



DEPARTMENT OF THE ARMY

WASHINGTON, D.C. 20310

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DASA-ESOH

27 June 2001

Expires 27 July 2003

SUBJECT: Force Health Protection (FHP): Occupational and Environmental Health (OEH) Threats

SEE DISTRIBUTION

- 1. Purpose.** This letter prescribes policy concerning the goals and responsibilities of the Department of the Army regarding occupational and environmental health threats during deployments. These threats must be considered as part of the commander's Force Health Protection Program. The information in this policy will be incorporated into the next changes of all pertinent Army regulations and manuals, including those cited in appendix A.
- 2. Proponent and exception authority.** The proponent of this policy is the Assistant Secretary of the Army (Installations and Environment) (ASA(I&E)). The ASA(I&E) has the authority to approve exceptions to this policy that are consistent with controlling laws and regulations. The ASA(I&E) may delegate the approval authority, in writing, to a division chief under their supervision within the proponent agency who holds the grade of colonel or civilian equivalent.
- 3. References.** Required and related publications are listed in appendix A. This letter has no prescribed or referenced forms.
- 4. Explanation of abbreviations and terms.** Abbreviations and special terms are listed in the glossary.
- 5. Applicability.** This policy letter applies to the Active Army, members and organizations of the Army National Guard of the United States (ARNGUS) including periods when operating in their Army National Guard (ARNG) capacity, the U.S. Army Reserve, Department of Defense (DOD) civilians, and contractor personnel (when authorized by contract) unless otherwise stated.

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6. Background.

a. The Army leadership is improving its policy and doctrine for protecting deployed personnel from exposures to ionizing and non-ionizing radiation, biological warfare agents, vector-borne disease agents, chemical warfare agents, environmental pollutants, toxic industrial materials (TIMs), and physical agents.

b. The Army previously used two distinct policies, addressing peacetime and the strategic level of war. In garrison situations during peacetime, Federal regulations governing environmental, safety, and occupational health hazards were applied. At the strategic level of war, only the short-term health effects impacting mission accomplishment were considered (radiation exposure is an example). The OEH threat guidance is currently not available for limited scope deployment missions that are neither peacetime operations nor major wars (Operation Desert Shield/Desert Storm, for example). Exposures to environmental contaminants and TIMs are serious health threats in areas of uncontrolled pollution or poor or degraded environmental practices. Also of concern is the threatened use of TIMs as weapons of mass destruction (WMD) in either domestic or military deployment scenarios. Strict adherence to peacetime environmental, safety, and occupational health standards would likely increase vulnerability of personnel deployed to hostile actions or other hazards. The policy outlined in this letter allows commanders to execute the full spectrum of military operations while minimizing the total risk to our soldiers and civilian employees, in accordance with DOD Instruction (DODI) 6055.1, DOD Safety and Occupational Health (SOH) Program, and other applicable DOD/Army policies, implementing instructions, and regulations.

c. This document defines FHP-OEH policy for a broad spectrum of military operations, activities, and scenarios ranging from peacetime in-garrison operations to field training exercises to peace support operations to high intensity warfare. This document establishes the requirement for Army leaders to make informed risk decisions about OEH hazards. It also establishes the requirement for developing a consistent methodology for balancing mission, mission risks, and the risks of OEH exposures. The National Academy of Science's Institute of Medicine (IOM) Reports, *Potential Radiation Exposures in Military Operations, Protecting the Soldier Before, During, and After (1999)* and *Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces (2000)*, referenced in appendix A, concur with the need for this type of guidance for such exposures. The IOM reports provide a process for the Army to use in developing the urgently needed policy and doctrine for all battlefield toxicants. The need to balance mission requirements and risk is also recognized in DODI 6055.1. This instruction states "In those instances where mission accomplishment and military necessity result in the requirement to make risk decisions to override standards, such decisions must be made at the appropriate level of command and based on full consideration of the safety, occupational health and environmental impacts..."

d. This policy is applicable to the following FHP-OEH hazards:

(1) Accidental or deliberate release of non-weaponized TIMs, hazardous physical agents, ionizing and non-ionizing radiological hazards, and the residue from the use of nuclear or chemical weapons.

