



## DoD INSTRUCTION 3025.24

# DoD PUBLIC HEALTH AND MEDICAL SERVICES IN SUPPORT OF CIVIL AUTHORITIES

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**Originating Component:** Office of the Under Secretary of Defense for Policy

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**Purpose:** In accordance with the authority in DoD Directive (DoDD) 5111.1; the direction in the November 30, 2006, Deputy Secretary of Defense Memorandum; DoDD 3025.18; and applicable laws, this issuance establishes policy, assigns responsibilities, and provides guidance and direction for public health and medical incidents and emergency planning, preparedness, and response regarding Defense Support of Civil Authorities (DSCA).

## TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION .....	3
1.1. Applicability. ....	3
1.2. Policy. ....	3
SECTION 2: RESPONSIBILITIES .....	5
2.1. Under Secretary of Defense for Policy (USD(P)).....	5
2.2. Assistant Secretary of Defense for Homeland Defense and Global Security (ASD(HD&GS)). ....	5
2.3. USD(P&R). ....	5
2.4. ASD(HA). ....	6
2.5. Director, Defense Health Agency (DHA).....	6
2.6. Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)).....	7
2.7. Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense. ....	7
2.8. Under Secretary of Defense for Intelligence .....	7
2.9. DoD Chief Information Officer. ....	8
2.10. Director, Defense Logistics Agency. ....	8
2.11. Director, Defense Threat Reduction Agency.....	8
2.12. DoD Component Heads. ....	8
2.13. Secretaries of the Military Departments. ....	8
2.14. Chairman of the Joint Chiefs of Staff (CJCS). ....	10
2.15. Combatant Commanders With DSCA Responsibilities. ....	10
2.16. Chief, NGB. ....	10
SECTION 3: PUBLIC HEALTH AND MEDICAL SERVICES PROCEDURES .....	12
3.1. General.....	12
3.2. Public Health and Medical Support. ....	12
GLOSSARY .....	14
G.1. Acronyms. ....	14
G.2. Definitions.....	14
REFERENCES .....	15

## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY. This issuance:

a. Applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint 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 DoD (referred to collectively in this issuance as the “DoD Components”).

b. Unless expressly stated otherwise, this issuance should not be construed to rescind any existing authorities of the DoD Component heads, Combatant Commanders, or responsible DoD personnel to provide DSCA in accordance with existing laws, other DoD issuances, and Secretary of Defense-approved orders.

### 1.2. POLICY.

a. DoD supports national security objectives and prepares for and, in accordance with DoDD 3025.18, responds to natural disasters and man-made events, including chemical, biological, radiological, nuclear, and improvised explosive device incidents; emerging infectious diseases; complex catastrophes; and special events in support of civil authorities.

b. DoD plans for public health and medical support for DSCA.

c. DoD implements policies, doctrine, plans, and procedures for public health and medical DSCA support through protection, mitigation, response, and recovery activities. Such DSCA support may involve local emergencies under mutual or automatic aid agreements (also known as reciprocal fire protection agreements) and immediate response authority in accordance with DoDD 3025.18, when authorized; regional response to major disasters; and complex catastrophes involving a whole-of-government response.

d. DoD healthcare professionals providing care will have training, credentialing, and licensing commensurate with the acuity and type of patients being managed in a DSCA environment.

e. DoD preparedness and planning includes public health and medical capabilities from all DoD Components.

f. In accordance with DoD Instruction (DoDI) 6200.03, the standard of care will, at a minimum, be comparable to local civilian community standards.

g. DoD Components will be prepared to support civil authorities through public health and medical DSCA support for mass fatality management services.

h. DoD Components will be prepared to support civil authorities through public health and medical services support for special events as authorized by law and DoD policy in accordance with DoDI 3025.20.

i. In accordance with DoDD 3025.18 and DoDI 6010.22, and in response to a DSCA request from a civil authority that has been approved by the appropriate DoD official, or as directed by the President, DoD will move patients within its existing capabilities to support the National Disaster Medical System (NDMS).

## SECTION 2: RESPONSIBILITIES

### 2.1. UNDER SECRETARY OF DEFENSE FOR POLICY (USD(P)). The USD(P):

- a. Consults with the National Security Council staff, other federal departments and agencies, State agencies, and the DoD Components, as appropriate, in developing DSCA policy.
- b. Establishes DoD policy governing public health and medical support for DSCA in coordination with the Under Secretary of Defense for Personnel and Readiness (USD(P&R)).

