



# Department of Defense DIRECTIVE

NUMBER 6490.2

August 30, 1997

---

---

ASD(HA)

SUBJECT: Joint Medical Surveillance

- References:
- (a) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs," May 27, 1994
  - (b) DoD Directive 4715.1, "Environmental Security," February 24, 1996
  - (c) DoD Directive 1332.18, "Separation or Retirement for Physical Disability," November 4, 1996
  - (d) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
  - (e) through (h), see enclosure 1

## 1. PURPOSE

This Directive:

1.1. Establishes policy and assigns responsibility, under references (a) and (b), for routine joint medical surveillance of all Military Service members during active Federal service, especially military deployments.

1.2. Designates the Secretary of the Army as the DoD Executive Agent for the medical surveillance for deployments for the Department of Defense and for the maintenance of the Armed Forces Serum Repository consistent with this Directive.

## 2. APPLICABILITY AND SCOPE

This Directive:

2.1. Applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense

Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components"). The term "Military Service" as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2.2. Encompasses all aspects of military preventive medicine under reference (b) that pertain to medical surveillance for major deployments identified by the Chairman of the Joint Chiefs of Staff in coordination with the Assistant Secretary of Defense for Health Affairs (ASD(HA)). Personnel attached to joint forces during deployments, such as members of the Coast Guard when it is operating as a Military Service in the Navy, will be included in the surveillance system. Technical representatives are not included.

### 3. DEFINITIONS

3.1. Medical Surveillance. The regular or repeated collection, analysis, and dissemination of uniform health information for monitoring the health of a population, and intervening in a timely manner when necessary. It is defined by the Centers for Disease Control and Prevention as the ongoing, systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link of a military medical surveillance system is the application of these data to military training, plans and operations to prepare and implement early intervention and control strategies. A surveillance system includes a functional capacity for data collection, analysis and dissemination of information linked to military preventive medicine support of operational commanders.

3.2. Military Preventive Medicine. The anticipation, prediction, identification, prevention, and control of communicable diseases (including vector-, food- and water-borne diseases), illnesses, injuries and diseases due to exposure to occupational and environmental threats, including non-battle injury threats, combat stress responses, and other threats to the health and readiness of military personnel and military units, including such fields as epidemiology, clinical preventive medicine, medical entomology, occupational medicine, industrial hygiene, environmental health sciences and engineering, health promotion and wellness, community health, mental health disciplines, and toxicology and laboratory support sciences (environmental, occupational and radiological chemistry and microbiology) and risk communication.

3.3. Risk Communication. A process used to discuss risks, their impacts and how they should be communicated. Risks and their management decisions must be

credibly communicated to help ensure that messages are constructively formulated, transmitted and received in a meaningful manner.

#### 4. POLICY

It is DoD policy under DoD Directive 1332.18 (reference (c)) that:

4.1. All Service members, Active, National Guard and Ready Reserve be physically and mentally fit to carry out their missions.

4.2. Medical and personnel information systems be designed, integrated and utilized compatible with military medical surveillance to maintain, assess, and protect the physical and mental health of Service members throughout their Military Service.

4.3. Such systems be continuously in effect throughout the Service member's period of Military Service and be specifically configured to assess the effects of deployment on the health of Service members.

4.4. Before and during deployment, Service members be made aware of significant health threats and corresponding medical prophylaxis, immunization and other unit and individual countermeasures for the Area of Operations. Commanders shall provide their personnel the appropriate medical support and training, equipment and supplies to implement unit and individual countermeasures. Once deployed, personnel shall be provided updates to health threats and countermeasures based upon need and situations encountered.

4.5. Medical surveillance shall encompass the periods before, during, and after deployment:

4.5.1. To monitor environmental, occupational and epidemiological threats and diverse stressors;

4.5.2. To assess disease and non-battle injuries, stress-induced casualties, and combat casualties, including those produced by chemical and biological and nuclear weapons; and,

4.5.3. To reinforce command directed and individual preventive countermeasures and the provision of optimal medical care during and after deployment.

4.6. Commanders shall be kept informed before, during and after deployment of the health of the force, health threats, stressors, risks, and available countermeasures.

4.7. There shall be a serum repository for medical surveillance for clinical diagnosis and epidemiologic studies. The repository shall be used exclusively for the identification, prevention and control of diseases associated with operational deployments of military personnel.

4.8. The DoD Components conduct comprehensive, continuous and consistent medical surveillance to implement early intervention and control strategies using joint technologies, practices and procedures before, during, and after deployments in a manner consistent across the Military Services.

4.9. To the extent applicable, medical surveillance activities will include essential DoD civilian and contractor personnel directly supporting deployed forces, consistent with plans established under DoD Instructions 1400.32 and 3020.37 (references (d) and (e)).

4.10. The serum repository operated pursuant to subsection 4.7. (above) and other systems of records pursuant to this Directive shall comply with all requirements of the Privacy Act, under DoD Directive 5400.7 (reference (f)).

## 5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall have overall responsibility for joint medical surveillance, shall issue Instructions as necessary to implement the policies of this Directive, and shall monitor the implementation of this Directive and implementing Instructions.

5.2. The Assistant Secretary of Defense for Reserve Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall ensure that policies for health surveillance for the Ready Reserve are consistent with the policies established for the active component.

5.3. The Secretaries of the Military Departments shall:

5.3.1. Ensure compliance with this Directive and implementing Instructions;  
and

5.3.2. Evaluate and recommend changes or improvements to the overall medical surveillance program to the Secretary of Defense through the ASD(HA).

5.4. The Chairman of the Joint Chiefs of Staff, in consultation with the Commanders of the Combatant Commands and the Chiefs of Staff of the Military Services, shall monitor the implementation of the policies of this Directive and implementing Instructions.


5.5. The Commanders of the Combatant Commands, with the coordination of the Chairman of the Joints Chiefs of Staff, shall ensure that the policies of this Directive and implementing Instructions, including DoD Instruction 6490 (reference (g)) are executed during all operations.

5.6. The Assistant Secretary of Defense for Command, Control, Communication and Intelligence shall ensure that the Director, Defense Intelligence Agency, through the Armed Forces Medical Intelligence Center, under DoD Directive 6420:1 (reference (h)), shall provide information for use in health threat assessments for medical surveillance purposes.

5.7. The Secretary of the Army shall serve all of the Department of Defense for medical surveillance for deployments consistent with this Directive. As Executive Agent, the Army shall provide the work force located at the Armed Forces Serum Repository at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). Funding shall be provided through the centralized Defense Health Program. Although no routine reporting is required, periodic epidemiological studies at the USACHPPM shall include analysis of data derived from the Armed Forces Serum Repository.

6. EFFECTIVE DATE

This Directive is effective immediately.



John J. Hamre  
Deputy Secretary of Defense

Enclosures - 1

1. References

E1. ENCLOSURE 1.

REFERENCES, continued

- (e) DoD Instruction 3020.37, "Continuation of Essential DoD Contractor Services During Crises," November 6, 1990
- (f) DoD Directive 5400.7, "DoD Freedom of Information Act Program," May 13, 1988
- (g) DoD Instruction 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997
- (h) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center, (AFMIC)," September 30, 1996