



**DTIC**  
**SELECTE**  
 NOV 12 1993

**A**

Department of Defense  
**DIRECTIVE**

**AD-A272 374**



March 8, 1988  
 NUMBER 6010.16

2

ASD(HA)

**SUBJECT:** Armed Forces Medical Examiner System

- References:**
- (a) Title 10, United States Code, Sections 133, 176, 3012, 4711, 5031, 8012, and 9711
  - (b) Title 37, United States Code, Section 555
  - (c) DoD Directive 5210.42, "Nuclear Weapon Personnel Reliability Program," December 6, 1985
  - (d) DoD Directive 5210.65, "Chemical Agent Security Program," October 15, 1986

**A. PURPOSE**

This Directive establishes an Armed Forces medical examiner system with an Office of the Armed Forces Medical Examiner (OAFME) and an Armed Forces Medical Examiner (AFME), under reference (a), to conduct scientific forensic investigations for determining cause and manner of death under specific circumstances for:

- 1. Members of the Armed Forces on active duty or on active duty for training.
- 2. Civilians, including dependents of military members.

**B. APPLICABILITY**

This Directive applies to the Office of the Secretary of Defense (OSD) and to the Military Departments.

**C. DEFINITIONS**

The terms used in this Directive are defined in enclosure 1.

**D. POLICY**

- 1. The AFME and the OAFME shall be located at the Armed Forces Institute of Pathology (AFIP).
- 2. The AFME shall be notified expeditiously of the death of any Service member on active duty or active duty for training and of any individual, regardless of status, who dies on a military installation, vessel, or aircraft or who was enrolled in the Personnel Reliability Program, references (c) and (d).
- 3. The AFME shall have the authority to order a medicolegal investigation to include an autopsy, of the death of any Service member on active duty or member of the Reserve components on active duty for training where the Federal Government has exclusive jurisdictional authority, and where the circumstances surrounding the death are suspicious, unexpected, or unexplained. Such circumstances include, but are not limited to the following:

This document is for internal use only. For public release and distribution, distribution is unlimited.

93-27354

93 11 0 038

- a. Unnatural or violent deaths, whether due to known or suspected accident, homicide, suicide, or other undetermined means.
- b. Deaths directly or apparently related to the occupation or employment of the deceased and deaths of individuals enrolled in the Personnel Reliability Program.
- c. Deaths related to vehicular, aircraft, or vessel accidents.
- d. Sudden deaths not caused by readily recognizable disease.
- e. Deaths possibly related to disease that might constitute a threat to the public health.
- f. Deaths occurring in a prison or the death of a prisoner.
- g. Deaths occurring to individuals assigned as military crew members of military aircraft or military vessels.
- h. When the commander of the Military Medical Treatment Facility (MMTF) in which the death occurred, or the decedent's commander in the grade of O-4 or above, notifies the AFME that a medicolegal investigation on a military member is necessary for reasons of U.S national security or for the protection of the military community.

4. When requested by competent authority, any civilian who dies in an area of exclusive U.S. jurisdiction garrisoned may be the subject of a medicolegal investigation, to include an autopsy, in accordance with summary court-martial procedures authorized under 10 U.S.C. 4711 and 9711 (reference (a)).

5. The AFME shall review all medical records and retained pathologic materials on any autopsy that was performed in a MMTF, if such review is requested by the decedent's next of kin within 1 year of the autopsy.

6. The AFME shall have authority to review all medical records and all retained pathologic materials on any autopsy performed in an MMTF.

7. Consent of the next of kin is not required for any medicolegal investigation performed in accordance with this Directive.

8. In those areas where the United States does not have exclusive jurisdiction, but where the AFME believes a medicolegal investigation to be needed, the AFME shall seek the applicable assistance and cooperation of the local authorities.

9. All autopsy materials, documentary and/or pathologic, which are requested by the AFME on an autopsy performed or reviewed under AFME authority under subsections D.3. through D.6., above, inclusive, shall be submitted to the OAFME and accessioned by the AFIP. Disposition and retention requirements for materials accessioned are given in enclosure 2.

10. Investigations required by the OAFME shall take precedence over any other duties of the Deputy Medical Examiner (DME), Regional Medical Examiner (RME), and Associate Medical Examiner (AME).

11. There shall be a system of quality assurance established for periodic evaluation of the AFME system.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall monitor the implementation of this Directive and the subsequent execution of the program.

2. The Secretaries of the Military Departments, or designees, shall:

a. Administer the policy prescribed herein for all personnel and MMTFs under their jurisdiction.

b. Develop and implement a system for notifying the AFME of all deaths as specified in subsection D.2., above.

c. Support AFME requirements for RMEs and AMEs.