### 2.2. ASSISTANT SECRETARY OF DEFENSE FOR HOMELAND DEFENSE AND GLOBAL SECURITY (ASD(HD&GS)). Under the authority, direction, and control of the USD(P), the ASD(HD&GS):

- a. Serves as the DoD focal point for federal departments and agencies and other entities on public health and medical support, preparedness, and policy matters for DSCA.

- (1) Provides the primary DoD representative to the Department of Health and Human Services-hosted Senior Leaders' Council for Patient Movement in collaboration with the Assistant Secretary of Defense for Health Affairs (ASD(HA)). Collaborates with the ASD(HA) to participate on the NDMS Senior Policy Group (or its successor organization) and NDMS Directorate Staff.

- (2) Is the lead for DoD on matters related to National Response Framework Emergency Support Function #8, "Public Health and Medical Services Annex."

- b. Coordinates with the:

- (1) ASD(HA) on public health and medical DSCA support.

- (2) ASD(HA) and consults with the Department of Health and Human Services (HHS), Department of Homeland Security (DHS), Department of Veterans Affairs, and other Federal departments and agencies with public health and medical missions to develop public health and medical policy, guidance, plans, and agreements supporting DSCA.

- (3) ASD(HA), as appropriate, to develop, manage, and oversee the implementation of public health and medical support for DSCA plans and activities in accordance with DoDD 3025.18.

### 2.3. USD(P&R). The USD(P&R) identifies, monitors, and oversees the development of integrated public health and medical support for DSCA training capabilities, and the integration of these capabilities into training and exercises to build, sustain, and assess readiness in accordance with DoDD 1322.18.

**2.4. ASD(HA).** Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Coordinates with the ASD(HD&GS) on public health and medical DSCA matters as the principal advisor to the Secretary of Defense for all DoD health policies, programs, and force health protection activities as outlined in DoDD 5136.01.
- b. Exercises authority for DoD participation in the NDMS in accordance with DoDI 6010.22.
- c. Provides public health and medical subject matter expertise to DoD in support of DSCA.
- d. Develops healthcare provider workload accountability policy for preparedness and response activities in support of DSCA.
- e. Provides subject matter expertise, through the Armed Forces Medical Examiner System, on matters related to victim identification and forensic pathology investigations in accordance with DoDI 5154.30.
- f. Develops guidelines and procedures governing the movement and management of contagious (e.g., influenza) or contaminated patients, and contagious or contaminated remains.
- g. In coordination with the ASD(HD&GS):
  - (1) Develops public health and medical policy to support planning and executing DSCA operations, and issues public health and medical guidance to implement this issuance.
  - (2) Works with HHS and other Federal departments and agencies with a public health and medical mission to prepare health policy and guidance in support of DSCA.
  - (3) Develops guidelines and procedures governing the movement and management of contagious (e.g., influenza) or contaminated patients, and contagious or contaminated remains.

**2.5. DIRECTOR, DEFENSE HEALTH AGENCY (DHA).** Under the authority, direction, and control of the ASD(HA), the Director, DHA:

- a. Assists, as a combat support agency, Combatant Commanders during natural disaster or man-made-emergency contingencies in accordance with DoDD 3000.06.
- b. Supports planning and preparedness activities for the Military Health System for responses to natural disasters or man-made incidents (e.g., oil spills).
- c. Implements strategic alliances with other Federal departments and agencies to facilitate veterinary and food protection support to DSCA operations in accordance with DoDD 6400.04E.
- d. Establishes data and reporting relationships with other federal departments and agencies to facilitate health surveillance support to DSCA operations in accordance with DoDD 6490.02E.

e. Establishes data and reporting relationships within DoD that provide the ability to process, issue, and exchange timely, reliable, and accurate public health and medical information in support of DSCA operations.

f. Establishes data and reporting relationships within DoD and with other federal departments and agencies to support patient regulation and tracking, and sharing medical information during DSCA events.

g. Standardizes public health and medical training and minimum education requirements across the military health system associated with implementing of this issuance.

h. Provides subject matter expertise to DoD on matters related to medical care for Military Health System beneficiaries during a disaster in the United States.

i. Oversees DSCA medical communications and information management systems to ensure that Active and Reserve Component medical staff organizational systems are jointly planned, programmed, coordinated, and integrated with the Secretaries of the Military Departments.

**2.6. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)).** Under the authority, direction, and control of the USD(P&R), the ASD(M&RA):

a. Provides recommendations, guidance, and support on the use of the Reserve Components to perform public health and medical DSCA support.

b. Serves as an advisor to the DoD Components on Reserve Component matters on public health and medical support to national preparedness phases (prevent, protect, mitigate, respond, and recover) and DSCA activities.

c. Advocates and develops processes for using Reserve Component public health and medical personnel and capabilities for DSCA activities.

