



# Department of Defense

## DIRECTIVE

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USD(P&R)

SUBJECT: Force Health Protection (FHP)

- References:
- (a) Section 136 of title 10, United States Code
  - (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD (P&R))," October 17, 2006
  - (c) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995
  - (d) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
  - (e) through (al), see enclosure 1

### 1. PURPOSE

Under the authority vested in the Secretary of Defense by reference (a), and pursuant to reference (b) this Directive establishes policy and assigns responsibility for implementing Force Health Protection (FHP) measures, on behalf of all Military Service members during active and Reserve military service, encompassing the full spectrum of missions, responsibilities, and actions of the DoD Components in establishing, sustaining, restoring, and improving the health of their forces.

### 2. APPLICABILITY AND SCOPE

This Directive applies to the Office of the Secretary of Defense (OSD), 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 referred to collectively as the "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

### 3. DEFINITIONS

Terms used in this Directive are defined in enclosure 2.

#### 4. POLICY

It is DoD policy that:

4.1. FHP complements the Departments full-dimensional Force Protection efforts. All members of the active components and the selected Reserve components shall be physically and mentally fit to carry out their missions. This also applies to essential DoD civilian and contractor personnel who accompany deployed forces, consistent with plans established under DoD Directive 1400.31, DoD Instruction 1400.32, DoD Instruction 3020.37, and DoD Directive 1404.10 (references (c), (d), (e), and (f)).

4.2. The Commanders, supervisors, individual Service members, and the Military Health System (MHS) 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.

4.3. The DoD Components shall implement programs and processes that promote and sustain a healthy and fit force, prevent injury and illness, protect the force from health hazards, and deliver the best possible medical and rehabilitative care to the sick and injured anywhere in the world.

4.3.1. To provide a healthy and fit force, the DoD Components shall:

4.3.1.1. Appoint, enlist, or induct individuals capable of completing required training, sustaining duty performance, and, when applicable, deploying to isolated and austere environments, in accordance with DoD Directive 6130.3 and DoD Instruction 6130.4 (references (g) and (h)).

4.3.1.2. Promote and improve the health of the force through programs on injury prevention, dental health, good nutrition, tobacco use prevention and cessation, physical fitness and weight control, responsible sexual behavior, stress management, suicide prevention, alcohol and drug abuse prevention, and other health initiatives, in accordance with DoD Directive 1010.10, 32 CFR part 85, DoD Directive 1010.4, 32 CFR part 62b, and DoD Directive 1308.1 (references (i) through (m)).

4.3.1.3. Provide health assessments and wellness interventions to all military personnel, that must include at least: a complete health assessment and wellness interventions for new Service members; routine annual health, medical and dental assessments with appropriate wellness interventions; annual assessment of individual medical readiness; pre- and post-deployment health assessments; and, separation medical assessments.

4.3.2. To prevent injury and illness and protect the force from health hazards, the DoD Components shall:

4.3.2.1. Administer immunizations, and other preventive therapies and medical countermeasures, in accordance with reference (i), DoD Directive 6205.3, and DoD Instruction 6205.02E (references (n) and (o)).

4.3.2.2. Provide safe and healthy working conditions and appropriate, periodic occupational health assessments for those potentially exposed to chemical, biological, and physical hazards in the course of their duties in accordance with DoD Directive 4715.01E, DoD Instruction 6055.1, DoD Instruction 6055.5, DoD Instruction 6490.03, and DoD Directive 6490.5 (references (p) through (t)).

4.3.2.3. Routinely inspect for and mitigate industrial, occupational, operational, and environmental hazards and document significant exposures, including those associated with noise, climate, chemicals, radiation, infectious agents, air, food, water, waste, and pests, consistent with references (p) through (t).

4.3.2.4. Ensure appropriate utilization of effective personal protective equipment and measures to help mitigate specific health and safety hazards.

4.3.2.5. Routinely train all military personnel, and essential DoD civilian and contractor personnel who directly support deployed forces, in safety, first aid, sanitation, health risks, and health protection measures, including those related to chemical, biological, radiological, nuclear, explosive, and environmental and/or industrial threats, in accordance with DoD Directive 2000.12 and DoD Instruction 2000.18 (references (u) and (v)).

