Department of Defense
DIRECTIVE

June 21, 1984
NUMBER 6430.2

ASD(HA)

SUBJECT: DoD Medical Standardization Board

References: (a) DoD Directive 5154.18, Defense Medical Materiel Board," May 26, 1965 (hereby canceled)
(b) DoD Instruction 6430.1, "DoD Deployable Medical Systems," June 21, 1982 (hereby canceled)
(c) DoD Directive 5136.8, "DoD Health Council," July 8, 1982
(d) DoD Instruction 4500.37, "Use of Intermodal Containers, Special-Purpose Vans, and Tactical Shelters," March 17, 1981

A. PURPOSE

This Directive replaces references (a) and (b), establishes the DoD Medical Standardization Board (DMSB) as a joint DoD activity, provides policy, and assigns responsibilities.

B. APPLICABILITY AND SCOPE

1. This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Organization of the Joint Chiefs of Staff (OJCS), and the Defense Agencies (hereafter referred to collectively as "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2. It also applies to:

a. Standardization and acquisition of materiel for all deployable medical systems (hospitals) with the exception of ship or aircraft-configured systems.

b. Item entry, acquisition, and item supportability issues in regard to item maintainability, reliability, and availability of all medical materiel.

C. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

D. POLICY

1. It is DoD policy to standardize deployable medical systems. To achieve maximum standardization, increase efficiency, and minimize costs, DoD Components shall acquire only those deployable medical systems submitted by the DMSB and approved by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

2. In the development of deployable medical systems, maximum use of standardized DoD materiel available from various commodity managers shall be used. Standardized medical materiel shall be used in the operation of the total health care system to the greatest extent possible.

3. Pre-positioning of deployable medical systems at or near the point of intended use shall be accomplished when such systems are required to be operational during the period before sealift can be effected. The mix of deployable medical systems that are pre-positioned in a theater of operations shall depend on military missions, theater time-phased bed requirements, and theater support capability.

4. Host-nation support shall be used to the greatest extent possible.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) shall:

a. Establish planning criteria for the levels of health services support to be provided by the Military Services within wartime theaters of operations, considering the coordinated recommendations of the Joint Chiefs of Staff and the Military Services.

b. Approve those deployable medical systems that have been developed under the direction of the DMSB, jointly approved by Military Services, and forwarded through the DoD Health Council.

c. Review the Military Services' implementation and procurement programs to ensure maximum standardization of deployable medical systems.

2. The DoD Health Council shall resolve, in accordance with DoD Directive 5136.8 (reference (c)), any conflict that may arise among the Military Services.

3. The Secretary of the Army, or designee, shall:

a. Provide administrative support for the internal administration and operation of the DMSB, including civilian personnel requirements, civilian personnel and security administration, inspections, space, facilities, supplies, and other administrative provisions and services.

b. Program, budget, and finance all costs of operations of the DMSB and its staff, except the pay, allowances, and permanent change of station travel of military personnel, DMSB members, and assigned staff, which shall be provided by the appropriate Military Service.

4. Heads of the Military Services, or their designees, shall:

a. Acquire only those deployable medical systems submitted by the DMSB and approved by the ASD(HA).

b. Make maximum use of standardized DoD materiel available from various commodity managers.

c. Ensure that deployable medical systems required to be operational during the period before sealift can be effected shall be pre-positioned at or near the point of intended use.

d. Provide pay, allowances, and permanent change-of-station travel of military personnel, DMSB members, and assigned staff.

F. DoD MEDICAL STANDARDIZATION BOARD

1. Organization and Management

a. The DMSB membership shall consist of at least one medical department officer at the O-7 grade level or above from each of the Military Services. The ASD(HA) and the Director, Defense Logistics Agency (DLA), each shall designate a representative who shall participate as an observer to the DMSB. Observer status also may be granted by the DMSB to other appropriate government agencies.

b. The chair shall be rotated every 2 years among the Military Services without regard to seniority.

c. Meetings shall be conducted no less than quarterly at the call of the chair.

d. The rules of procedure and the methods of the DMSB operation, except those set forth in this Directive, shall be established by the DMSB with the approval of the ASD(HA).

e. The DMSB shall establish groups, as necessary, to accomplish its mission.

f. Minutes of each meeting shall be furnished to the Surgeons General, the Commandant of the Marine Corps, and all observers.

g. The ASD(HA) may assign additional duties and responsibilities to the DMSB, as appropriate.

2. Functions. The DMSB shall:

a. Direct the development of deployable medical systems that are standardized to the maximum extent consistent with the distinct missions of the Military Services.

b. Provide clinical advice on the allocation and priorities of critical medical materiel assets.

c. Direct development and modifications of computer models for joint Military Service medical requirements and capabilities.

d. Ensure the availability of standardized medical materiel by the Military Services, both for war reserve materiel and peacetime operating stocks.

e. Develop lists of suitable substitute or interchangeable items of medical materiel.

f. Ensure item entry of all new standardized medical materiel items into the DoD supply system.

g. Ensure the retention or deletion of standardized medical items in the DoD supply system.

h. Determine items for which sources of supply shall be limited to selected producers to meet Military Service clinical and logistics support requirements, and designate the acceptable sources of supply.

