



# Department of Defense

## INSTRUCTION

NUMBER 6200.05  
February 16, 2007

---

---

USD(P&R)

SUBJECT: Force Health Protection (FHP) Quality Assurance (QA) Program

- References:
- (a) DoD Directive 6200.4, "Force Health Protection (FHP)," October 9, 2004
  - (b) DoD Directive 6490.2, "Comprehensive Health Surveillance," October 21, 2004
  - (c) Assistant Secretary of Defense for Health Affairs Memorandum, "Policy for Department of Defense Deployment Health Quality Assurance Program," January 9, 2004
  - (d) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
  - (e) through (u), see Enclosure 1

### 1. PURPOSE

This Instruction:

- 1.1. Implements policy, assigns responsibilities, and prescribes procedures pursuant to Reference (a) by establishing a comprehensive DoD FHP/QA Program.
- 1.2. Addresses comprehensive military health surveillance pursuant to Reference (b) by including FHP elements from the full range of military activities and operations.
- 1.3. Expands deployment health QA activities pursuant to Reference (c), deployment health surveillance activities pursuant to Reference (d), and occupational and environmental health surveillance activities pursuant to DoD 6055.5-M, DoD Instruction 6055.5, and DoD Instruction 6055.1 (References (e), (f), and (g), respectively), by applying FHP/QA to key elements throughout the entire period of an individual's military service.

### 2. APPLICABILITY

- 2.1. This Instruction applies to the Office of the Secretary of Defense, 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 within the Department of Defense (hereafter

# Report Documentation Page

Form Approved  
OMB No. 0704-0188

Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. REPORT DATE <b>16 FEB 2007</b>		2. REPORT TYPE		3. DATES COVERED <b>00-00-2007 to 00-00-2007</b>	
4. TITLE AND SUBTITLE <b>Force Health Protection (FHP) Quality Assurance (QA) Program</b>				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>Department of Defense, Under Secretary of Defense for Personnel and Readiness, 4000 Defense Pentagon, Washington, DC, 20301-4000</b>				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT <b>Approved for public release; distribution unlimited</b>					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT <b>unclassified</b>	b. ABSTRACT <b>unclassified</b>	c. THIS PAGE <b>unclassified</b>			

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.

2.2. This instruction further applies to all military personnel of the active components and selected Reserve components, and to essential DoD civilian and DoD contractor personnel accompanying deployed military forces consistent with DoD Directive 1400.31, DoD Instruction 1400.32, DoD Directive 1404.10, and DoD Instruction 3020.41 (References (h), (i), (j), and (k), respectively).

### 3. DEFINITIONS

Terms used in this Instruction are defined in Enclosure 2.

### 4. POLICY

It is DoD policy pursuant to Reference (a) that DoD Components shall implement effective QA and quality control systems to ensure compliance with FHP requirements.

### 5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)), pursuant to DoD Directive 5124.2 (Reference (l)) and consistent with sections 731 and 738 of Public Law 108-375 (Reference (m)), shall exercise oversight of the DoD FHP/QA Program.

5.2. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), pursuant to Reference (a) and DoD Directive 5136.1 (Reference (n)), under the USD(P&R), shall develop and exercise responsibility over the DoD FHP/QA Program and monitor the implementation of this Instruction.

5.3. The Assistant Secretary of Defense for Reserve Affairs, under the USD(P&R), shall ensure that FHP/QA programs for the Ready Reserve are consistent with the programs established for the active component.

5.4. The Deputy Under Secretary of Defense for Program Integration, under the USD(P&R), shall ensure that systems are in place to track the duty locations of Military Service members throughout their careers, including periods of deployment.

5.5. The Secretaries of the Military Departments shall implement effective FHP/QA systems to ensure compliance with this Instruction.

5.6. 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 this Instruction during all military operations, to include deployments, contingencies, exercises, and training.

5.7. The Commanders of the Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall establish FHP policies and programs, have overall responsibility for FHP for all forces assigned or attached to their command, and ensure this Instruction is implemented during all military operations.

## 6. PROCEDURES

6.1. General. The DoD FHP/QA Program is designed to ensure that the health of Service members, as well as applicable DoD civilian and contractor personnel, is effectively monitored, protected, sustained, and improved across the full range of military activities and operations.

6.1.1. The scope of FHP/QA extends across an individual's entire military career, from the time of accession, including garrison and deployments, and continuing through separation from military service.