4.3.2.6. Include assessment of health threats of operational significance during intelligence preparation of the battlefield, assess available first response and health service support resources, and plan for mitigation of health threats prior to deployment.

4.3.2.7. Ensure that appropriate and adequate preventive medicine and environmental health capabilities are employed to support casualty prevention and protection of the force from health hazards.

4.3.2.8. Continuously assess and mitigate health and safety hazards during training and operations, both in garrison and deployed, applying the principles of operational risk management.

4.3.2.9. Identify and minimize potential health hazards during the design, development, and acquisition of weapon systems and other military materiel and equipment.

4.3.2.10. Capture and apply operational and medical lessons learned.

4.3.3. The Military Departments shall employ flexible, modular, scalable, and interchangeable medical capabilities, logistics systems, and information management and/or information technology systems to ensure that the best possible medical and rehabilitative care is

delivered to support military operations anywhere in the world. These capabilities shall support the following medical operational requirements:

- 4.3.3.1. Initial, stabilizing care by medical trained first responders.
- 4.3.3.2. Forward resuscitative care by trained medical/surgical teams.
- 4.3.3.3. Health and medical services in appropriate treatment facilities.
- 4.3.3.4. Appropriate medical care during evacuation and transport.
- 4.3.3.5. Definitive and rehabilitative care for maximum possible recovery.

4.3.4. The Military Departments shall provide medical support for the well being of Service members across the full range of military activities and operations, to include civilian and contract personnel who accompany deployed forces, and shall perform routine, continuous, integrated, and comprehensive health surveillance of all military populations, whether at home station or deployed (including deployed civilians and contractors), in accordance with reference (s) and DoD Directive 6490.02 (reference (w)).

4.4. The Department of Defense shall centrally maintain biological specimens derived from routine, periodic medical screening of all military Service members for use in support of clinical care and forensic or epidemiologic studies. Use of the stored biological specimens shall comply with the applicable requirements and provisions of DoD Directive 5400.11, DoD Directive 3216.02, 32 CFR part 219, DoD Directive 5136.1, DoD 5400.11-R, and DoD 6025.18-R (references (x) through (ac)).

4.5. The Department of Defense shall pursue scientific and technological advancements to improve and protect the health of the force through medical research, development, clinical investigations, technology insertion, and appropriate acquisition strategies.

## 5. RESPONSIBILITIES

5.1. In accordance with reference (z), the Under Secretary of Defense for Personnel and Readiness USD(P&R)) shall:

5.1.1. Ensure that the Assistant Secretary of Defense for Health Affairs (ASD(HA)), as the principal staff advisor for DoD health policies, programs, and activities, is responsible for FHP policy and shall:

5.1.1.1. Program for and resource medical and occupational health aspects of FHP within overall Defense Health Program priorities.

5.1.1.2. Have program oversight and evaluate the effectiveness of implementation of this Directive and its implementing Instructions.

5.1.1.3. Recommend changes and/or revisions to policy and issue Instructions as necessary to implement this Directive.

5.1.1.4. Monitor FHP implementation and ensure that Quality Assurance/Quality Control programs are in place.

5.1.2. Ensure the Assistant Secretary of Defense for Reserve Affairs monitors FHP policies for the Ready Reserve and that they are consistent with FHP policies established for the active component (DoD Directive 1200.7, 32 CFR part 44, 10 U.S.C. 10149, 1074a, and 10206, and DoD Directive 1332.18 (references (ad) through (ag))).

5.2. Under the authority of DoD Directive 5134.01 (reference (ah)), the Under Secretary of Defense for Acquisition, Technology, and Logistics shall:

5.2.1. Ensure FHP considerations are included in logistics and acquisition programs, environmental programs, Fire and Emergency Service, and Pest Management Board programs (reference (ah) and Instruction 4150.7 (reference (ai))).

5.2.2. Provide policy, oversight and advocacy for environmental health, safety, and occupational health programs and activities, and coordinate those activities that relate to FHP with the ASD(HA).