i. Operate as a single point of contact for and maintain liaison between the DLA and other government agencies in all clinical and technical matters involving medical materiel.

j. Provide advice to the DLA for carrying out the clinical and technical medical materiel functions assigned to it.

k. Evaluate and approve or disapprove requests for waivers and deviations from essential characteristics. No item of medical materiel that deviates from its established essential characteristics may be procured without prior approval of the DMSB. This restriction does not apply to items stocked by DLA's Medical Stockage (MEDSTOCK) program.

l. Provide a forum for the timely exchange of information with the military medical community for research and development projects of medical materiel interest so that essential characteristics for the resultant items can be developed and integrated into the medical supply system without delay.

m. Monitor completely all actions of the Directorate of Medical Materiel, Defense Personnel Support Center (DPSC), Defense Logistics Agency, pertaining to Type I Complaints, and review Type II and Type III Complaints (as defined by DLA Regulation 4155.28) on the basis of information copies unless additional factors are required.

n. Provide all standardization recommendations regarding deployable medical systems to the Surgeons General of the Military Departments and the Commandant of the Marine Corps for Military Service approval.

o. Provide all recommendations on the clinical and technical aspects of medical materiel to the Surgeons General of the Military Departments for approval.

p. Be the preparing activity (PA) for medical standardization documents and all other medically related items. The DPSC will act as agent for the DMSB in preparing standardization documents.

q. Review specifications covering medical materiel to determine conformity with essential characteristics.

r. Forward Military Service-approved, standardized, deployable medical systems to the ASD(HA) for approval.

s. Submit to the DoD Health Council for resolution any issue on which the Military Services cannot agree.

t. Ensure that only approved Joint Committee on Tactical Shelters (DoD Instruction 4500.37, reference (d)) shelters shall be included in or used with any deployable medical system.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward two copies of the implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

WILLIAM H. TAFT, IV
Deputy Secretary of Defense

Enclosure - 1
Definitions

DEFINITIONS

1. Deployable Medical System. A facility that is capable of being located in a desired or required area of operation during a contingency, war, or national emergency. Deployable medical systems are composed of fixed contingency hospitals and other than fixed contingency hospitals that are not operated during peacetime.

2. Fixed Contingency Hospital (FCH). An FCH is an inactive or partially inactive medical treatment facility (MTF) that is housed in a fixed structure such as a hospital or other suitable buildings that are located in a required area of operations. FCHs are equipped to provide medical treatment only during wartime, a major contingency, or an emergency. An FCH may be either U.S.-owned or provided by a host nation.

3. Item Entry. The process of:

a. Evaluating new or improved items of medical materiel for entry into the DoD supply system.

b. Preparing and updating essential characteristics (mandatory qualities required of an item to accomplish a specific professional, therapeutic, military, or technical function).

c. Submitting completed action documentation (item review reports) to the DPSC for cataloging and obtaining a National Stock Number (NSN).

4. Other than Fixed Contingency Hospitals. MTFs designed for field operations and developed in consideration of the distinct missions of the Military Services. These types of MTFs fall into two categories:

a. Partially Relocatable MTFs. MTFs designed to use the mobile core functions of the relocatable MTF, such as surgery, X-ray, and laboratory. Ancillary and operating support functions, such as wards, laundry, and food service, shall be satisfied by use of fixed structures.

b. Relocatable MTFs. MTFs that are designed especially for mobility. Mobility is a quality or capability that permits these MTFs to move from place to place while retaining the ability to fulfill their primary mission for the Military Services.

5. Standardization of Deployable Medical Systems. The systematic development of deployable medical systems, on a line-by-line basis, to ensure that components are standardized to the maximum extent possible. Deviations are documented and based only on the distinct missions or logistical and support restrictions, or both, of the Military Services.

6. Standardized. To be uniform on a basis of NSN or authorized substitutes.

7. Standardized Medical Materiel. The end product of the item entry process.

SUPPLEMENTARY

INFORMATION

DEPARTMENT OF DEFENSE
DIRECTIVES SYSTEM TRANSMITTAL

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

ATTACHMENTS

None

ERRATA ADA 272 437

INSTRUCTIONS FOR RECIPIENTS

Pen changes to the following DoD Issuances are authorized:

DoD Issuance Number and Date	Change Number
DoD Directive 6000.2, April 8, 1988 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
DoD Directive 6000.6, August 24, 1977 Section E. Heading. Delete "AND IMPLEMENTATION" Paragraph 2. Delete in its entirety.	Change 1
DoD Directive 6000.8, December 6, 1985 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
DoD Directive 6010.7, August 27, 1975 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	DATE	DEPARTMENT OF DEFENSE
See Below Pen Changes	November 16, 1994	DIRECTIVES SYSTEM TRANSMITTAL

INSTRUCTIONS FOR RECIPIENTS (continued)

DoD Issuance Number and Date	Change Number
DoD Directive 6010.13, February 3, 1986 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
DoD Instruction 6010.15, March 10, 1993 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
DoD Directive 6010.16, March 8, 1988 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
DoD Directive 6015.1, December 12, 1988 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
DoD Directive 6015.16, April 15, 1986 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
DoD Instruction 6025.15, November 9, 1992 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

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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

JAMES L. ELMER
Director
Correspondence and Directives