6.1.2. The focus of FHP/QA is centered upon:

6.1.2.1. Promoting and sustaining a healthy and fit force.

6.1.2.2. Preventing illness and injuries, and protecting the force from health threats.

6.1.2.3. Providing medical and rehabilitative care to the sick and injured.

6.1.3. The process of FHP/QA includes:

6.1.3.1. Identifying key FHP elements.

6.1.3.2. Monitoring those key FHP elements on a routine basis to:

6.1.3.2.1. Determine and assess their force health status.

6.1.3.2.2. Measure and track changes in force health status.

6.1.3.2.3. Document compliance with force health policy.

6.1.3.3. Reporting FHP/QA findings on a periodic basis.

## 6.2. Identifying key FHP elements

6.2.1. The Office of the ASD(HA), specifically the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)), in conjunction with the



FHP Council (FHPC), shall determine key FHP elements and measures of success for QA monitoring and reporting purposes.

6.2.1.1. The FHPC is established and functions as a standing committee under the authority of Reference (n) and ASD(HA) Memorandum, "Policy on Military Health System Decision-Making Process," (Reference (o)). The DASD(FHP&R) chairs the FHPC and Council membership includes the three Military Services' Deputy Surgeons General, the Medical Officer of the Marine Corps, the Joint Staff Surgeon (also representing the Combatant Command Surgeons), and senior officials from the Military Health System (MHS) and DoD Components.

6.2.1.2. Among the objectives of the FHPC is monitoring the implementation of DoD Directives and Instructions concerning Joint FHP issues.

6.2.2. For QA purposes, key FHP elements should be:

6.2.2.1. Specified by DASD(FHP&R) in conjunction with the FHPC as representing the Military Services, the Chairman of the Joint Chiefs of Staff, and the Combatant Commands.

6.2.2.2. Selected from among the full spectrum of FHP activities (Reference (a)) and subject to modification by the DASD(FHP&R) and the FHPC to help ensure continuing focus on changing areas of FHP interest.

6.2.2.3. Recognized as activities that, from an FHP perspective, possess any or all of the following characteristics:

6.2.2.3.1. High-risk: activities having potential for a significantly positive or negative impact on FHP. From an operational risk management perspective, this would include events (hazardous incidents) assessed as having a high hazard severity and catastrophic or critical health consequences.

6.2.2.3.2. High-volume: activities occurring in significantly large numbers or affecting a significant number of Service members. From an operational risk management perspective, this would include events assessed as having a high probability of frequent or likely occurrence.

6.2.2.3.3. Problem-prone: activities presenting significant challenges in terms of FHP assurance or FHP policy compliance.

6.2.3. Following are examples of some key FHP elements specified in Reference (a), sections 1074f and 1092a of title 10, United States Code, section 734 of Public Law 108-375, and DoD Directive 1010.10 (References (p), (q), and (r)), and noted as samples in Enclosure 3:

6.2.3.1. Healthy and Fit Force: individual medical readiness (DoD Instruction 6025.19 (Reference (s))) and physical fitness.

6.2.3.2. Prevention and Protection: deployed unit and individual locations; representative deployment occupational and environmental exposure assessments; and preventive health measures in deployed settings.

6.2.3.3. Medical and Rehabilitative Care: deployment health assessments and the transfer of health information on separated Service members from the Department of Defense to the Department of Veterans Affairs (VA).

6.2.3.4. FHP Infrastructure Support Services: education and training; research and development; lessons learned; and commander assessments of FHP programs.

### 6.3. Monitoring key FHP elements

6.3.1. The Military Services shall implement procedures to monitor key FHP elements as indicated under paragraph 6.2. of this Instruction.

6.3.2. Key elements identified by an asterisk in Enclosure 3 are generally considered to be of primary importance for initial FHP/QA monitoring purposes. Key elements that are classified or considered sensitive must follow applicable security handling requirements.

6.3.3. Methods for monitoring key FHP elements may vary depending upon the characteristics of each element and the capabilities of available information systems to collect and report data pertaining to quality assurance requirements. Comprehensive DoD-wide automated information systems such as the Armed Forces Health Longitudinal Technology Application and the Theater Medical Information Program are the preferred methodology for monitoring key FHP elements and should be used to the maximum extent possible. Periodic on-site visits and reviews may serve as additional monitoring mechanisms.

6.3.4. FHP/QA information shall be shared as broadly as possible (except where limited by law, policy, or security classification) and any data assets produced as a result of the assigned responsibilities shall be visible, accessible, and understandable to the rest of the Department as appropriate and in accordance with DoD Directive 8320.2 (Reference (t)).

### 6.4. Reporting FHP/QA findings

6.4.1. The Military Departments shall report FHP/QA findings to the ASD(HA) through the DASD(FHP&R).

6.4.1.1. Frequency of reporting shall be determined for each key FHP element by the DASD(FHP&R) in conjunction with the FHPC.

6.4.1.2. Reports shall address the status of FHP/QA monitoring activities and the findings associated with each key FHP element being monitored. Content of the reports shall include descriptive narratives as well as objective data.

6.4.1.3. Reports shall be prepared by the Military Services and electronically submitted in a format that sufficiently describes the full scope of monitoring activities and delineates specific findings, but allows flexibility to accommodate each Service's reporting capabilities and program characteristics.