5.3. Under the authority of DoD Directive 5134.8 (reference (aj)), the Assistant to the Secretary of Defense for Nuclear and Chemical and Biological Defense Programs shall implement policy and program oversight and direction for nuclear, chemical, and biological defense programs having an impact on FHP.

5.4. The Under Secretary of Defense for Intelligence shall direct that the Director of the Defense Intelligence Agency, the Service Intelligence Agencies, and the Armed Forces Medical Intelligence Center (see DoD Directive 6420.1, reference (ak)), provide operational intelligence, medical intelligence, and other information for use in assessing health threats at the strategic and operational levels.

5.5. The Assistant Secretary of Defense for Networks and Information Integration/Chief Information Officer shall ensure that the MHS has an effective communications system from the strategic to the tactical levels to support FHP activities.

5.6. The Secretaries of the Military Departments shall:

5.6.1. Implement this Directive and implementing instructions, and report metrics in accordance with requirements established by the ASD(HA).

5.6.2. Program resources and develop doctrine, organization, training, material, leadership, education, personnel, and facilities to implement this Directive.

5.6.3. Implement effective quality assurance and quality control systems to ensure compliance with this Directive.

5.6.4. Evaluate and recommend changes or improvements to the FHP program.

5.6.5. Promote healthy lifestyles, optimize safety and health of working conditions, facilitate access to healthcare, and conduct periodic health assessments.

5.6.6. Monitor the physical and mental and/or emotional health of personnel; identify and mitigate the threats, stressors, and other risks to the health and safety of personnel; and ensure the availability and use of countermeasures.

5.6.7. Ensure that deploying personnel are medically ready for worldwide duty in accordance with all applicable medical standards of fitness.

5.6.8. Provide appropriate medical support, training, equipment, and supplies to implement these policies.

5.6.9. Inform personnel of health threats and countermeasures based upon the situations encountered.

5.6.10. Document and report workplace injuries, illnesses and incidents, and occupational and environmental hazards and exposures in accordance with reference (q).

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

5.7.1. Assess FHP as part of the overall force planning function of any force deployment decision. Periodically reassess the FHP posture of deployed forces. Review Combatant Commanders joint plans, deployment orders, and other relevant documents for FHP considerations.

5.7.2. Monitor policy implementation of this Directive and implementing instructions during military operations.

5.7.3. Develop joint FHP doctrine and joint functional capabilities required to meet FHP challenges as part of Joint Functional Concepts development.

5.8. The Commanders of the Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall:


5.8.1. Have overall responsibility for FHP for forces assigned or attached to their command.

5.8.2. Establish FHP policies and programs for the protection of all forces assigned or attached to their command.

5.9. Provisions of this Directive that refer to DoD issuances for which another OSD principal has primary responsibility shall be subject to the authority of the other OSD principal.

6. EFFECTIVE DATE

This Directive is effective immediately.



**Paul Wolfowitz**  
Deputy Secretary of Defense

Enclosures - 2

- E1. References, continued
- E2. Definitions

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 3020.37, "Continuation of Essential DoD Contractor Services During Crises," November 6, 1990
- (f) DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 10, 1992
- (g) DoD Directive 6130.3, "Physical Standards for Appointment, Enlistment, or Induction," December 15, 2000
- (h) DoD Instruction 6130.4, "Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces," January 18, 2005
- (i) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
- (j) Title 32, Code of Federal Regulations, Part 85, "Health Promotion," current edition
- (k) DoD Directive 1010.4, "Drug and Alcohol Abuse by DoD Personnel," September 3, 1997
- (l) Title 32, Code of Federal Regulations, Part 62b, "Drunk and Drugged Driving by DoD Personnel," current edition
- (m) DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," June 30, 2004
- (n) DoD Directive 6205.3, "DoD Immunization Program for Biological Warfare Defense," November 26, 1993
- (o) DoD Instruction 6205.02E, "Immunizations to Protect the Health of Servicemembers and Military Beneficiaries," September 19, 2006
- (p) DoD Directive 4715.01E, "Environmental, Security, and Occupational Health (ESOH)," March 19, 2005
- (q) DoD Instruction 6055.1, "DoD Safety and Occupational Health (SOH) Program," August 19, 1998
- (r) DoD Instruction 6055.5, "Industrial Hygiene and Occupational Health," January 10, 1989
- (s) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
- (t) DoD Directive 6490.5, "Combat Stress Control (CSC) Programs," February 23, 1999
- (u) DoD Directive 2000.12, "DoD Antiterrorism (AT) Program," August 18, 2003
- (v) DoD Instruction 2000.18, "Department of Defense Installation Chemical, Biological, Radiological, Nuclear and High-Yield Explosive Emergency Response Guidelines," December 4, 2002
- (w) DoD Directive 6490.02, "Comprehensive Health Surveillance," October 21, 2004
- (x) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
- (y) DoD Directive 3216.02, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research," March 25, 2002
- (z) Title 32, Code of Federal Regulations, Part 219, "Protection of Human Subjects"
- (aa) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994



