DEPARTMENT OF THE ARMY
ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT
600 ARMY PENTAGON
WASHINGTON, DC 20310-0600

DAIM-ZA

JAN 2 7 2004

MEMORANDUM THRU THE ~~DIRECTOR, ARMY STAFF~~ 27 JAN 04

FOR SEE DISTRIBUTION

SUBJECT: Implementation of Department of Defense Directive 6200.3, Emergency Health Powers on Military Installations

1. This memorandum implements the Department of Defense Directive 6200.3, Emergency Health Powers on Military Installations. The Directive requires garrison commanders to designate a Public Health Emergency Officer (PHEO), who shall take actions necessary to identify, investigate, and control disease outbreaks. To this end, garrison commanders must work closely with the medical community to ensure the PHEO designations are made as quickly as possible.

2. Implementation of the Directive requires close coordination among military commanders. Meeting these complex tasks requires installation-specific emergency action plans. The enclosed terms of reference serves as a guide for coordination and rapid planning. Due to the urgency created by the potential for disease outbreaks, the Army objective is to have emergency action plans in place by 31 March 2004 for higher headquarters review. The local PHEO will have the responsibility to develop this plan, signed by the garrison commander and reviewed jointly by the military commander and regional medical commands.

3. For further assistance, contact the following:
   OACSIM -- Mr. Vince Kam, 703-604-2464 / DSN 664-2464
   MEDCOM -- Mr. Michael Grunwald, (210) 221-6425 / DSN 471-6425

Encl

for J C Meinig
LARRY J. LUST
Major General, GS
Assistant Chief of Staff
for Installation Management

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DAIM-ZA
SUBJECT: Implementation of Department of Defense Directive 6200.3, Emergency Health Powers on Military Installations

DISTRIBUTION:
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Commander, United States Army Reserve Command
Director, Installation Management Agency

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Commanding General, United States Army Medical Command
Commander, United States Army Test and Evaluation Command
Director, Army Safety
Superintendent, United States Military Academy

Army Terms of Reference to DoDD 6200.3
Emergency Health Powers on Military Installations
27 January 2004

1. Installations task organization:

a. Installations subject to the jurisdiction, administration, or in the custody of the Installation Management Agency.

b. Installations subject to the jurisdiction, administration, or in the custody of the United States Army Reserve Command.

c. Installations subject to the jurisdiction, administration, or in the custody of the State Adjutant Generals.

d. Major treatment facilities (MTFs) and regional medical commands (RMCs).

2. Definitions:

a. Military commanders:

(1) The commanding officers of all military reservations, posts, camps, stations, or installations subject to the jurisdiction, administration, or in the custody of the Department of the Army.

(2) The commanders of installations or activities subject to the jurisdiction, administration, or in the custody of the combatant commands.

(3) The commanders in the chain of command immediately above an installation or activity not headed by a military commander shall issue instructions or orders on emergency health powers. Where there is no military commander in the chain, necessary proposed instructions or orders should be forwarded to the Assistant Secretary of the Army for Manpower and Reserve Affairs for processing.

b. Command of installations: The senior regularly assigned United States Army officer present for duty normally has responsibility for the command of units, platoon level and above. For major Army installations, this is usually a general officer. A synonym for this appointment is the senior mission commander.

c. Installation commander: The individual responsible for all operations (real estate, facilities, base support, and activities) performed by an installation. Installation commanders will not exercise operational control over tenant organization missions. Installation commanders who are junior-in-grade will not exercise any aspect of command over senior officers. For major Army installations, this is usually a colonel. A synonym for this appointment is the garrison commander or area support group (ASG) commander.

d. Public Health Emergency: An occurrence or imminent threat of an illness or health condition, caused by biological warfare or terrorism, epidemic or pandemic

disease, or highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities.

e. Public health emergency officer: Recommend MTF Commander as the PHOE- see DoDD 6200.3 for qualifications and responsibilities.

f. Areas of operations: to be defined by MEDCOM planning guidelines.

3. Implementation guidance to the Army objective: installation implementation plans in place by 31 March 2004:

a. Director, Army National Guard:

(1) Provide Army National Guard specific guidance for the execution of emergency health powers to the State Adjutant Generals, to include requirement for the respective adjutant generals to designate a physician to serve as the joint forces headquarters (State) public health emergency officers.

(2) Assist the State Adjutant Generals with the identification of national level support.

(3) Coordinate with the Director, National Guard Bureau, to designate a physician to serve as the National Guard Bureau joint forces headquarters public health emergency officer.