(2) Environmental contaminants to include vector- and arthropod-borne threats, residues, or agents, naturally occurring or resulting from previous activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial, or commercial activities.

(3) The TIMs or hazardous physical agents currently being generated as a by-product of the activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial or commercial activities.

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e. The DOD Information Memorandum, Subject: Military and Veterans Health Coordinating Board (MVHCB) and Presidential Review Directive 5 (PRD-5), 7 December 1999, directs the Services to use the recommendations in PRD-5 as a guide in planning for FHP requirements. The PRD-5 includes broad recommendations, such as “identify and minimize or eliminate the short- and long-term adverse effects of military service, especially during deployments (including war), on the physical and mental health of veterans.” The PRD-5 emphasizes the requirements to measure, document, and archive individual exposures to OEH agents.

7. Objectives.

a. Use the operational risk management (ORM) process to manage FHP-OEH threats and to minimize total risk to personnel.

b. Ensure that commanders are aware of and consider the FHP-OEH risks created by OEH exposures (both long-term and short-term) during all phases of military operations, and over the broad spectrum of military activities.

c. Reduce OEH exposures to as low as practicable to minimize short-term and long-term health effects in personnel, within the context of the full spectrum of health and safety risks confronting the deployed personnel and consistent with operational risk management principles.

d. Collect, document, evaluate, report, and archive OEH sampling data, to include exposures to individual deployed personnel, in a longitudinal health record, accessible to the exposed individuals and their health care providers, the Military Health Care System, the Department of Veterans Affairs, and other Federal agencies tasked with responding to the health and medical needs of military members, civilians, veterans, and their families. The sampling data and tests must be reviewed and evaluated by qualified health care providers prior to placing results in individuals' health records.

e. Ensure adequate health care intervention and follow-up for exposed personnel.

f. Fulfill statutory and regulatory guidance, directives, and requirements as applicable to the Army.

g. Use the IOM report *Potential Radiation Exposure in Military Operations: Protecting the Soldier Before, During, and After*, and guidance from the National Research Council and the National Academy of Sciences in developing policy and risk management practices.

h. Ensure that the Army Policy and risk management practices are consistent with the strategies provided in the IOM Report *Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces*, to the extent practicable and possible.

8. Responsibilities.

a. Secretariat and Army Staff (ARSTAF) principals, as the functional proponents for their respective areas of responsibility, will develop, implement, and oversee programs to integrate the FHP-OEH process into their functional areas or readiness domains and define the organizational missions and force structure required to implement this policy. The ASA(I&E), the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA(M&RA)), and the Assistant Secretary of the Army (Acquisition, Logistics, and Technology) (ASA(ALT)) are the principal advisors and assistants to the Secretary of the Army for FHP-OEH matters.

b. The ASA(I&E) will oversee the development of procedures that support this policy as provided by law. The ASA(I&E) will—

(1) Establish Army policy and guidance for integrating FHP-OEH requirements within the installation and environment community.

(2) Support and defend the funding of FHP-OEH requirements to the level necessary to support this policy.

(3) Ensure that FHP-OEH requirements are integrated into organizational training programs as appropriate.

c. The ASA(M&RA) will—

(1) Establish Army policy and guidance for integrating FHP-OEH requirements within the military and civilian personnel and manpower programs.

(2) Support and defend the funding of FHP-OEH requirements to the level necessary to support this policy.

(3) Ensure that FHP-OEH requirements are integrated into organizational training programs as appropriate.

(4) Ensure FHP-OEH requirements regarding personnel doctrine, the reporting requirements contained in DODI 6490.3, and the maintenance of records, to include records on the locations of units and personnel, are implemented.

d. The ASA(ALT) will—

(1) In coordination with the ASA(I&E), establish Army policy and guidance for integrating FHP-OEH requirements within the materiel acquisition community.

