UNDER SECRETARY OF DEFENSE
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PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
COMMANDER, JOINT TASK FORCE NATIONAL CAPITAL REGION MEDICAL
HEALTH AND SAFETY DIRECTOR OF THE COAST GUARD

SUBJECT: Policy on Access to Medical Services for Individuals Who Were Exposed to Rabies While in a Combat Theater

References: (a) Title 10, United States Code
(b) Title 38, United States Code, Section 1710
(c) Veterans Affairs Fact Sheet 16–4, February 2011 available at www.va.gov/healtheligibility
(d) Title 32, United States Code of Federal Regulations, Part 108
(e)–(f) See Attachment 1

A Service member recently died of rabies several months after returning from deployment to the combat theater where he had sustained an animal bite. Other members of the Service member's unit also reported exposures that would place them at risk of rabies and some of these exposures were either (1) not previously reported, (2) lacked documentation of complete evaluation, or (3) lacked documentation of completed rabies post-exposure prophylaxis (PEP). This memorandum identifies the sources of medical services for evaluation and, if indicated, treatment of animal bites and high-risk animal exposures experienced at any time subsequent to February 28, 2010, and not more than 18 months since the date of the last potential exposure, based on an individual's status at the time of the exposure as described below.

1. Service members currently on Active Duty shall seek services from the Military Health System (MHS); direct care at a Military Treatment Facility (MTF) is preferred. This includes Reserve component (RC) members of all component categories/elements per reference (a), Chapters 1003 and 1005 (i.e. Ready Reserve, Standby Reserve, and Retired Reserve). Service members enrolled in a TRICARE Prime or TRICARE Prime Remote (TPR) program shall seek care from their assigned Primary Care Manager or usual Primary Care Provider. As indicated, referrals and authorizations shall be issued either by an MTF or by a Service Point of Contact (SPOC) at TRICARE Management Activity's Military Medical Care Support Office following established procedures under the Supplemental Health Care Program (SHCP).

2. RC members not currently on Active Duty (regardless of Reserve component category/element) should seek services from a nearby federal health facility, whether it be a DoD MTF, or a Department of Veterans Affairs (VA) facility or clinic. RC members who have served in a theater of combat normally are eligible for services from

the VA for five years from their release from Active Duty (reference (b)). Reference (c) provides helpful health care eligibility information for veterans. Attachment 2 establishes MHS eligibility for these members if they are currently affiliated with the DoD. If there is no federal health facility nearby that can reasonably provide the services, an MTF or SPOC may authorize services in the private sector under the DoD's SHCP.

3. Prior Service members no longer affiliated with DoD, and who are not otherwise covered under a TRICARE benefit, should seek services from the VA. If the VA cannot reasonably provide the indicated services, it is in the interest of DoD for these prior Service members to be designated as Secretarial Designees in accordance with reference (d) and to receive services specified in the opening paragraph of this memorandum in any MTF of the DoD.

4. DoD civilian employees should report animal bites and other high-risk animal exposures from a deployment in accordance with their component's usual policies for reporting employment-related injuries/illnesses (reference (e)).

5. Non-DoD federal civilian employees should report animal bites and other high-risk animal exposures from a deployment in accordance with their agency's usual policies for reporting employment-related injuries/illnesses.

6. Federal contractors should report animal bites and other high-risk animal exposures from the theater of combat in accordance with their employer's usual policies for reporting employment-related injuries/illnesses (reference (f)).

It is important that, if initiated, PEP be completed at the same location to maintain continuity of care and to ensure that the full course of PEP is completed and fully documented. Nothing in this memorandum precludes individuals addressed in paragraphs 2–6 above from seeking services from any other governmental or non-governmental program or plan for which they may be eligible or covered. This policy is effective immediately.

Jo Ann Rooney
Acting

Attachment:
As stated

cc:
Under Secretary for Health, Department of Veterans Affairs
Assistant Secretary of Defense, Health Affairs
Assistant Secretary of Defense, Reserve Affairs
Surgeon General, United States Army
Surgeon General, United States Navy
Surgeon General, United States Air Force

(e) Deputy Secretary of Defense Memorandum, "Policy Guidance for Provision of Medical Care to Department of Defense Civilian Employees Injured or Wounded While Forward Deployed in Support of Hostilities," September 24, 2007

(f) DoD Instruction 3020.41, "Contractor Personnel Authorized to Accompany the U.S. Armed Forces," October 3, 2005

Attachment 2 - Authority for Reserve Component Members not on Active Duty to Receive Evaluation and Treatment of Rabies in the Military Health System

Under Section (Sec.) 1074a of reference (a), any Reserve component (RC) member (regardless of component category/element (i.e. Ready Reserve, Standby Reserve, or Retired Reserve) per reference (a), Chapters 1003 and 1005) who incurs an injury or disease in the line of duty while performing Active Duty for a period of 30 days or less is entitled to the medical and dental care appropriate for the treatment of the injury, illness, or disease. This statutory entitlement to Department of Defense (DoD)-provided care does not apply to conditions incurred while performing Active Duty for more than 30 days, but for these cases, there is a similar entitlement to care from the Department of Veterans Affairs.

This memorandum authorizes current RC members who were exposed to animals confirmed or suspected of being rabid, while the members were performing Active Duty for more than 30 days, to receive DoD-provided care comparable to that provided for conditions incurred in the line of duty while performing Active Duty for 30 days or less. This care is authorized by reference (a), Sec.1074(c)(1). The circumstances covered by this policy are the following:

1. With respect to identifying those members who were exposed to rabid or potentially rabid animals to include feral or wild animals, the following applies:

   (a) The member has been identified by his or her respective Service as having served on active duty in a combat theater; and

   (b) Reasonable cause exists to believe that the member was exposed to a rabid or potentially rabid animal in a combat theater and wishes to be seen by a medical provider for that purpose; and

   (c) The exposure occurred after February 28, 2010; and

   (d) Not more than 18 months have elapsed since the time of the last potential exposure to rabies virus.

2. With respect to managing the health care services required, any and all medical services within the Military Health System deemed necessary to treat the condition must be preauthorized by the military medical authority. Care is limited to evaluation and treatment relating to the potential exposure to rabies. The medical authority may authorize the medical services either to be purchased in the private sector under the Supplemental Health Care Program or to be delivered in a Military Treatment Facility.

3. For purposes of this memorandum, "military medical authority" means a DoD physician, other credentialed health care provider, or Military Medical Support Office.

4. For those members (regardless of component category/element), Reserve Unit Commanders, or others designated by the Military Department Secretaries, will be responsible for tracking and informing members potentially covered by this policy of their ability to receive services.