(4) Appoint public health emergency officers for state operated deployment platforms (currently Gowen Field, Camps Roberts, Atterbury, and Shelby.) The appointments will be announced in a memorandum and will contain the information shown in figure 3-1.

b. Commander, United States Army Reserve Command (USARC):

(1) Provide USARC specific guidance for the execution of emergency health powers, to include designation of regional readiness command surgeons to serve as the public health emergency officers with responsibility for specified locations.

(2) Assist the installation commanders with the identification of national level support.

(3) Appoint public health emergency officers for USARC deployment platforms (currently Forts Dix and McCoy.) The appointments will be announced in a memorandum and will contain the information shown in figure 3-1.

c. Director, Installation Management Agency:

(1) Implement DoDD 6200.3 for assigned installations in conjunction with MACOMs.

(2) Instruct garrison commanders to appoint public health emergency officers (normally the MTF commander as PHEO). The appointments will be announced in a memorandum and will contain the information shown in figure 3-1.

(3) Require garrison commanders to have installation-specific emergency health powers implementation plans. Plans must be completed by 31 Mar 04.

(4) Ensure an emergency alert capability is in place.

(5) Validate plans with MEDCOM regional medical commands. For technical assistance, the following coordination channels are in effect between installation management regional offices and MEDCOM regional medical command (RMCs):

IMA Regions	MEDCOM RMCs
Northeast Region Office	North Atlantic RMC
Southeast Region Office	Southeast RMC
Northwest Region Office	Western RMC/Great Plains
Southwest Region Office	Western RMC/Great Plains
Europe Region Office	Europe RMC
Pacific Region Office	Pacific RMC
Korea Region Office	Pacific RMC

4. Coordinating instructions: the following milestones will guide parallel planning among installation and Army medical channels:

Milestone	Date
Army Terms of Reference	on going
MEDCOM Implementation Plan	23 Jan 04
RMC technical support plans	20 Feb 04
PHEOs appointed	31 Mar 04
Installation Implementation Plans	31 Mar 04
Plans review and validation	on going after Army objective

5. Command and Control:

a. The military commander with command of installations is the authority for declaration of public health emergencies, invokes measures specified in the DoD Directive.

b. The garrison commander exercises command and control of assigned and attached garrison assets in direct support of the senior mission commander.

c. The public health emergency officer manages surveillance reporting and information flow, to include serious incident reporting (SIR) on actual cases through operational channels.

DEPARTMENT OF THE ARMY
Organizational Name / Title
City, State Zip+4

Office Symbol (MARKS Number)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Appointment of Public Health Emergency Officer

1. Effective immediately, (grade, name, SSN, and branch) is appointed as the Public Health Emergency Officer for (complete installation name).

2. Authority: Department of Defense Directive 6200.3 paragraph 4.2.

3. Period: Until officially released from appointment or assignment.

4. Special instructions: take actions necessary to identify, investigate, and control disease outbreaks on the installation.

(Signature block)
Garrison Commander's name
(Grade), (Branch)
Commanding
(or the words "Acting Commander" as appropriate)

DISTRIBUTION:
1 - Individual
1 - Garrison / ASG commander
1 - Senior military commander
1 - Supporting military treatment facility
1 - Installation management regional office
1 - Regional medical command

Figure 3-1

ARMY

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

OCT 30 2003

PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF MILITARY DEPARTMENTS
DIRECTOR, JOINT STAFF

SUBJECT: Implementation of Department of Defense Directive 6200.3, Emergency Health Powers on Military Installations

Department of Defense Directive (DoDD) 6200.3, Emergency Health Powers on Military Installations (attached) became effective on May 12, 2003. The directive provides policy for the protection of military installations, facilities, and personnel in the event of a public health emergency due to biological warfare, terrorism or communicable disease outbreaks. The directive empowers commanders to declare public health emergencies and invoke quarantines on installations under their command. Commanders are required by the Directive to designate a Public Health Emergency Officer, who shall take actions necessary to identify, investigate, and control disease outbreaks.

Given the potential for disease outbreaks in coming months, including the possible reemergence of Severe Acute Respiratory Syndrome, it is imperative that the procedures outlined in DoDD 6200.3 be implemented as soon as possible. Please provide, no later than December 1, 2003, your plans and timeline for implementing this Directive.

My point of contact is Mr. Rich Harrington at (703) 845-8377, richard.harrington@deploymenthealth.osd.mil.