(2) Support and defend the funding of FHP-OEH requirements to the level necessary to support this policy.

(3) Ensure that FHP-OEH requirements are integrated into organizational training programs as appropriate.

e. The Chief of Staff of the Army (CSA) will provide guidance and oversight for implementation of the Army FHP-OEH programs.

f. The Deputy Chief of Staff for Operations and Plans (DCSOPS) will—

(1) Identify the ARSTAF proponent(s) to ensure the implementation and execution of this policy, as appropriate.

(2) Develop an implementation plan and appropriate guidance for materiel requirements and combat development programs to implement both the medical and non-medical aspect of this policy. The implementation plan/guidance should include the requirements determination process, prioritizing, resourcing, and integration of materiel war fighting requirements, as well as the identification of the full set of Doctrine, Training, Leader Development, Organization, Materiel, and Soldiers (DTLOMS) requirements for the Army to be mission capable to implement this policy in near-, mid-, and far-term operations in accordance with AR 10-5 and AR 71-9.

g. The Deputy Chief of Staff for Personnel (DCSPER) will—

(1) Develop personnel policy requirements supporting this FHP-OEH policy as required.

(2) Ensure policy and procedures are in place to facilitate FHP-OEH requirements tracking, as appropriate.

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h. The Surgeon General (TSG) will—

(1) Develop policy relative to the medical and environmental surveillance aspects of the Army FHP–OEH programs.

(2) Through the Functional Proponent for Preventive Medicine, be responsible for the preventive medicine aspects of the programs in accordance with AR 40–5. Specifically, the Functional Proponent for Preventive Medicine will develop the chemical and radiological health criteria and guidelines to execute the Army's FHP–OEH Policy. This includes criteria and guidance on long-term acceptable levels of exposures and risks resulting from exposures to low-levels of OEH threat agents for various exposure scenarios.

(3) Develop consistent guidance that allows commanders to quantify, through their medical or other appropriately qualified and trained assets, the health risks resulting from exposures to FHP–OEH hazards. This guidance may include other aspects of identifying and quantifying risks, such as direct and indirect bioassay measurements in addition to the monitoring of ambient exposure levels.

(4) Support and advocate the requirements for adequate Defense Health Program and other appropriate funding to ensure timely and effective implementation of the FHP–EOH requirements.

i. The Commander, U.S. Army Medical Command (MEDCOM) will—

(1) Develop doctrine; tactics, techniques, and procedures (TTP); implementation plans; and appropriate procedures relative to the medical and environmental surveillance aspects of the Army FHP–OEH programs.

(2) Develop appropriate strategies and processes to ensure the availability of adequate information management/information technology (IM/IT) support to implement the objectives and requirements of this policy, for example, using existing Military Healthcare System (MHS) IM/IT systems or those currently under development, identifying requirements and developing requirement documents, and developing acquisition strategies for new IM/IT systems in coordination with the Director of Information Systems for Command, Control, Communications, and Computers (DISC4). Coordinate all IM/IT-related efforts with DISC4 and other Army and DOD IM/IT elements, as necessary and appropriate.

(3) Incorporate training on FHP–OEH into the AMEDD Center and School curriculum.

(4) Through the Commanding General, U.S. Army Medical Research and Materiel Command, ensure adequate medical research, development, testing, and evaluation (RDTE); serve as the materiel developer (MATDEV), logistician, and technical/development tester; and execute those responsibilities assigned in AR 70–1.

(5) Establish, maintain, and disseminate lessons learned from OEH-related issues from previous and ongoing deployments.

j. The Commanding General, U.S. Army Forces Command (CG, FORSCOM), and the Commanders of Army Component Commands will develop implementation plans and appropriate operational procedures relative to the operational aspects of the Army FHP–OEH programs.

k. The Commanding General, U.S. Army Training and Doctrine Command (CG, TRADOC) will—

(1) In coordination with the MEDCOM, develop doctrine, TTP, implementation plans, operational requirements, and appropriate training and education for leaders and others to use in assessing, managing and countering MFP-OEH risks.