6.4.1.4. Reports shall contain only unclassified data. Classified data pertinent to FHP may be collected and maintained by agencies such as the Defense Manpower Data Center and the U.S. Army Center for Health Promotion and Preventive Medicine, but such data should not be reported for FHP/QA purposes under this Instruction.

6.4.2. Each Military Service shall identify a primary action office with responsibility for reporting FHP/QA findings and serving as the point of contact for FHP/QA activities.

6.4.3. The Combatant Commands shall report FHP/QA findings through the Chairman of the Joint Chiefs of Staff on forces assigned or attached to their command during military operations.

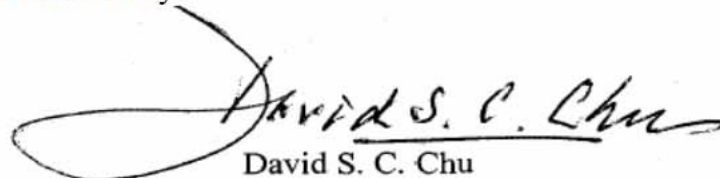
6.4.4. The DASD(FHP&R) shall prepare a consolidated annual report on DoD-wide FHP/QA activities and findings according to section 1073b of Reference (p)).

## 7. INFORMATION REQUIREMENTS

The reporting requirements contained in this Instruction have been assigned Report Control Symbol DD-HA (AR) 2255 according to DoD 8910.1-M (Reference (u)).

## 8. EFFECTIVE DATE

This Instruction is effective immediately.



David S. C. Chu  
Under Secretary of Defense for  
Personnel and Readiness

Enclosures - 3

- E1. References, continued
- E2. Definitions
- E3. Examples of Key FHP/QA Elements



E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 6055.1, "DoD Safety and Occupational Health (SOH) Program," August 19, 1998
- (f) DoD Instruction 6055.5, "Industrial Hygiene and Occupational Health," January 10, 1989
- (g) DoD 6055.5-M, "Occupational Health Surveillance manual," May 4, 1998
- (h) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995
- (i) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
- (j) DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 10, 1992
- (k) DoD Instruction 3020.41, "Contractor Personnel Authorized To Accompany the U.S. Armed Forces," October 3, 2005
- (l) DoD Directive 5124.2, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," October 17, 2006
- (m) Sections 731 and 738 of Public Law 108-375, "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004
- (n) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994
- (o) Assistant Secretary of Defense for Health Affairs Memorandum, "Policy on Military Health System Decision-Making Process," March 22, 2006
- (p) Sections 1074f, 1092a, and 1073b of title 10, United States Code
- (q) Section 734 of Public Law 108-375, "Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004
- (r) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
- (s) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," January 3, 2006
- (t) DoD Directive 8320.2, "Data Sharing in a Net-Centric Department of Defense," December 2, 2004
- (u) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 998, authorized by DoD Directive 8910.1, June 11, 1993



## E2. ENCLOSURE 2

### DEFINITIONS

E2.1. Comprehensive Military Health Surveillance. Comprehensive military health surveillance provides actionable health-related information to military and medical decision-makers, allowing optimal incorporation of prevention and protection into military training, plans, and operations. A military health surveillance system includes a routine functional capacity for data collection, analysis, and dissemination of information linked to preventive medicine support of military operations and training.

E2.2. Deployment Health Surveillance. The systematic collection, analysis, and interpretation of health-related data pertinent to a military population just prior to a deployment, during a deployment, and upon completion of a deployment, to address the health needs of individual Service members as well as deployed populations, and to facilitate the identification and remediation of deployment-related health hazards.

E2.3. Force Health Protection (FHP). For the purpose of this Instruction, FHP includes 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 full range of military activities and operations. These measures enable the fielding of a healthy and fit force, the prevention of injuries and illness and protection of the force from health hazards, and the provision of highly effective medical and rehabilitative care to those who become sick or injured anywhere in the world.

E2.4. Force Health Protection Quality Assurance Program (FHP/QA Program). The identification of key elements associated with protecting the health of military members and applicable DoD civilian and contractor personnel throughout their period of service and across the full range of military activities and operations, along with the systematic monitoring, analysis, and reporting on important FHP processes and outcomes to ensure effectiveness and compliance throughout the MHS.

E2.5. Health Surveillance. The systematic collection, analysis, and interpretation of data on the health of a population and relevant health hazards; with timely dissemination of actionable information to users at all levels. Health surveillance provides data that support evaluation of the quality and effectiveness of FHP measures. It includes medical surveillance as well as occupational and environmental health surveillance.

