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Office of the President
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SUBJECT: Uniformed Services University of the Health Sciences Wounded Warrior
Sponsorship Program

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1. **Purpose:** The Uniformed Services University of the Health Sciences (USU) located on Naval Support Activity Bethesda (NSAB) in Bethesda, Maryland, has established the USU Wounded Warrior Sponsorship Program (USU WWSP) to provide a location of work-related rehabilitation for wounded Service members.
2. **Applicability:** This policy applies to all wounded Service members, otherwise known as Wounded Warriors (WW), receiving healthcare in the National Capital Region (NCR) to include, but not limited to, the National Intrepid Center of Excellence (NICoE), Walter Reed National Military Medical Center (WRNMMC), and Fort Belvoir Community Hospital (FBCH).
3. **Background:** The overarching intent of this program is to equally benefit both populations, USU and the WWs alike. This program is designed to provide WW participants a productive opportunity to contribute their services to the educational mission of USU in supplement to their ongoing treatment regimens, while simultaneously affording USU students, faculty, and staff the chance to learn from the WW participants and become more attuned to the experiences and needs of this unique group in striving towards the betterment of care for patients within the Military Health System (MHS).
4. **Policy and Procedures:** The USU WWSP is a completely voluntary opportunity and requires the formal acceptance by the WW participant and approvals from both the WW participant's rehabilitative treatment provider and first-level military commander. The acceptance and approvals can be provided on the attached Voluntary Participation Form. The WW participant, the WW participant's rehabilitative treatment provider, the WW participant's first-level military commander, or USU can terminate an individual relationship at any time. The program will not interfere with the WW participant's ongoing treatment regimens, or related military duties. Additionally, the program must be closely coordinated with the USU F. Edward Hébert School of Medicine (SOM) to ensure initiatives are synchronized with the existing SOM WW interaction program, as well as do not conflict with ongoing curriculum requirements.

The USU WWSP Coordinator will be the designated liaison between USU and the interested WW participants, rehabilitative treatment providers, military commanders, and relevant individuals and institutions. This Coordinator will provide the following services between USU and WW participants, upon acceptance by the WW participants, as well as approvals from their rehabilitative treatment providers and first-line military commanders.

- 1) Provide coordination between WW participants, WRNMMC, WW Brigade, USU Brigade, USU GSN, and USU SOM.
 - 2) Facilitate interactions between USU, WW participants, veteran organizations and other relevant organizations.
 - 3) Obtain and/or provide information on the work related responsibilities, services, or expectations regarding assignment.
 - 4) Other duties as appropriate, related, and assigned.
5. **Point of Contact:** The principal USU point of contact for the administration of this program is the USU Executive Director, Ms. Lorraine Breen, (301) 295-3013, lorraine.breen.ctr@usuhs.edu.



Richard W. Thomas, MD, DDS, FACS
Major General, U.S. Army (Retired)
President

Attachment:
As stated

Attachment

**USU Wounded Warrior Sponsorship Program (WWSP)
VOLUNTARY PARTICIPATION FORM**

I, _____ (print), hereby freely and voluntarily agree to participate in the Uniformed Services University of the Health Sciences (USU) Wounded Warrior Sponsorship Program (WWSP) at USU located on board Naval Support Activity Bethesda (NSAB) in Bethesda, Maryland.

____ (initial) I understand that this program will not interfere with any of my ongoing treatment regimens or military duties.

____ (initial) I have received specific approval from both my rehabilitative treatment provider and my first-line military commander to participate in this program and will keep them informed of any potential scheduling conflicts.

____ (initial) I can terminate my involvement in this program at any time by notifying the USU WWSP Coordinator. USU, my rehabilitative treatment provider, and my first line military commander are also authorized to terminate my participation in the program.

____ (initial) I understand that my Protected Health Information (PHI) will not be provided to any individual involved in the USU WWSP, and I am not required to divulge any information related to my underlying injuries.

____ (initial) I authorize the USU WWSP Coordinator to converse with my military chain of command, and rehabilitative treatment providers, for the limited purpose of matters specifically related to my participation in this program, specifically excluding any PHI.

____ (initial) I understand that I am not authorized to participate in any human subject research protocols at USU, absent exceptional circumstances, which would require the explicit approval of the USU President and my rehabilitative treatment provider and first line military commander.

____ (initial) I agree to be respectful to all USU students, faculty, and staff, and can expect the same elevated treatment by those individuals in return.

ACCEPTANCE:

____ (sign)
USU WWSP Participant (print): _____
Email address: _____
Phone number: _____
Date: _____

USU WWSP Voluntary Completion Form (*Continued*)

APPROVALS:

_____(sign)
USU WWSP Participant's First Level Commander (print): _____
Email address: _____
Phone number: _____
Date: _____

_____(sign)
USU WWSP Participant's Rehabilitative Treatment Provider (print): _____
Email address: _____
Phone number: _____
Date: _____