**2.7. UNDER SECRETARY OF DEFENSE (COMPTROLLER)/CHIEF FINANCIAL OFFICER, DEPARTMENT OF DEFENSE.** The Under Secretary of Defense (Comptroller)/Chief Financial Officer:

a. Establishes policies and provides procedures to ensure that DoD is reimbursed in a timely manner for reimbursable public health and medical activities carried out in support of DSCA .

b. Assists the Secretaries of the Military Departments in the planning and management of financial resources for public health and medical support of DSCA.

**2.8. UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE** The Under Secretary of Defense for Intelligence supports the requirements of the DoD Components and the Office of the

Director of National Intelligence with information related to public health and medical support for DSCA, as appropriate.

**2.9. DOD CHIEF INFORMATION OFFICER.** The DoD Chief Information Officer establishes policies for network access, network operations, standards, architecture, and cybersecurity measures to support interagency, international, and non-traditional partners for public health and medical DSCA services in accordance with DoDI 8110.01 and DoDI 8220.02.

**2.10. DIRECTOR, DEFENSE LOGISTICS AGENCY.** Under the authority, direction, and control of the Under Secretary of Defense for Acquisition, Technology, and Logistics and consistent with DoDD 5101.09E, the Director, Defense Logistics Agency, establishes strategic alliances with other federal departments and agencies to facilitate medical logistics support of DSCA operations.

**2.11. DIRECTOR, DEFENSE THREAT REDUCTION AGENCY.** Under the authority, direction, and control of the Under Secretary of Defense for Acquisition, Technology, and Logistics, and in accordance with DoDD 5105.62, the Director, Defense Threat Reduction Agency, establishes strategic alliances with other federal departments and agencies to facilitate public health and medical aspects of natural disasters and chemical, biological, radiological, nuclear, and high-yield explosives support of DSCA operations.

**2.12. DOD COMPONENT HEADS.** The DoD Component heads:

- a. Verify that any DSCA-related DoD issuances, concept plans, interagency agreements, and memorandums of understanding or agreement with external agencies are in compliance with this issuance and DoDI 4000.19 as applicable.
- b. Ensure that their components comply with financial management guidance related to support provided for public health and medical support of DSCA operations, including guidance related to tracking costs and seeking reimbursement.
- c. Plan, program, and budget for public health and medical support of DSCA capabilities in accordance with applicable laws, policy, and assigned missions, when approved by the Secretary of Defense.
- d. Ensure that public health and medical personnel participate in DSCA planning.

**2.13. SECRETARIES OF THE MILITARY DEPARTMENTS.** In addition to the responsibilities listed in Paragraph 2.12., the Secretaries of the Military Departments:

- a. Ensure that commanders and other responsible officials develop, maintain, and document collaborative relationships (including appropriate planning and exercising) with State, local, tribal, and territorial (SLTT) authorities (including emergency managers) and other federal department and agencies' regional offices regarding mutual aid and public health and medical



support of DSCA activities, as appropriate, in accordance with DoDI 6200.03 and DoDI 6055.17.

(1) Ensure that DoD installation commanders integrate force health protection measures and public health and medical support of DSCA operations into training, exercises, and military command emergency preparedness and response efforts and agreements.

(2) Ensure that DoD collaborative relationships and supporting agreements reflect the plans and goals of the National Exercise Program, when practical.

b. Prepare budget estimates and submit program objective memorandum requirements to develop and sustain activities across doctrine, organization, training, materiel, leadership and education, personnel, and facilities to execute the responsibilities prescribed in this issuance.

c. Coordinate with the ASD(HD&GS) and ASD(HA) regarding public health and medical DSCA support.

d. Oversee the identification and management of public health and medical DSCA resources and capabilities of their respective military departments.

e. Establish processes for the exchange of information, including, but not limited to, patient regulation and tracking and shared medical information, with DHA and HHS during DSCA events.

f. Conduct integrated coordination efforts for public health and medical DSCA support.

(1) Collaborate with federal, SLTT, private industry, non-governmental organization, emergency management, and academia partners during exercises, as available resources allow, to ensure DSCA integration.

(2) Plan for and prepare to use all DoD capabilities, including Active Component and Reserve Component forces, DoD civilian employees, and personal services contractors, for public health and medical DSCA support.

g. Provide medical and mental health services for DoD personnel involved in DSCA operations.

h. Provide Secret Internet Protocol Router network capability at the Military Health System Medical Treatment Facility-level of operation.

i. Support public health and medical training and education of personnel on proper access and use of classified information required during steady-state and DSCA events.

j. Ensure integration of DoD public health and medical information into DoD DSCA training.

