS.
- g. Updates and modifies this issuance based upon emerging scientific and medical data provided by the JTS.

2.3. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R) through the ASD(HA), the Director, DHA:

a. Through the CJCS, supports the CCMDs as the designated Combat Support Agency pursuant to DoD Directive 5136.13 on DTE initiatives, standards, and education to ensure MHS trauma capabilities meet CCMD requirements.

b. Budgets annually to implement and maintain DTE requirements.

c. Publishes technical guidance, regulations, and procedural instructions in accordance with DoD Directive 5136.13, for the DoD Components in support of this issuance and related DTE policy.

d. Facilitates communication among the Joint Staff; operational forces; and medical communities, including the Department of Veterans Affairs and non-Federal entities; and the JTS on matters related to the DTE.

e. Coordinates through established governance to recommend standardized DoD trauma education and training on medical readiness and the continuum of trauma care delivery within the DoD.

f. Incorporates medical readiness training and skills sustainment across the full ROMO in accordance with DoDI 1322.24 to support current and emerging trauma care initiatives.

g. Develops and provides periodic trauma surveillance reports to the DASD(HRP&O) and Services to inform policy decisions.

h. Facilitates changes and updates to DTE processes and procedures recommended by the JTS, as outlined in Section 3.

i. Reviews comprehensive summary data generated from the JTS for Combat Support Agency applicability, and submits the appropriate data to DASD(HRP&O).

j. Designates the Division Chief and Senior Enlisted Advisor (SEA), JTS, selecting the best-qualified candidates from nominees of the Military Department Surgeons General.

k. Recommends changes and updates to the DTE processes and procedures to the DASD(HRP&O), in coordination with the Military Services, the Joint Staff, and CCMDs.

l. Updates and sustains DTE guidelines in coordination with the Military Services, the Joint Staff, and the CCMDs.

m. Ensures medical records are handled in accordance with DoDI 6040.45.

n. Coordinates with the Military Services, Joint Staff, and CCMDs to:

(1) Establish standard performance metrics and procedures for DoD trauma care in coordination with the JTS.

(2) Support and maintain medical readiness training and trauma care programs in accordance with DoDI 1322.24.

(3) Direct the conduct of research on the leading causes of morbidity and mortality of Service members in combat.

(4) Translate research from the DCoE into standards of clinical trauma care.

o. In coordination with the Military Departments and CCMDs, establishes standards of care and develops outcome measures for trauma services provided at military medical treatment facilities and across the continuum of care.

p. In conjunction with the Secretaries of the Military Departments, enters into and coordinates partnerships with civilian trauma centers to provide trauma teams and individual personnel with maximum exposure to a high volume of patients with trauma injuries. Coordinates with CCMDs when exploring opportunities to develop similar partnerships with military or civilian trauma centers in partner nations.

(1) Develops and maintains a registry that tracks all military-civilian trauma partnerships the Department enters into and retains a copy of all military-civilian trauma partnership memorandums of agreement or understanding.

(2) Establishes minimum criteria and goals for entering into military-civilian trauma partnerships and uses data collection and analysis to support metrics assessing partnership performance.

(3) Coordinates the incorporation of lessons learned from trauma partnerships into clinical practice.

q. Sustains and enhances the DoDTR, integrating trauma and trauma-related data throughout the continuum of care, from POI through rehabilitation.

(1) Coordinates with the Secretaries of the Military Departments to combine disparate trauma registries and databases into the DoDTR, facilitating PI across the DTE and supporting participation in the American College of Surgeons trauma quality programs.

(2) Directs that military medical treatment facilities and other select organizations supporting the DTE (e.g., designated DCoEs) submit data for inclusion in the DoDTR.

r. Maintains a deployable CTS capability in accordance with DHA Procedural Instruction 6040.06.

s. Develops and maintains standardized combat casualty care instruction applicable for all Service members, including the use of standardized trauma training platforms and material solutions.

