



## DoD INSTRUCTION 6200.07

# DELIVERY OF DIRECT HEALTH CARE TO NON-DETAINEE HOST NATION (HN) CIVILIANS

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**Originating Component:** Office of the Under Secretary of Defense for Personnel and Readiness

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**Approved by:** A. M. Kurta, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authorities in DoD Directives 5124.02 and 5136.01 and Sections 401, 404, 407, and 2561 of Title 10, United States Code, this issuance establishes policy, assigns responsibilities, and provides procedures for DoD personnel engaged in or supporting the delivery of direct health care to HN civilians during military exercises or operations, when authorized and in accordance with DoD Instructions (DoDIs) 2205.02, 3000.05, and 6000.16, or as part of authorized overseas humanitarian, disaster and civic aid activities, in accordance with DoD Directive 5100.46.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

**1.1. APPLICABILITY.** This issuance 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 the DoD (referred to collectively in this issuance as the “DoD Components”).

**1.2. POLICY.** It is DoD policy that:

a. Within existing spare capacities of their deployed capabilities during military exercises or operations in a foreign nation, DoD medical personnel will be prepared to deliver direct health care to HN civilian patients in rural, isolated, or under-served areas of a country pursuant to Section 401 of Title 10, United States Code. In accordance with Section 401 of Title 10, United States Code and DoDI 2205.02, such direct health care may be authorized if:

(1) It does not interfere with their primary responsibility to sustain, protect, and restore the health of DoD personnel.

(2) The Secretary of Defense or Secretary of the Military Department concerned determines such activities will promote the security and foreign policy interests of the United States, the security interests of the HN, and the specific operational readiness skills of DoD personnel participating in the provision of health care.

(3) Expenses related to the Humanitarian and Civic Assistance program under Section 401 of Title 10, United States Code are charged against Military Department operation and maintenance funds specifically appropriated for such purposes.

b. When authorized by the Secretary of Defense in connection with foreign disaster relief or humanitarian assistance activities under Sections 404 or 2561 of Title 10, United States Code, respectively, DoD medical personnel will be prepared to deliver direct health care to HN civilian patients consistent with DoD Directive 5100.46 and this instruction. Expenses related to activities under Sections 404 and 2561 of Title 10, United States Code are charged against the Overseas Humanitarian, Disaster, and Civic Aid appropriation.

c. The Secretary of State approves the provision of assistance to the HN. Delivery of direct health care will be coordinated with other relevant U.S. Government departments and agencies, and with international civilian health professionals, in addition to the HN.

**1.3. INFORMATION COLLECTION.** The health care information, referred to in Paragraph 3.3. of this issuance, does not require licensing with a report control symbol in accordance with Paragraph 1.b.(13) of Enclosure 3 of Volume 1 of DoD Manual 8910.01.

## SECTION 2: RESPONSIBILITIES

### **2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).**

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA):

a. Develops and oversees policies regarding required competencies, professional conduct, and standards for DoD health care providers engaged in the delivery of health care to HN civilian patients.

b. Ensures that the President of the Uniformed Services University of the Health Sciences:

(1) Incorporates relevant information on delivering direct health care to HN civilian patients into the curriculum of its educational programs in global health.

(2) Implements training agreements with foreign medical institutions within which university students, residents, and other trainees participate in clinical rotations.

### **2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT.**

Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight:

a. Functions as the DoD proponent for policy recommendations related to the delivery of health care to HN civilian patients.

b. Establishes and maintains communication with appropriate senior governance councils to present and address policy matters related to this issuance.

c. Coordinates with the DoD Components on policy issues related to health care to HN civilian patients.

d. Develops and coordinates revisions to this issuance as recommended by the Military Departments or Combatant Commands, or based upon emerging theater capability requirements.

### **2.3. SECRETARIES OF THE MILITARY DEPARTMENTS.**

The Secretaries of the Military Departments:

a. Develop and implement doctrine, tactics, training, and procedures to support pre-deployment preparation of Military Health System (MHS) personnel and other DoD personnel who may support health care operations in accordance with this issuance.

b. Monitor the quality and safety of medical care rendered by their health care providers, in accordance with Paragraph 8 of Enclosure 4 of DoD Manual 6025.13 and HN requirements, as applicable.

c. Support standardized education and training of MHS personnel and other DoD personnel who may support health care operations, in accordance with this issuance.

**2.4. COMBATANT COMMANDERS.** Through the Chairman of the Joint Chiefs of Staff, the Combatant Commanders integrate the authorized delivery of health care to HN civilian patients into command operational planning, exercises, demonstrations, and the full range of military operations, consistent with this Instruction DoDI 2205.02, and DoD Directive 5100.46.

## SECTION 3: PROCEDURES

### 3.1. PLANNING FOR DELIVERY OF HEALTH CARE TO HN CIVILIAN PATIENTS.

When provision of health care to HN civilians has been authorized, Combatant Commanders should develop procedures on how DoD medical personnel should evaluate and treat HN civilian patients. To the extent practicable, such procedures should include:

- a. A summary of applicable HN laws (where available), including those pertaining to licensure, credentials, and scope of practice requirements; applicable provisions of status of forces agreements (or other international agreements) pertaining to delivery of health care to HN civilians; and steps to comply with applicable HN laws and status of forces agreement provisions.
- b. An assessment of the capabilities of the local health care system.
- c. A clear statement of the desired clinical outcomes, with criteria for transition of HN civilian patients back to HN care.
- d. Steps to minimize disruption of the local health care system.
- e. Transition planning to maximize long-term effects and promote sustainability of care within the local health care system after direct care provision is completed, including, as applicable, discussions with:
  - (1) The HN.
  - (2) Other U.S. Government departments and agencies.
  - (3) Relevant intergovernmental and non-governmental organizations.
- f. Strategies to promote effective communication among DoD health personnel, HN health personnel, and HN civilian patients.