(2) Incorporate training on FHP-OEH into TRADOC leadership schools as appropriate.

(3) Ensure that FHP-OEH requirements are integrated into proponent Combined Arms Training Strategies (CATS).

(4) Through the U.S. Army Chemical School and in close cooperation with the USAMEDCOM, develop and implement doctrinal, training, organizational, and materiel solutions to the risks presented by chemical/biological agents, toxic industrial hazards, and radiation.

l. The Commanding General, U.S. Army Materiel Command (CG, AMC) will—

(1) Develop policies and implementation plans relative to the non-medical materiel acquisition consistent with the Army FHP-OEH programs.

(2) Develop the non-medical materiel (instruments, equipment) to rapidly identify and assess the short and long-term health risks presented by FHP-OEH threats in a deployment scenario.

(3) Analyze all emerging Army systems for environmental effects, including toxic and hazardous wastes associated with normal system testing, operation, use, maintenance, and disposal.

m. The Director of Army Safety (DASAF), as the Army lead for ORM, will ensure the integration of FHP-OEH threats into the ORM process.

n. The DISC4 will provide functional policy and guidance on command, control, communications, and computers/information technology (C4/IT) systems and serve as the Chief Information Officer (CIO) for the Army. The DISC4 will support the Army Acquisition Executive for the acquisition of information systems. The DISC4 will provide CIO validation of requirement for warfighting, base operations, administrative, and other mission-related processes associated with an information technology impact, such as the IM/IT requirements listed in this letter to ensure timely and effective implementation of the policy listed herein.

9. Policies. Under current DOD policy, every commander, leader, and manager is responsible to protect personnel from harmful OEH exposures during peacetime, during Stability and Support Operations (SASO) deployments, and during war. Commanders and other decisionmakers are required—

a. During peacetime in non-deployed situations and during training exercises, to adhere to Federal, State, and host nation statutory and regulatory laws, directives, and guidance governing occupational and environmental health, except for uniquely military equipment, systems, and operations as authorized in Executive Order 12196.

b. To strive to adhere to peacetime U.S. or host nation environmental, safety, and occupational health standards, whichever are more restrictive, during military operational deployments. However, when the mission or the overall health and safety of deployed personnel warrant risk decisions that may require overriding the peacetime OEH standards, such decisions must be made by the first general officer in the chain of command as far as possible and practicable, or as specified in the Operational Plans and Orders (OPLAN and OPORD). These decisions must be based on a complete consideration of operational as well as OEH risks, and available contingency guidance and criteria, so that the total

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risk to our soldiers and civilians is minimized. This decisionmaking will be deliberate and documented.

c. To use the ORM process to minimize the total risk to personnel.

d. In all risk decisions, to consider both short-term and long-term health risks to personnel arising from OEH exposures.

e. To ensure that any decisions to override peacetime regulatory occupational and environmental health standards are documented, archived, and reevaluated on a recurring basis.

10. Implementation plans. Within 120 days from the effective date of this policy letter, the ARSTAF principals, major Army commands (FORSCOM, TRADOC, AMC, MEDCOM), and others, as described in paragraph 8 of this letter, will submit implementation plans to the DCSOPS; within 60 days thereafter, the DCSOPS will submit a consolidated and coordinated implementation plan to the ASA(I&E) that identifies the actions, resources, and schedule to implement the FHP–OEH policy.

Appendix A References

Section I Required Publications

AR 10-5

Headquarters, Department of the Army
(Cited in para 8f(2).)

AR 40-5

Preventive Medicine
(Cited in para 8h(2).)

AR 70-1

Army Acquisition Policy
(Cited in para 8i(3).)

AR 71-9

Materiel Requirements
(Cited in para 8f(2).)