David S. C. Chu

Attachment:
As stated

cc:
Service Surgeons General

31100412

Department of Defense

DIRECTIVE

NUMBER 6200.3
May 12, 2003

ASD(HA)

SUBJECT: Emergency Health Powers on Military Installations

References: (a) Sections 113, 3013, 5013, and 8013 of title 10, United States Code
(b) Section 797 of title 50, United States Code
(c) Section 1382 of title 18, United States Code
(d) Section 301 of title 5, United States Code
(e) through (l), see enclosure 1

1. PURPOSE

This Directive establishes DoD policy under applicable law, including references (a) through (g), and consistent with references (h) through (j), to protect installations, facilities, and personnel in the event of a public health emergency due to biological warfare, or terrorism, or other public health emergency communicable disease epidemic.

2. APPLICABILITY

2.1. This Directive 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 in the Department of Defense (hereafter referred to collectively as "the DoD Components").

2.2. In areas outside the United States, this Directive applies to the extent consistent with local conditions, and requirements of treaties, agreements, and other arrangements with foreign governments and allied forces.

3. DEFINITIONS

3.1. Communicable Disease. An illness due to an infectious agent or its toxic product, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

3.2. Isolation. The separation of a person or group of persons infected with a communicable disease while such disease is in a communicable stage from other people to prevent the spread of infection.

3.3. Public Health Emergency. An occurrence or imminent threat of an illness or health condition, caused by biological warfare or terrorism, epidemic or pandemic disease, or highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities.

3.4. Quarantinable Communicable Disease. Consistent with reference (f), Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named). Any subsequent changes to reference (f) are automatically incorporated in this definition.

3.5. Quarantine. Compulsory detention or other similar restriction, including isolation, for purposes of to preventing or limiting the spread of disease, of individuals or groups reasonably believed to be infected with a communicable disease while such disease is in a communicable stage, or is in a pre-communicable stage if the disease would be likely to cause a public health emergency if transmitted to other individuals.

3.6. Restriction of Movement. Limiting people's movement to prevent or limit the transmission of a communicable disease, including limiting ingress and egress to, from, or on a military installation, isolation, or quarantine.

4. POLICY

It is DoD policy that:

4.1. Military installations, property, and personnel and other individuals working, residing, or visiting military installations shall be protected under applicable legal authorities against communicable diseases associated with biological warfare or terrorism or other public health emergency. Applicable legal authorities include:

4.1.1. Reference (a), which generally provides authority to conduct the affairs of the Department of Defense authorized by the Constitution and laws of the United States.

4.1.2. Reference (b), which authorizes any lawful regulation or order for protecting or securing any property or places subject to the jurisdiction, administration, or in the custody of the Department of Defense relating to ingress or egress or otherwise providing for safeguarding the same against destruction, loss, or injury by accident or by enemy or other subversive actions.

4.1.3. Reference (c), which authorizes the regulation of entry onto military installations.

4.1.4. Reference (d), which authorizes regulations for the custody, use, and preservation of Government property.

4.1.5. References (e) through (g), which authorize the Director of the Centers for Disease Control and Prevention (CDC) to establish a quarantine to prevent the spread of communicable diseases into the United States, from State to State, or, in time of war, affecting military and other national defense personnel, and to support State quarantines.

4.2. Every military commander required by DoD Directive 5200.8 (reference (h)) to issue regulations for protecting and securing property or places under his or her command shall designate a Public Health Emergency Officer (PHEO), who shall be a senior health professions military officer or DoD civilian employee affiliated with the command of the commander or of a higher level or associated command. Authorities and responsibilities of the PHEO under this Directive are subject to the direction and authority of the commander making the designation. The PHEO should be the Command Surgeon, local equivalent, hospital commander, or other senior leader with experience and training in functions essential to effective public health emergency management.

4.3. Every healthcare provider or medical examiner with respect to any illness or health condition, every pharmacist with respect to prescription rates, types, or trends, and every veterinarian with respect to animal diseases shall promptly report to the appropriate PHEO any circumstance suggesting a public health emergency. This is in addition to reports required by otherwise applicable disease surveillance reporting systems, including non-DoD systems.

4.4. The PHEO shall ascertain the existence of cases suggesting a public health emergency, investigate all such cases for sources of infection, recommend implementation of proper control measures, and define the distribution of the illness or health condition. As directed by the appropriate commander, appropriate actions may include:

4.4.1. Identifying all individuals thought to have been exposed to the illness or health condition.

4.4.2. Counseling and interviewing such individuals, as appropriate, to assist in positively identifying exposed individuals and developing information relating to the source and spread of the illness or health condition.

4.4.3. Examining facilities or materials that may endanger the public health. If necessary for examination purposes, closing, evacuating, or decontaminating any facility or decontaminating or destroying any material contributing to the public health emergency.