3. The Scientific Advisory Board of the Armed Forces Institute of Pathology (AFIP) shall establish a subgroup of qualified medicolegal personnel who shall monitor the AFME system and shall report thereon to the AFIP Director, who shall report to the ASD(HA), through the AFIP Board of Governors, at least annually.

4. The Director, Armed Forces Institute of Pathology (AFIP), shall nominate the AFME from among the qualified, board certified, DoD forensic pathologists and submit the nominee's name to the Board of Governors for final confirmation and appointment. The tour of the AFME shall be four years which may be renewed at the option of the Board of Governors.

5. The Armed Forces Medical Examiner (AFME) shall:

a. Appoint DMEs and, with the consent of the Surgeon General concerned, shall appoint RMEs and AMEs.

b. Design and supervise applicable programs in forensic pathology and scientific medicolegal investigations for the training and continuing education of subordinate members of the AFME System.

c. Design and implement a system for completion of the medicolegal investigation.

d. Design and implement a system for reporting the results of investigations to applicable authorities, both military and civilian.

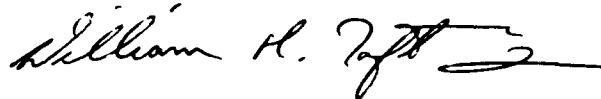
e. Design, implement, and monitor the quality assurance system for the AFME system.

f. Respond quickly to all notifications of death.

g. Consider DoD jurisdictional authority, when ordering a medico-legal investigation.

**F. EFFECTIVE DATE AND IMPLEMENTATION**

This Directive is effective immediately. The Office of the Armed Forces Medical Examiner shall be established within 120 days of the implementation of this Directive at which time the procedures for the notification of death shall be in effect. The Director of AFIP shall prepare a tri-Service implementing regulation and shall forward one copy of the implementing document to the Assistant Secretary of Defense (Health Affairs) within 6 months.



William H. Taft, IV  
Deputy Secretary of Defense

**Enclosures - 2**

1. Definitions and Abbreviations
2. Retention and Disposition of Materials Accessioned into AFIP Collection

## DEFINITIONS

1. Autopsy. A postmortem medical examination, a part of the medicolegal investigation, is the systematic examination, external and internal, of the body to assist in the determination of the cause, manner, and circumstances of death.
2. Cause of Death. That disease, injury, or injuries that resulted in the death.
3. Manner of Death. The circumstances under which the death occurred. These are categorized as homicide, suicide, accidental, natural, and in special cases either undetermined or unclassified.
4. Medicolegal Investigation. The medicolegal or forensic investigation is designed to determine systematically the cause, manner, and mechanisms of injury and death, using all scientific methods and procedures as well as investigative information available.
5. MMTF. A military medical treatment facility.
6. Next of Kin. The available interested party highest in the following order of priority shall be designated as the next of kin. The designated next of kin may waive all referenced rights for autopsy and organ disposition in favor of the next interested party in the order of priority listed as follows:
  - a. Unremarried surviving spouse.
  - b. Natural and adopted adult children, in order of seniority. The age of majority is 18 years. The rights of minor children shall be exercised by their surviving parent or legal guardian.
  - c. Parents, in order of seniority.
  - d. The remarried, surviving spouse if the marriage immediately following that to the now decedent occurred not following divorce from the now decedent, but rather following a finding of death as set forth in 37 U.S.C. 555 (reference (b)).
  - e. Other blood relatives by degree of consanguinity and, within this category, in order of seniority.
  - f. A persons standing IN LOCO PARENTIS to the decedent.
  - g. The Secretary of the Military Department concerned.
7. Personnel of the AFME System
  - a. Armed Forces Medical Examiner (AFME). A senior board certified forensic pathologist who heads the AFME System and who is assigned to the AFIP and is nominated as the AFME by the Director, AFIP, and appointed by the Board of Governors, AFIP.

b. Deputy Medical Examiner (DME). A board certified forensic pathologist who is assigned to the AFIP and who is appointed as a DME by the AFME.

c. Regional Medical Examiner (RME). A board certified or board eligible forensic pathologist who is not assigned to the AFIP and who is appointed by the AFME with consent of the Surgeon General concerned.

d. Associate Medical Examiner (AME). A board certified pathologist who is not assigned to the AFIP, and who is appointed by the AFME with the consent of the Surgeon General concerned.