DODI 6055.1

DOD Safety and Occupational Health (SOH) Program
(Cited in paras 6b and c.)
<http://web7.whs.osd.mil/corres.htm>

DODI 6490.3

Implementation and Application of Joint Medical Surveillance for Deployments.
(Cited in para 8c(4).)
<http://web7.whs.osd.mil/corres.htm>

DOD Information Memorandum

Military and Veterans Health Coordinating Board (MVHCB) and Presidential Review Directive-5 (PRD-5),
December 1999
(Cited in para 6e.)
Assistant Secretary of the Army for Installations and Environment (ASA(I&E)), 110 Army Pentagon,
Washington, DC 20310-0110

Executive Order 12196

Occupational and Safety Health Programs for Federal Employees
(Cited in para 9a.)
<http://www.nara.gov/fedreg/index.html> or <http://www.nara.gov/fedreg/EO1980.html>

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Section II
Related Publications

AR 5-22
The Army Proponent System

AR 11-9
The Army Radiation Safety Program

AR 70-45
Scientific and Technical Information Program

AR 385-10
The Army Safety Program

AR 602-2
Manpower and Personnel Integration (MANPRINT) in the System Acquisition Process

FM 3-100.4
Environmental Considerations in Military Operations

FM 100-14
Risk Management

Joint Publication 1-02
Department of Defense Dictionary of Military and Associated Terms
<http://www.dtic.mil/doctrine/jel/doddict/>

USACHPPM Technical Guide 230A
Short-Term Chemical Exposure Guidelines for Deployed Military Personnel, May 1999 Version
<http://chppm-www.apgea.army.mil/hrarc/documents/TG/TECHGUID/TG230A.pdf>

DODI 1336.5
Automated Extracts of Active Duty Military Personnel Records
<http://web7.whs.osd.mil/corres.htm>

DODI 4150.7
DOD Pest Management Program
<http://web7.whs.osd.mil/corres.htm>

Department of Defense Plan 5136.1-P
Medical Readiness Strategic Plan (1998-2004)
<http://web7.whs.osd.mil/html/51361p.htm>

Memorandum from DCSOPS through the DAS and Vice Chief of Staff, Army to ASA(IL&E)

Subject: Requirement for a New Department of Defense (DOD) Force Protection Policy for Nuclear, Biological, Chemical, and Environmental (NBC-E) Exposures—ACTION MEMORANDUM, 23 July 1999
Assistant Secretary of the Army for Installations and Environment (ASA(IL&E)), 110 Army
Pentagon, Washington, DC 20310-0110

National Academy of Sciences, Institute of Medicine (IOM) Report, Potential Radiation Exposure in Military Operations

Protecting the Soldier Before, During and After (1999)
<http://www.nap.edu>

National Academy of Sciences, Institute of Medicine (IOM) Report, Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces (2000)

<http://www.nap.edu>

OASA (IL&E) Memo

Subject: Recording and Archiving Pesticide Use During Military Operations, 30 April 1998
Assistant Secretary of the Army for Installations and Environment (ASA(IL&E)), 110 Army
Pentagon, Washington, DC 20310-0110

Presidential Review Directive 5

Planning for Health Preparedness For and Readjustment Of the Military, Veterans, and Their Families After Future Deployments
<http://www.ostp.gov/nstc/html/directive5.html> or http://www.mvhcb.gov/mvhcb_13h/PRD-5.htm

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Glossary

Section I

Abbreviations

AMC

U.S. Army Materiel Command

AMEDD

U.S. Army Medical Department

AR

Army Regulation

ARNG

Army National Guard

ARNGUS

Army National Guard of the United States

ARSTAF

Army Staff

ASA(ALT)

Assistant Secretary of the Army (Acquisition, Logistics and Technology)

ASA(FM&C)

Assistant Secretary of the Army (Financial Management and Comptroller)

ASA(I&E)

Assistant Secretary of the Army (Installations and Environment)

ASA(M&RA)

Assistant Secretary of the Army (Manpower and Reserve Affairs)

C4

command, control, communications, and computers

CATS

combined arms training strategies

CG

commanding general

CIO

Chief Information Officer

CSA

Chief of Staff, Army

DASAF

Director, Army Safety

DCSOPS

Deputy Chief of Staff for Operations and Plans

DCSPER

Deputy Chief of Staff for Personnel

DISC4

Director of Information Systems for Command, Control, Communications, and Computers