4.4.4. Sharing information developed during activities under paragraph 4.4., including personally identifiable health information, with Federal, State, or local officials responsible for public health and public safety to the extent necessary to protect the public health and safety.

4.4.5. Notifying, directly or through applicable military channels, appropriate law enforcement authorities concerning information indicating a possible terrorist incident or other crime.

4.5. Upon determining a public health emergency, a commander identified in paragraph 4.2. may declare a public health emergency on one or more military installations under his command. Upon such a declaration, the commander, in consultation with the PHEO identified under paragraph 4.2., may implement the emergency powers listed in paragraphs 4.6. and 4.7. Such declaration shall be immediately reported by the commander through the chain of command to the Secretary of Defense. It shall also be reported by the PHEO to the cognizant Surgeon General of the Army, the Navy, or the Air Force, or if under the command of a Combatant Commander to the senior medical officer of the Joint Staff, and to the Assistant Secretary of Defense for Health Affairs. It shall also be reported to the CDC and to appropriate State and local public health agencies. Such declaration shall terminate automatically in 30 days, unless renewed and re-reported, or may be terminated sooner by the commander who made the declaration, any senior commander in the chain of

command, the Secretary of the Military Department concerned, or the Secretary of Defense.

4.6. During a declared public health emergency, a commander, in consultation with the PHEO, may exercise special powers relating to military property on the affected military installation. To the extent necessary for protecting or securing military property or places, associated military personnel, or the installation mission, such special powers may also apply to property not owned by the Department of Defense, but present on a DoD installation or other area under DoD control. Such special powers are the following:

4.6.1. Collecting specimens and performing tests on any property or on any animal, living or deceased, as reasonable and necessary for emergency response.

4.6.2. Closing, directing the evacuation of, or decontaminating any facility, decontaminating or destroying any material, or asserting control over any animal that endangers the public health.

4.6.3. Using facilities, materials, and services for purposes of communications, transportation, occupancy, fuel, food, clothing, healthcare, and other purposes and controlling or restricting the distribution of commodities as reasonable and necessary for emergency response.

4.6.4. Controlling evacuation routes on, and ingress and egress to and from, the affected military installation.

4.6.5. Taking measures to safely dispose of infectious waste as may be reasonable and necessary for emergency response.

4.6.6. Taking measures reasonable and necessary, in accordance with applicable law, to obtain needed healthcare supplies, and controlling use and distribution of such supplies to achieve the greatest public health benefit.

4.7. During a declared public health emergency, a commander, in consultation with the PHEO, may exercise special powers relating to persons necessary to prevent the spread of communicable diseases. To the extent necessary for protecting or securing military property or places and associated military personnel, such special powers may also include persons other than military personnel who are present on a DoD installation or other area under DoD control. Such special powers are the following:

4.7.1. Military personnel may be ordered to submit to a physical examination and/or testing as necessary to diagnose or treat. Persons other than military personnel

may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease. Qualified personnel shall perform examinations and testing, which shall not be likely to result in serious harm to the individual.

4.7.2. Restrictions of movement may be implemented to prevent the spread of communicable diseases. In the case of military personnel, restrictions of movement, including isolation or quarantine, or any other measure necessary to prevent or limit transmitting a communicable disease may be implemented. In the case of persons other than military personnel, restrictions of movement may include limiting ingress and egress to, from, or on a military installation, isolation under subparagraph 4.7.3., or quarantine under subparagraph 4.7.4.

4.7.3. Individuals may be isolated to prevent the spread of a communicable disease. Isolation measures may be implemented in healthcare facilities, living quarters, or other buildings on a military installation. Isolation measures do not lesson the responsibilities of the Military Health System to provide the best medical care feasible to infected persons.

4.7.4. Individuals may be placed in quarantine to prevent the spread of a quarantinable communicable disease. In the case of a quarantine of individuals other than military personnel, the following requirements apply:

4.7.4.1. In the United States, the PHEO shall coordinate with the Centers for Disease Control and Prevention (CDC) in relation to CDC actions under the quarantine authorities provided in references (e), (f), and (g). Overseas, coordination shall be with appropriate host-nation public health officials.

4.7.4.2. The needs of persons quarantined shall be addressed in a systematic and competent fashion. Places of quarantine shall be maintained in a safe and hygienic manner, designed to minimize transmission of infection or other harm to persons subject to quarantine. Adequate food, clothing, medical care, and other necessities shall be provided.

4.7.4.3. A person subject to quarantine shall obey the rules and orders established by the PHEO, shall not go beyond the quarantine premises, and shall not put himself or herself in contact with any person not subject to quarantine, except as the PHEO authorizes.