**3.2. DELIVERY OF HEALTH CARE TO HN CIVILIANS.** When delivering direct health care to HN civilians:

- a. Personnel must practice within the scope of their privileges and their professions' scopes of practices, as applicable, and:
  - (1) Comply with U.S. laws.
  - (2) Respect the autonomy and authority of the HN to regulate its provision of care.
  - (3) Adhere to applicable HN and international laws, treaties and status of forces agreements.

(4) Respect the autonomy of HN civilian patients at all times. This includes the use of language and culturally-appropriate means to clearly and effectively communicate to a patient or the patient's representative:

(a) The role of each person involved in the patient's care, including students or other personnel in a training status.

(b) The need for the patient to provide accurate and complete health information.

(c) The resulting diagnoses.

(d) Recommended treatments or procedures, including any and all necessary information to enable the patient to provide informed consent.

(5) Take steps to ensure a patient's adequate informed consent, including the opportunity to have an interpreter present, unless precluded by emergency circumstances.

(6) Safeguard patient confidences and privacy within the constraints of U.S. and HN laws and, to the extent practicable, World Health Organization or equivalent medical practice standards.

(7) Provide appropriate treatment. To the extent practicable:

(a) Use professional judgments and standards similar to those applied to treatment of personnel of the Military Services in comparable circumstances, particularly in situations that would otherwise likely result in loss of life, limb, or eyesight.

(b) Avoid initiating treatment that significantly exceeds the existing capabilities and standard of care of the HN, particularly in non-emergency situations. Doing so could contribute to a decline in the HN public's positive perception of the U.S. military or that of the HN government.

(8) Emphasize HN civilian reliance on the HN health system, except in cases where it has collapsed and is no longer operational, by:

(a) Minimizing displacement of HN health care systems and practitioners.

(b) Procuring, to the maximum extent possible, pharmaceuticals, supplies and services locally, in accordance with DoDI 2205.02.

(c) Redirecting patients back to the HN health system as soon as practicable.

(d) Facilitating referrals into the HN health system as soon as practicable.

(9) Comply with DoD policies regarding stability operations, as found in DoDIs 3000.05 and 6000.16.

(10) Adhere to any other restrictions established by the Secretary of Defense, ASD(SO/LIC), ASD(HA), or the Combatant Commander.

b. This does not apply to the treatment of detainees, which is covered under the law of war as detailed in DoD Directive 2310.01E and in DoDI 2310.08E.

**3.3. COLLECTION OF HEALTH CARE INFORMATION.** MHS personnel will:

a. Collect medical information from HN civilian patients, either orally or in writing, solely for the purposes of diagnosing medical conditions, offering prognoses, and prescribing treatments.

b. Create, protect, and maintain accurate and complete medical records, to the extent practicable, in accordance with DoDIs 5015.02 and 6040.45; and Administrative Instruction 15 for WHS-serviced Components.

c. Transfer copies of medical records to the HN civilian patient or HN providers or representatives, whenever possible, in order to facilitate subsequent treatment within the HN health system. MHS personnel must accomplish such transfer in a manner that safeguards the patient's privacy and is consistent with HN laws, regulations, and standards.



## GLOSSARY

### G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DoDI	DoD instruction
HN	host nation
MHS	Military Health System

**G.2. DEFINITIONS.** These terms and their definitions are for the purpose of this issuance.

**HN civilians.** Citizens of the HN requiring medical treatment; does not include detainees.

**scope of practice.** A range of procedures, actions, and processes that a health care provider in a given profession, and specialty if applicable, would generally be considered qualified to perform as a result of education, training, experience, and license.

**scope of privilege.** A specified range of clinical procedures, actions, and processes that a DoD health care provider has been granted authority by his or her Military Department or by the Defense Health Agency to perform.

## **REFERENCES**

- Administrative Instruction 15, “OSD Records and Information Management Program,” May 3, 2013, as amended
- DoD Directive 2310.01E, “DoD Detainee Program,” August 19, 2014
- DoD Directive 5100.46, “Foreign Disaster Relief (FDR),” July 6, 2012, as amended
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- DoD Instruction 2205.02, “Humanitarian and Civic Assistance (HCA) Activities,” June 23, 2014, as amended
- DoD Instruction 2310.08E, “Medical Program Support for Detainee Operations,” June 6, 2006
- DoD Instruction 3000.05, “Stability Operations,” September 16, 2009, as amended
- DoD Instruction 5015.02, “DoD Records Management Program,” February 24, 2015
- DoD Instruction 6000.16, “Military Health Support for Stability Operations,” May 17, 2010
- DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- DoD Manual 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” October 29, 2013
- DoD Manual 8910.01, Volume 1, “DoD Information Collections: Procedures for DoD Internal Information Collections,” June 30, 2014, as amended
- United States Code, Title 10