2.4. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

- a. Plan, program, and budget for Service-specific trauma care initiatives.
- b. Develop and implement doctrine, tactics, training, security procedures, and logistical support for trauma care in accordance with this issuance.
- c. Nominate, through the Surgeon General of their respective Departments, a clinically active, operationally experienced trauma surgeon to be the Division Chief, JTS, and an enlisted medical provider with operational, pre-hospital trauma care experience to be the SEA, JTS.
- d. Designate clinically active, operationally experienced trauma team personnel (e.g., doctors, nurses, corpsmen or medics) to serve in nominative liaison positions within the JTS. The Secretary of the Navy will designate two personnel, one to represent the Navy and one to represent the Marine Corps.
- e. Provide subject matter experts to serve on the JTS DCoT, in accordance with the DCoT charter.
- f. Support standardized trauma education, training, and materiel solutions across the continuum of care.
- g. Incorporate and execute emerging best practices for the DTE.
- h. Support CCMDs in submitting trauma injury reports to the JTS, as operational conditions permit, preferably within 24 hours of injury.
- i. Provide support for trauma sustainment platforms, through the Planning, Programming, Budgeting and Execution Process to ensure identified operational requirements are met, including cadre, students, and curriculum development to the JTS in coordination with the DHA.
- j. Coordinate with the DHA to collect disparate trauma registries and databases into the DoDTR.
- k. Informs the Director, DHA, of partnerships with civilian trauma centers that provide trauma teams and individual personnel with maximum exposure to a high volume of patients with trauma injuries. Coordinates with CCMDs when exploring opportunities to develop similar partnerships with military or civilian trauma centers in partner nations.

2.5. CJCS. The CJCS:

- a. Incorporates this issuance into relevant joint doctrine, training, and plans.
- b. Ensures trauma-related information is incorporated into the Joint Capabilities Integration Development System processes.

- c. Updates and sustains DoD trauma care initiatives and medical lessons learned for each CCMD, in coordination with the JTS, and the Joint Staff Joint Force Development Directorate through the Director, DHA.
- d. Facilitates communications among the operational force and medical communities on matters related to DoD trauma care requirements.
- e. Supports Combatant Commanders (CCDRs) in developing the integrated CTS.

2.6. CCDRs. The CCDRs:

- a. Integrate DoD trauma care into operational planning, exercises, demonstrations, and combat operations.
- b. Plan for and develop an integrated CTS with designated personnel, modeled after the JTTS, and in collaboration with the JTS, import data into the DoDTR or most current DoD system of record to support unique CCMD mission requirements, as described in Section 3 of this issuance.
- c. Submit trauma data to the DoDTR, as operational conditions permit, preferably within 24 hours of injury.
- d. Establish theater policy for specific trauma training in coordination with the DHA, the Joint Staff, and the Services; establish processes and procedures to ensure adequacy of training, use of clinical practice guidelines, and proper documentation of trauma care.
- e. Facilitate communications between the operational force and DoD medical communities on matters related to DoD trauma care. Training events for all personnel assigned to CTS will be hosted and funded by DHA as part of pre-deployment activities.
- f. Provide subject matter experts to serve on the JTS DCoT, in accordance with the DCoT charter.

SECTION 3: JTS AND CTS COMPOSITION AND PROCEDURES

3.1. JTS. The JTS is the reference body for all trauma care provided across the DTE. It provides the overarching organized and coordinated capability for injury prevention, care, and rehabilitation in support of DTE initiatives and activities. The JTS performs these functions through several separate but interdependent branches focused on DCoT, DoDTR, PI, CTS operations, joint trauma education, training, and publications.

a. Staffing.

(1) The Division Chief, JTS, is an active duty O-6 trauma surgeon who is responsible for all aspects of the JTS.

(2) The Deputy Division Chief is a General Schedule-15 (or pay band equivalent) government civilian employee who manages all aspects of the JTS and the DoDTR, and who serves as the principal Health Informatics Officer.

(3) The JTS Chief Nurse is an O-5 who oversees all nursing services activities and serves as the JTS Liaison to Military Service Nurse Corps leadership and programs.

(4) The JTS Administrator serves as Chief of Staff and Chief Financial Officer.

(5) The JTS SEA is an E-8 or E-9 enlisted medical provider, with operational experience, who serves as the SEA to the Division Chief, JTS.

(6) The PI Branch Chief is an O-6 trauma surgeon who manages all JTS PI operations and activities, including the development, review, and maintenance of clinical practice guidelines and the monitoring of their use in accordance with DoDI 1322.24.

(7) The DCoT Branch Chief is an O-6 Medical Corps officer with a background in battlefield medicine and is the principal JTS subject matter expert on the clinical continuum of care, from POI through rehabilitation.

(8) The Joint Trauma Education and Training Branch Chief is an O-6 or civilian equivalent who manages all joint trauma education and training activities in accordance with Section 708 of Public Law 114-328. This Branch is the Directorate referred to in Section 708 and has the duties specified in that section, exercised in collaboration with the JTS Division.

b. Communications. The Division Chief, JTS, reports directly to the Assistant Director, Combat Support (AD-CS), DHA, and, in coordination with the Military Departments, has the authority to communicate and collaborate with CCMD elements that impact trauma care.

(1) The Division Chief, JTS, should ensure timely and effective communication with operational and medical leaders across the DTE.

(2) The JTS will collaborate with national and international trauma care experts outside of the MHS to reduce morbidity and mortality.

c. Division Chief, JTS. Under the authority, direction, and control of the Director, DHA, the Division Chief, JTS:

(1) Advises the AD-CS, DHA, on DTE initiatives, standards, capabilities, education, and training.