4.7.4.4. No person may, without authorization, enter a quarantine premises. A person who by reason of unauthorized entry poses a danger to public health becomes subject to quarantine.

4.7.4.5. Quarantine shall be accomplished through the least restrictive means available, consistent with protection of public health. Quarantine of any person shall be terminated when no longer necessary to protect the public health.

4.7.4.6. The PHEO shall, as soon as practicable, provide to every individual subject to quarantine written notice of the reason for the quarantine and plan of examination, testing, and/or treatment designed to resolve the reason for the quarantine. The PHEO shall provide to any person subject to quarantine who contests the reason for quarantine an opportunity to present information supporting an exemption or release from quarantine. Such information shall be reviewed by the commander or a senior officer or employee of the command designated by the commander and not previously involved in any factual determination concerning the person. The reviewing official shall exercise independent judgment and promptly render a written decision on the need for quarantine for the person.

4.7.5. Military personnel may be ordered to submit to vaccination or treatment, subject to special rules applicable to use of investigational new drugs under DoD Directive 6200.2 (reference (k)). Persons other than military personnel may be required as a condition of exemption or release from restriction of movement to submit to vaccination or treatment as necessary to prevent transmitting a communicable disease. Qualified personnel shall perform vaccination and treatment, consistent with appropriate medical standards, including appropriate medical exemption criteria, which shall not be likely to result in serious harm to the individual. DoD Instruction 6205.4 (reference (l)) does not apply to vaccinations under this paragraph.

4.7.6. The PHEO may take measures reasonable and necessary for testing and safely disposing of corpses in order to prevent the spread of disease, ensuring proper labeling, identification, and records regarding circumstances of death and disposal.

4.7.7. Protected health information shall be used and disclosed as necessary to ensure proper treatment of individuals and prevent the spread of communicable diseases.

4.8. Individuals subject to any emergency health powers under paragraphs 4.6. or 4.7. shall be advised that violators of orders under this Directive may be charged with a crime under 50 U.S.C. 797 (reference (b)) and subject to punishment of a fine up to $100,000, or imprisonment for not more than 1 year, or both.

4.8.1. In the case of military personnel, these potential sanctions are in addition to applicable military law authorities, to the extent allowed by law.

4.8.2. In the case of any person who refuses to obey or otherwise violates an order under this Directive, the commander of a DoD installation may detain those not subject to military law until civil authorities can respond. The commander shall coordinate with civil authorities to ensure the response is appropriate for the public health emergency.

4.9. The PHEO shall inform affected individuals of the declaration of a public health emergency, its termination, steps individuals should take to protect themselves, and actions taken to control or mitigate the emergency.

4.10. The PHEO shall maintain close contact and seek close coordination with the local and State health departments and the CDC concerning all actions taken under this Directive. Outside the United States, a PHEO shall coordinate with appropriate host-nation and, if applicable, other allied forces public health officials. Consistent with the protection of military installations, facilities, and personnel, a PHEO shall facilitate the assumption of public health emergency responsibilities by civilian agencies with jurisdiction in relation to persons other than military personnel and property not owned by the Department of Defense.

4.11. PHEOs and Commanders shall in carrying out activities under this Directive cooperate with authorized law enforcement agencies investigating an actual or potential terrorist act or other crime.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness:

5.1.1. Shall issue any necessary DoD Instructions or DoD Regulations to implement this Directive.

5.1.2. Shall be the principal point of contact for coordinating with the CDC and other civilian agencies in relation to implementation of this Directive.

5.1.3. May grant exceptions to this Directive consistent with law.

5.2. The Secretaries of the Military Departments and the Heads of Other DoD Components shall implement this Directive and any implementing issuances of the ASD(HA).

5.3. The Combatant Commanders shall, through the Chairman of the Joint Chiefs of Staff, implement this Directive and any implementing Issuances of the ASD(HA).

6. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately.

Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 1
E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

(e) Sections 243, 264, 266 of title 42, United States Code
(f) Executive Order 12452, "Revised List of Quarantinable Communicable Diseases," 1983
(g) Title 42, Code of Federal Regulations, Part 70, "Interstate Quarantine"
(h) DoD Directive 5200.8, "Security of DoD Installations and Resources," April 25, 1991
(i) DoD 5200.8-R, "Physical Security Program," May 13, 1991
(j) DoD Instruction 2000.18, "Department of Defense Installation Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive Emergency Response Guidelines," December 4, 2002
(k) DoD Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," August 1, 2000
(l) DoD Instruction 6205.4, "Immunization of Other Than U.S. Forces (OTUSF) for Biological Warfare Defense," April 14, 2000