DOD

Department of Defense

DODI

Department of Defense Instruction

DTLOMS

Doctrine, Training, Leader Development, Organization, Materiel, and Soldiers

FHP

Force Health Protection

FHP-OEH

Force Health Protection—Occupational and Environmental Health

FORSCOM

U.S. Army Forces Command

HQDA

Headquarters, Department of the Army

IM/IT

information management/information technology

IOM

Institute of Medicine

MATDEV

Materiel Developer

MEDCOM

U.S. Army Medical Command

MHS

Military Healthcare System

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MVHCB

Military and Veterans Health Coordinating Board

OEH

Occupational and Environmental Health

OPLAN

operational plan

OPORD

operational order

ORM

operational risk management

PM

program manager

PRD-5

Presidential Review Directive-5

RDTE

research, development, testing, and evaluation

SASO

stability and support operations

SOH

Safety and Occupational Health

TIM

toxic industrial material

TRADOC

U.S. Army Training and Doctrine Command

TSG

The Surgeon General

TTP

tactics, techniques, and procedures

WMD

weapons of mass destruction

Section II

Terms

biological agent

A microorganism that causes disease in personnel, plants, or animals, or causes the deterioration of materiel.

chemical agent

chemical substance that is intended for use in military operations to kill, seriously injure, or incapacitate personnel through its physiological effects. The term excludes riot control agents, herbicides, smoke, and flame.

deployment

Unless specifically defined differently by the commander/leader responsible for the mission at hand, a deployment is defined as a troop movement resulting from a JCS/Unified Command deployment order for 30 or more consecutive days to a land-based location outside the Continental United States that does not have a permanent U. S. Medical Treatment Facility (i.e., funded by the Defense Health Program).

Force Health Protection

A unified and comprehensive strategy that aggressively promotes a healthy and fit force and provides full protection from all potential health hazards throughout the deployment process. Its major ingredients include healthy and fit force promotion, casualty and injury prevention, and casualty care and management.

long-term exposure

Exposure to a toxicant or health threat with a maximum duration of one year.

long-term health effect

A health effect, usually adverse, that manifests itself a significant period of time (months or years) after the causative event, i.e., exposure to a toxicant. This term is also used to describe a health effect that persists for a relatively long period of time (months or years).

occupational and environmental health

Human health issues impacted by hazardous materials, agents, organisms, or conditions found in a specific work environment or the natural environment.

occupational and environmental health threats

Threats to health of personnel and military readiness created by exposures to hazardous agents contained in or produced by weapons systems, as well as exposures to environmental contamination or toxic industrial materials.

personnel

Includes military members and civilian employees of the U.S. Government. Includes contractor personnel (when authorized by contract), unless otherwise stated.

sampling data

Data obtained from the analysis of environmental or biological samples.

short-term exposure

Exposure to a toxicant or health threat with a maximum duration of two weeks.

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A health effect, usually adverse, that manifests itself shortly after the causative event, i.e., an exposure to a toxicant. This term is also used to describe an adverse health effect that persists for a relatively short period of time before subsiding completely.

stability and support operations (SASO)

Operations that encompass the use of military capabilities across the range of military operations short of war. These military actions can be applied to complement any combination of the other instruments of national power and occur before, during, and after war. Also sometime referred to as OOTW (operations other than war) or MOOTW (Military OOTW).

toxic industrial materials (TIMs)

Materials, such as chemicals and radioactive material that pose hazards to individuals.

weapons of mass destruction (WMS)

In arms control usage, weapons that are capable of a high order of destruction and/or of being used in such a manner as to destroy large numbers of people. Can be nuclear, chemical, biological, or radiological Weapons, but excludes the means of transporting or propelling the weapon where such means is a separable and divisible part of the weapon.

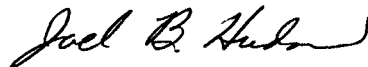
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