E2.6. Individual Medical Readiness (IMR). The extent to which a Service member is medically ready to participate in an operational deployment, as measured by six key elements: a current periodic health assessment; the absence of deployment-limiting health conditions; a favorable dental readiness classification; currency in required immunizations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

E2.7. Medical Surveillance. For the purpose of this Instruction, medical surveillance is the ongoing and systematic collection, analysis, and interpretation of data derived from instances of

medical care or medical evaluation; and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

E2.8. Occupational and Environmental Health Surveillance. The regular collection, analysis, archiving, interpretation, and dissemination of occupational and environmental health-related data for purposes of monitoring the health of, or potential health hazard impact on, a population and individual personnel, and for intervention in a timely manner to prevent, treat, or control the occurrence of disease or injury.

E3. ENCLOSURE 3EXAMPLES OF KEY FHP/QA ELEMENTS

<b>Sample Key Elements</b>	<b>Description</b>	<b>Sample Measures of Success</b>
Individual Medical Readiness (IMR)*	Monitoring IMR elements: - Periodic Health Assessments - Deployment Limiting Conditions - Dental Readiness - Immunizations - Readiness Lab Studies - Individual Medical Equipment	1. Percent of individuals in IMR classification 1 (fully ready to deploy). Goal: >75 percent 2. Percent of individuals in IMR classification 1 or 2 (fully or partially ready to deploy). Goal: >90 percent
Physical Fitness*	Individual physical fitness.	1. Percent of individuals with passing physical fitness scores. Goal: >90 percent 2. Percent of units providing time for fitness activities during duty hours. Goal: >90 percent
Deployed Unit & Individual Locations*	Location data on deployed units and individuals is tracked, collected, reported, and stored to link occupational and environmental exposures (or potential exposures) to deployed personnel.	1. Percent of deployed service members with once-daily location data on file in the Defense Manpower Data Center (DMDC). Goal: >90 percent 2. Percent agreement between DMDC and Service-specific deployment rosters. Goal: >90 percent
Deployment Exposures*	Hazardous environmental and occupational exposures during deployments are reported, investigated, and documented in individual permanent health records and central databases. Exposures are considered hazardous if they result in an acute illness or have the potential to cause latent illness.	1. Percent of deployed personnel at risk from hazardous exposures who have exposure-related documentation in their permanent health records and stored centrally. Goal: >90 percent 2. Percent of site assessments completed prior to arrival of deployed personnel. Goal: >80 percent
Preventive Measures in Deployed Settings*	Preventive health measures are effective in reducing or eliminating preventable diseases and injuries and minimizing lost duty time.	1. Rate of vector-borne diseases. Goal: <50 percent of the rate projected by the Armed Forces Medical Intelligence Agency. 2. Rate of non-battle injury. Goal: <1 percent per week
Deployment Health Assessments*	Pre-deployment health assessment (DD Form 2795),	1. Percent of individuals with required deployment health



Sample Key Elements	Description	Sample Measures of Success
	post-deployment health assessment (DD Form 2796), and post-deployment health reassessment (DD Form 2900).	assessments documented in health records and available via automated central DoD systems. Goal: >95 percent 2. Percent of individuals found medically unfit at the time of pre-deployment processing. Goal: <5 percent 3. Percent of individuals returned early from deployment for known pre-existing medical conditions. Goal: <5 percent 4. Percent of individuals with referral recommended who received appropriate evaluation within 30-days of return from deployment. Goal: >95 percent
DoD Health Information Available to VA*	DoD health information on separating individuals is made readily available to the VA.	Percent of individuals having DoD health information transferred or made available to the VA within 30 days of separation. Goal: >95 percent
Education and Training	FHP information incorporated into Services' education and training courses and programs (e.g., formal military education, commander schools, technical training).	FHP topics are incorporated into selected entry/mid/senior level education courses and training programs. Goal: >90 percent of selected courses and training programs
Research & Development (R&D)*	FHP insertion into R&D process development and product applications. Lessons learned, health surveillance, and other FHP data sources are used to inform the combat developer, R&D, and acquisition communities, and result in positive change in the form of new or improved products.	Specific examples of R&D programs and applications that improve FHP. 1. Data from Health Assessment Review Tool-Accessions used to develop targeted intervention and prevention programs. 2. Mortality data (e.g., blast injury patterns) used to improve personal protective equipment. Goal: >1 example per year
Lessons Learned*	Incorporate lessons learned into FHP program improvements. Document how doctrine, policy, and/or procedures were affected.	Specific examples of lessons learned contributions and outcomes that improve FHP. Goal: >1 example per year
Commander's Assessment*	Service and Combatant Command Commander's assessment of FHP programs (e.g., operational plans reflect	Each Service and Combatant Command provides an annual assessment of FHP program effectiveness.



<b>Sample Key Elements</b>	<b>Description</b>	<b>Sample Measures of Success</b>
	FHP lessons learned).	Goal: 1 report per year from each Service and Combatant Command.

\* Indicates those FHP/QA elements generally considered to be of primary importance for initial monitoring purposes.