(2) Recommends changes and updates to DTE processes, procedures, initiatives, education, and training through the AD-CS, DHA, and to the Military Department Surgeons General; the Director, DHA; the Joint Staff; and the CCMDs.

(3) Exercises authority, direction, and control over JTS branches and attached personnel.

(4) Ensures that JTS committees and their functions are appropriately chartered and updated as required to support the ongoing JTS mission.

(5) Develops evidence-based best-practice trauma care guidelines for clinical practice and program improvement processes.

(6) Develops a Service-neutral core curriculum, in addition to existing Service-specific training, to standardize trauma sustainment and training platforms. This ensures trainees achieve the required skill sets that have equity across the DoD.

(7) Ensures the development of Tactical Combat Casualty Care (TCCC) Guidelines, curricula, and training tools that are customized for operational environments. The TCCC Guidelines will be staffed through the Offices of the Military Department Surgeons General and updated annually in support of Service-specific training calendars.

(8) Functions as the clinical subject matter expert for the DoDTR and advises the CCMDs on the management of trauma.

(9) Analyzes trauma injury data and coordinates relevant data analyses; distributes summaries to: the CCMDs; Secretaries of the Military Departments; Service Chiefs; Director, DHA; and the Under Secretary of Defense for Research and Engineering to monitor injury trends. Recommends changes to this issuance to the DASD(HRP&O), based on trauma injury data.

(10) Submits relevant trauma-related information to the Director, DHA, in order to generate procedural instructions, and facilitates in-process reviews with the DASD(HRP&O) to inform policy decisions.

(11) Leverages civilian academia to assist in the development of standardized processes for evaluation, selection, verification, adaptation, and sustainment of new platforms.

(12) Informs and verifies standards for trauma care practice along the continuum of care.

(13) Provides CTS personnel training and advises the CCMD Surgeon on CTS-specific requirements.

(14) Collaborates and coordinates with the Director, Combat Casualty Care Research Program, to inform and improve research in accordance with DoDI 3216.02.

3.2. CTS. The CTS is a trauma system that can be scaled to contingency requirements identified by the CCMD. The CTS maintains operations between contingency operations to sustain capability for rapid expansion and adaptation based on the CCMD's requirements. The CTS operates with the developmental guidance, operational support, and clinical oversight of the JTS within the JTS's capacity as the DCoE for trauma care, trauma systems, and reference body for all trauma care provided across the DTE.

a. Staffing. The CTS is intended to be a flexible system of trauma care specialists that provide CCMDs with casualty and trauma care expertise. During contingency operations or emergency situations, the JTS's deployable CTS capability may augment the CTS.

b. Functions.

- (1) Enables accurate and timely entry of casualty and trauma care data into the DoDTR.
- (2) Develops, assesses, and recommends best practices in treating traumatic injuries, including clinical practice guidance and tactical, en route, and surgical combat casualty care guidelines adapted to the medical mission requirements.
- (3) Assists in identifying trauma-related requirements for education and training, PI, research, informatics, and operations.
- (4) Supports the timely reporting of trauma-related, casualty care metrics.
- (5) Monitors performance and assesses trauma system quality, to include partner nation capabilities, as described in DHA Procedural Instruction 6040.06.

GLOSSARY

G.1. ACRONYMS.

AD-CS	Assistant Director, Combat Support
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCDR	Combatant Commander
CCMD	Combatant Command
CJCS	Chairman of the Joint Chief of Staff
CTS	Combatant Command Trauma System
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DCoE	DoD Center of Excellence
DCoT	Defense Committee on Trauma
DHA	Defense Health Agency
DoDI	DoD instruction
DoDTR	DoD Trauma Registry
DTE	DoD Trauma Enterprise
JROCM	Joint Requirements Oversight Council Memorandum
JTS	Joint Trauma System
JTTS	Joint Theater Trauma System
MHS	Military Health System
PI	performance improvement
ROMO	range of military operations
SEA	senior enlisted advisor
TCCC	tactical combat casualty care

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

clinical practice guidelines. Statements and recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

Combat Support Agency. Defined in the DoD Dictionary of Military and Associated Terms.

continuum of care. An integrated system of care that guides and tracks patients over time and facilitates seamless movement through comprehensive health services from POI to discharge from definitive or rehabilitative care.

CTS. An organized network of trauma care specialists within each of the geographical CCMDs and select functional CCMDs responsible for optimizing trauma care in support of CCDR requirements. The CTS may be scaled to accommodate the ROMO by maintaining a framework of trauma care specialists assigned to regionally aligned medical treatment facilities who additional trauma care specialists may augment, depending upon the phase of operation and level of trauma support required. This term and its definition are proposed for inclusion in the DoD Dictionary of Military and Associated Terms.