RETENTION AND DISPOSITION OF MATERIALS ACCESSIONED INTO AFIP COLLECTION

1. Referenced materials accessioned into the AFIP shall be retained as follows:

a. Documentary records or copies thereof, for a minimum of 25 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

b. Microscopic slides, for a minimum of 10 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

c. Paraffin blocks, for a minimum of 5 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

d. All other materials shall be retained at the AFIP until adjudged by the AFME to be no longer needed.

2. When materials are no longer needed they shall be destroyed completely in a dignified manner.

DTIC QUALITY INSPECTED 6

Accessioned	
DATE	✓
BY	
Dist	
Availability	
Dist	Special
A-1	

**SUPPLEMENTARY**

**INFORMATION**



# DEPARTMENT OF DEFENSE

## DIRECTIVES SYSTEM TRANSMITTAL

NUMBER See Below Pen Changes	DATE November 16, 1994	DISTRIBUTION 6000 series
---------------------------------	---------------------------	-----------------------------

ATTACHMENTS

None

*CARATA ADA 27231/1*

INSTRUCTIONS FOR RECIPIENTS

Pen changes to the following DoD Issuances are authorized:

<u>DoD Issuance Number and Date</u>	<u>Change Number</u>
<u>DoD Directive 6000.2, April 8, 1988</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 and 2. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1
<u>DoD Directive 6000.6, August 24, 1977</u> Section E. Heading. Delete "AND IMPLEMENTATION" Paragraph 2. Delete in its entirety.	Change 1
<u>DoD Directive 6000.8, December 6, 1985</u> Section G. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) within 120 days."	Change 1
<u>DoD Directive 6010.7, August 27, 1975</u> Section VIII. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 4. Delete "Three copies of proposed implementing regulations shall be forwarded to the Assistant Secretary of Defense (Health Affairs) within 30 days."	Change 5

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT

NUMBER See Below Pen Changes	DATE November 16, 1994	DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL
---------------------------------	---------------------------	--

INSTRUCTIONS FOR RECIPIENTS (continued)

<u>DoD Issuance Number and Date</u>	<u>Change Number</u>
<u>DoD Directive 6010.13, February 3, 1986</u> Section G. Heading. Delete "AND IMPLEMENTATION" Lines 1 and 2. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1
<u>DoD Instruction 6010.15, March 10, 1993</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1
<u>DoD Directive 6010.16, March 8, 1988</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 6. Delete "The Office of the Armed Forces Medical Examiner shall be established within 120 days of the implementation of this Directive, at which time the procedures for the notification of death shall be in effect. The Director of AFIP shall prepare a tri-Service implementing regulation and shall forward one copy of implementing document to the Assistant Secretary of Defense (Health Affairs) within 6 months."	Change 1
<u>DoD Directive 6015.1, December 12, 1988</u> Section E. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 90 days."	Change 1
<u>DoD Directive 6015.16, April 15, 1986</u> Section F. Heading. Delete "AND IMPLEMENTATION" Lines 1 and 2. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 60 days."	Change 1
<u>DoD Instruction 6025.15, November 9, 1992</u> Section H. Heading. Delete "AND IMPLEMENTATION" Lines 1 through 3. Delete "The Military Departments shall forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."	Change 1

NUMBER

See Below Pen Changes

DATE

November 16, 1994

DEPARTMENT OF DEFENSE  
DIRECTIVES SYSTEM TRANSMITTAL

INSTRUCTIONS FOR RECIPIENTS (continued)

DoD Issuance Number and Date

Change Number

DoD Directive 6420.1, December 9, 1982

Change 2

Section F.

Heading. Delete "AND IMPLEMENTATION"

Lines 1 through 3. Delete "Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."

DoD Directive 6430.2, June 21, 1984

Change 1

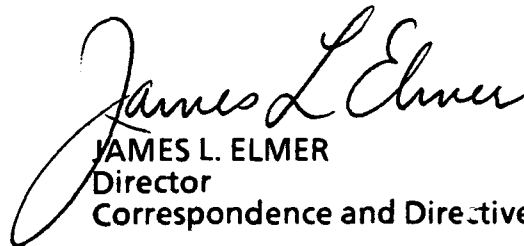
Section F.

Heading. Delete "AND IMPLEMENTATION"

Lines 1 through 3. Delete "Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days."

EFFECTIVE DATE

The above pen changes are effective immediately. Although the pen changes remove the requirement for DoD Components to issue implementing documents, the DoD issuances are directly applicable to all elements with the Components and the Heads of the DoD Components are responsible for carrying out the DoD guidance.

  
JAMES L. ELMER  
Director  
Correspondence and Directives