**2.14. CHAIRMAN OF THE JOINT CHIEFS OF STAFF (CJCS).** In addition to the responsibilities listed in Paragraph 2.12., the CJCS:

- a. Advises the Secretary of Defense on the effects of requests for public health and medical DSCA support on national security and military readiness.
- b. Identifies available resources for support in response to public health and medical-related DSCA requests, and issues related orders.
- c. Incorporates public health and medical support of DSCA requirements into joint training and exercise programs in consultation with the ASD(HD&GS), the ASD(HA), the Chief, National Guard Bureau (NGB), the Secretaries of the Military Departments, and appropriate officials from HHS and other appropriate federal departments and agencies.

**2.15. COMBATANT COMMANDERS WITH DSCA RESPONSIBILITIES.** In addition to the responsibilities listed in Paragraph 2.12., the Combatant Commanders with DSCA responsibilities:

- a. Plan public health and medical support of DSCA operations in their areas of responsibility, in coordination with the CJCS and supporting DoD Components.
- b. Incorporate public health and medical activities into joint DSCA training and exercise programs and concept of operation plans in consultation with NGB, HHS, DHS, and other appropriate federal departments and agencies in coordination with the CJCS.
- c. Conduct integrated planning for public health and medical DSCA events.
  - (1) Include medical planners from other pertinent Combatant Commands, Joint Regional Medical Planners, National Guard Bureau medical planners, and other subject matter experts (e.g., Public Health Emergency Officers).
  - (2) Explore partnerships, consistent with applicable legal authorities, with SLTT governments, public and private partners, non-governmental organizations, emergency management, and academia to improve DoD public health and medical support.

**2.16. CHIEF, NGB.** In addition to the responsibilities listed in Paragraph 2.12., the Chief, NGB:

- a. Serves as the channel of communications for all public health and medical matters regarding the National Guard between the DoD Components and the States in accordance with DoDD 5105.77.
- b. Serves as an advisor to DoD Component heads on National Guard matters related to public health and medical DSCA support, including preparedness.

c. Advocates with the CJCS on including the National Guard in public health and medical exercises.

d. Informs the CJCS on available National Guard personnel and capabilities for public health and medical DSCA support.

## **SECTION 3: PUBLIC HEALTH AND MEDICAL SERVICES PROCEDURES**

### **3.1. GENERAL.**

a. DoD plans for public health and medical DSCA support, including the possibility that DoD will use all available public health and medical personnel and defense capabilities in accordance with existing laws, DoD issuances, and Secretary of Defense-approved orders.

b. DoD planning will include public health and medical capabilities from all DoD Components, including personnel not assigned to deployable units, in order to maximize response capabilities.

c. Public health and medical personnel who are members of the National Guard operating under Title 32, United States Code (U.S.C.) are employed in accordance with DoDI 3025.22.

d. In accordance with Section 1094 of Title 10, U.S.C., DoDI 6025.13, and DoDD 3025.18, all active duty, DoD civilian employee, and personal service contractor healthcare professionals under the jurisdiction of DoD, and National Guard personnel performing training or duty under Section 502(f) of Title 32, U.S.C., in response to an actual or potential disaster, may practice their profession within the scope of their authorized federal duties at any location in any State, the District of Columbia, or a commonwealth, territory, or possession of the United States.

e. DSCA preparedness, and planning and response efforts, in accordance with DoDD 3025.18, include Active Component and Reserve Component forces, DoD civilian employees, and personal service contractors. These efforts will include public health and medical force personnel at the strategic, operational, and tactical levels.

f. DoD shares public health and medical situational awareness through established lines of communication and existing agreements within DoD and with DHS, HHS, and other federal and SLTT departments and agencies to improve steady-state monitoring, threat detection, prevention, and in support of coordination of the operational response and recovery efforts.

### **3.2. PUBLIC HEALTH AND MEDICAL SUPPORT.**

a. DoD may provide public health and medical support for mass fatality management services. This support is limited to victim identification and forensic pathology investigations. Other DoD fatality management services functions (e.g., mortuary support) are logistics functions and may be provided for DSCA missions in accordance with State and local law, DoDD 1300.22, and DoDD 3025.18.

b. DoD laboratories that are members of, or participate in, the Laboratory Response Network (LRN) of the Centers for Disease Control and Prevention are authorized to accept specimens from non-DoD healthcare beneficiaries that are referred in accordance with the procedures and mission of the LRN during actual or potential public health emergencies.