DCoE. A DoD military medical organization that focuses on an associated and well-defined and bounded group of clinical conditions and creates value by achieving improvement in outcomes through clinical, educational and research activities.

DCoT. A multidisciplinary advisory committee comprising members from the Military Services, DHA, Joint Staff, and CCMDs that provides subject matter expertise in the areas of tactical, en route, and surgical combat casualty care.

DoDTR. A registry consisting of a systematic collection and aggregation of trauma casualty care epidemiology, treatment, and outcomes data for a predefined purpose.

DTE. The resources, assets, and processes required for the optimal delivery and management of trauma care in support of DoD activities in both the garrison setting and across the full ROMO. The DTE includes trauma-centric supporting actions (e.g., training, education, research) designated to improve trauma care delivery from POI through rehabilitation.

enlisted medical provider. U.S. Army combat medics, U.S. Navy hospital and independent duty corpsmen, and U.S. Air Force aerospace medicine and independent duty medical technicians.

joint trauma education and training branch. A trauma education and training branch established within the JTS, Combat Support Directorate, DHA, to execute responsibilities outlined in Section 708 of Public Law 114-328.

JTS. An organization of subject matter experts that serves as a DCoE and reference body for all trauma care provided across the DTE. The JTS mission is to improve trauma readiness and outcomes through evidence-driven PI.

JTTS. A former trauma system that supported monitoring and data collection while embedded within the United States Central Command. Now known as a “CTS.”

MHS. Defined in the DoD Dictionary of Military and Associated Terms.

MHS Lead Agent. The military medical organization that provides management and leadership in meeting the responsibilities to support a specific MHS compliance-related area and function.

military medical treatment facility. Defined in the DoD Dictionary of Military and Associated Terms. For the purposes of this issuance and consistent with its use in Section 707 of Public Law 114-328, the term applies to military medical treatment facilities in both the garrison and deployed settings.

registry. An organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes.

TCCC. A set of trauma management guidelines customized for use in the operational setting that maintains a focus on the most common causes of preventable deaths.

trauma surgeon. A surgeon who is fellowship trained in trauma surgery, surgical critical care, acute care surgery, or emergency surgery. These surgeons specialize in managing acute trauma and surgical emergencies and providing surgical critical care.

trauma sustainment platforms. Provide support for medical readiness skill development and sustainment through the planning, programming, and budgeting process to ensure identified operational requirements are met, to include cadre, students, and curriculum development.

trauma system. A trauma system represents a coordinated effort along a continuum of integrated care, between out-of-hospital and in-hospital providers and specialists, in a defined geographic area that delivers the full range of medical care to injured patients.

REFERENCES

- Defense Committee on Trauma (DCoT) Charter, March 26, 2020¹
- Defense Health Agency Procedural Instruction 6040.06, “Combatant Command (CCMD) Trauma System (CTS),” September 8, 2020
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- DoD Instruction 1322.24, “Medical Readiness Training (MRT),” March 16, 2018
- DoD Instruction 3216.02, “Protection of Human Subjects and Adherence to Ethical Standards in DoD-Conducted and -Supported Research,” April 15, 2020
- DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- DoD Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” June 6, 2016, as amended
- Joint Requirements Oversight Council Memorandum, 025-15, “Combat Casualty Care Medical Research and Development DOTmLPF-P Change Request,” March 12, 2015²
- Joint Requirements Oversight Council Memorandum, 031-14, “Force Health Protection DOTmLPF-P Change Recommendation,” March 26, 2014³
- Joint Requirements Oversight Council Memorandum, 048-15, “Joint Theater Patient Evacuation DOTmLPF-P Change Recommendation,” May 15, 2015⁴
- Joint Requirements Oversight Council Memorandum, 126-17, “Department of Defense Trauma Enterprise DOTmLPF-P Change Recommendation,” December 11, 2017⁵
- Office of the Chairman of the Joint Chiefs of Staff, “DoD Dictionary of Military and Associated Terms,” current edition
- Public Law 114-328, “National Defense Authorization Act for Fiscal Year 2017,” December 23, 2016

¹ Available to authorized users at <https://jts.amedd.army.mil/>

² Available to authorized users on the SIPRNET at <https://jrockmidsbpm.js.smil.mil>

³ Available to authorized users on the SIPRNET at <https://jrockmidsbpm.js.smil.mil>

⁴ Available to authorized users on the SIPRNET at <https://jrockmidsbpm.js.smil.mil>

⁵ Available to authorized users on the SIPRNET at <https://jrockmidsbpm.js.smil.mil>