- (ab) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
- (ac) DoD 6025.18-R, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Program," January 24, 2003
- (ad) DoD Directive 1200.7, "Screening the Ready Reserve," November 18, 1999
- (ae) Title 32, Code of Federal Regulations, Part 44,"3Screening the Ready Reserve," current edition
- (af) Sections 10149, 1074a, 10206 of title 10, United States Code
- (ag) DoD Directive 1332.18,"Separation or Retirement for Physical Disability," November 4, 1996
- (ah) DoD Directive 5134.01, "Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L))," December 9, 2005
- (ai) DoD Instruction 4150.7, "DoD Pest Management Program," April 22, 1996
- (aj) DoD Directive 5134.8, "Assistant to the Secretary of Defense for Nuclear and Chemical and Biological Defense Programs (ATSD(NCB))," June 8, 1994
- (ak) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center (AFMIC)," October 9, 2004

## E2. ENCLOSURE 2

### DEFINITIONS

E2.1.1. First Responders. The primary healthcare providers whose responsibility is the provision of immediate clinical care and stabilization in preparation for evacuation to the next level of care. In addition to treating injuries, they treat Service members for common acute minor illnesses. These elements of medical management prepare patients for return to duty or for transportation to a higher level of care and may be conducted by self-aid, buddy care, combat lifesavers, medics/corpsmen/medical technicians, or paramedics. They also support disease and injury prevention activities.

E2.1.2. Force Health Protection (FHP). All measures taken by commanders, supervisors, individual Service members, and the MHS to promote, protect, improve, conserve, and restore the mental and physical well being of Service members across the range of military activities and operations. These measures enable the fielding of a healthy and fit force, prevention of injuries and illness and protection of the force from health hazards, and provision of medical and rehabilitative care to those who become sick or injured anywhere in the world.

E2.1.3. Health Surveillance. The systematic collection, analysis, and interpretation of information on the health of a population and relevant health hazards, with timely dissemination of feedback to those who need it and can take action. Comprehensive health surveillance provides actionable health-related information to military and medical decision-makers, allowing optimal incorporation of prevention and protection into training, plans, and operations. A military surveillance system includes a routine functional capacity for data collection, analysis, and dissemination of information linked to military preventive medicine support of operations and training.

E2.1.4. Military Health System (MHS). A world-class health system that supports the military mission by fostering, protecting, sustaining and restoring health. It also provides the direction, resources, healthcare providers, and other means necessary for promoting the health of the beneficiary population. These include developing and promoting health awareness issues to educate customers, discovering and resolving environmentally based health threats, providing health services, including preventive care and problem intervention, and improving the means and methods for maintaining the health of the beneficiary population, by constantly evaluating the performance of the healthcare services system.

E1.1.5. Preventive Medicine. Anticipating, predicting, identifying, preventing, and controlling illnesses, injuries, communicable diseases (including vector-, food- and water-borne diseases), and diseases due to exposure to occupational and environmental health hazards. It includes disciplines such as epidemiology, clinical preventive medicine, occupational medicine, industrial hygiene, environmental health sciences and engineering, medical entomology, health promotion and wellness, community and public health, mental health, toxicology and laboratory support sciences (environmental, occupational, and radiological chemistry and microbiology), and risk communication.