(1) Laboratory analysis must be conducted using LRN protocols and tests within the limits of the Secretarial Designee Program in accordance with Section 1074(c) of Title 10, U.S.C., and DoDIs 6200.03 and 6025.23.

(2) Laboratory support not within the parameters listed in Paragraphs 3.2.b. and 3.2.b.(1) will be conducted on a reimbursable basis in accordance with DoDD 3025.18.

## GLOSSARY

### G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(HD&GS)	Assistant Secretary of Defense for Homeland Defense and Global Security
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CCMD	Combatant Command
DHA	Defense Health Agency
DHS	Department of Homeland Security
DoDD	DoD directive
DoDI	DoD instruction
DSCA	Defense Support of Civil Authorities
HHS	Department of Health and Human Services
LRN	Laboratory Response Network
NDMS	National Disaster Medical System
NGB	National Guard Bureau
SLTT	State, local, tribal, territorial
U.S.C.	United States Code
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

**G.2. DEFINITIONS.** Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

**complex catastrophe.** Defined in the DoD Dictionary of Military and Associated Terms.

**whole-of-government.** A unified effort between inter-governmental agencies to maximize all available resources in a collaborative effort.

## REFERENCES

- Comprehensive Preparedness Guide 201, Threat and Hazard Identification and Risk Assessment Guide<sup>1</sup>
- DoD Directive 1300.22, “Mortuary Affairs Policy,” October 30, 2015
- DoD Directive 1322.18, “Military Training,” January 13, 2009
- DoD Directive 3000.06, “Combat Support Agencies (CSAs),” June 27, 2013, as amended
- DoD Directive 3025.18, “Defense Support of Civil Authorities (DSCA),” December 29, 2010, as amended
- DoD Directive 5101.09E, “Class VIIIA Medical Materiel Supply Management,” September 29, 2015
- DoD Directive 5105.62, “Defense Threat Reduction Agency (DTRA),” April 24, 2013, as amended
- DoD Directive 5105.77, “National Guard Bureau (NGB),” October 30, 2015
- DoD Directive 5111.1, “Under Secretary of Defense for Policy (USD(P)),” December 8, 1999
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- DoD Directive 6400.04E, “DoD Veterinary Public and Animal Health Services,” June 27, 2013, as amended
- DoD Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012, as amended
- DoD Instruction 3025.20, “Defense Support of Special Events,” April 6, 2012
- DoD Instruction 3025.22, “The Use of the National Guard for Defense Support of Civil Authorities,” July 26, 2013
- DoD Instruction 4000.19, “Support Agreements,” April 25, 2013
- DoD Instruction 5154.30, “Armed Forces Medical Examiner System (AFMES) Operations,” December 29, 2015
- DoD Instruction 6010.22, “National Disaster Medical System (NDMS),” April 14, 2016
- DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011, as amended
- DoD Instruction 6025.23, “Health Care Eligibility Under the Secretarial Designee Program and Related Special Authorities,” September 16, 2011, as amended
- DoD Instruction 6055.17, “DoD Installation Emergency Management (IEM) Program,” January 13, 2009, as amended
- DoD Instruction 6200.03, “Public Health Emergency Management Within the Department of Defense,” March 5, 2010, as amended
- DoD Instruction 8110.01, “Mission Partner Environment (MPE) Information Sharing Capability Implementation for the DoD,” November 25, 2014

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<sup>1</sup> [www.fema.gov/media-library/assets/documents/26335](http://www.fema.gov/media-library/assets/documents/26335)

DoD Instruction 8220.02, “Information and Communications Technology (ICT) Capabilities for Support of Stabilization and Reconstruction, Disaster Relief, and Humanitarian and Civic Assistance Operations,” April 30, 2009

Homeland Security Presidential Directive 10, “Biodefense for the 21<sup>st</sup> Century,” April 28, 2004

Homeland Security Presidential Directive 21, “Public Health and Medical Preparedness,” October 18, 2007

National Exercise Program of the Federal Emergency Management Activity, March 18, 2011

National Response Framework Emergency Support Function #8, “Public Health and Medical Services Annex,” May 2013

Office of the Chairman of the Joint Chiefs of Staff, “DoD Dictionary of Military and Associated Terms,” current edition

Presidential Policy Directive 8, “National Preparedness,” March 30, 2011

Quadrennial Defense Review 2014, March 4, 2014

United States Code, Title 10, Sections 1074(c) and 1094

United States Code, Title 32