



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

02 DEC 2005

MCCG

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Release of Actionable Medical Information Policy Memorandum

1. I am extremely concerned about the potential release of actionable medical information that could be used by our enemies against us. Therefore, I have developed the enclosed policy memorandum to address the public release of medical information relating to a combat theater. I expect all my Commanders and leaders to engage this policy immediately and have it fully implemented within 30 days. It is a Chain of Command responsibility, and I hold everyone on the Army Medical Department (AMEDD) team accountable for the successful implementation of this important policy.

2. This policy is necessary to deny the enemy medical information that could be used to evaluate or enhance their tactics or techniques they use against our forces. Our top priority is protecting our Soldiers on the battlefield. At the same time, we must continue to promote the high-quality medical analysis and research taking place every day within the AMEDD. This policy is not intended to limit medical science. Its intent is to establish a balance between protecting information our enemies can use and sharing information that leads to new concepts and products.

3. The policy establishes procedures for reviewing and releasing any medical information derived from a combat theater and intended for public release. Public forums include, but are not limited to, abstracts, manuscripts, presentations, websites, photographs, interviews, and other forms of electronic media.

4. Although this policy applies directly to personnel under my command and control, I encourage all Command Surgeons to review policies handling medical information derived from a combat theater. Command Surgeons may use any portion of the OTSG/MEDCOM policy they deem appropriate.

Encl


KEVIN C. KILEY
Lieutenant General, MC
Commanding

MCCG

SUBJECT: Release of Actionable Medical Information Policy Memorandum

DISTRIBUTION:

Commanders, MEDCOM Major Subordinate Commands
Directors, OTSG/MEDCOM OneStaff
Executive Agencies

CF:

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DEPARTMENT OF THE ARMY
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OTSG/MEDCOM Policy Memo 05-018

REPLY TO
ATTENTION OF

02 DEC 2005

DASG-HSZ

Expires 2 December 2007

MEMORANDUM FOR

COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS
DIRECTORS, OTSG/MEDCOM ONESTAFF

SUBJECT: Release of Actionable Medical Information

1. References. Required Regulations and Policies listing (Enclosure 1).
2. Purpose. To establish a comprehensive review policy that controls the release of Actionable Medical Information (AMI), in particular, that information derived from a combat theater.
3. Proponent. The proponent for this policy is the Health Policy and Services Directorate, OTSG.
4. Background: Our country's enemies are actively searching for information that may allow them to exploit any weakness. They search any open medical source for photos, detailed descriptions, data collections, or professional analysis that may provide them with an advantage over our forces. Our desire to openly share and discuss operations in a public forum is being used against us. We are potentially magnifying the enemy's capabilities by releasing AMI through open sources.
5. Policy.
 - a. Everyone must take an aggressive attitude toward protecting AMI. AMI is information our adversaries can use to produce medical intelligence. If the enemy turns AMI into medical intelligence, it can be used to plan and conduct operations on a strategic and tactical level, to assess the effectiveness of their operations, and to assess the fighting strength of our forces. We must ensure that the information we release cannot be turned into intelligence for the enemy. Conversely, we must also balance the protection of AMI with the leveraging and sharing of medical information that leads to medical research and the rapid delivery of new concepts and products. The success of the mission and the lives of our Soldiers depend on everyone's close attention to this matter.

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b. This policy is not intended to halt or limit the high-quality analysis, research, and professional discourse taking place everyday within the AMEDD. The AMEDD team must continue its dedicated mission to improve the care of our Soldiers before, during, and after the fight.

c. This policy sets forth procedures to review abstracts, manuscripts, journal articles, speeches, and any other open source venue where professional medical activities, analyses, and/or research are reported using any medical information derived from a combat theater. This includes medical information on service members, civilians, and enemy combatants (in any status; enemy prisoner of war, retained personnel, etc.) injured in a combat theater but treated outside of theater or in CONUS.

d. This policy covers the professional work intended for release in a public forum. If the author(s) intends to keep the work within the DoD system in a classified, FOUO, or other status that prevents its public release, then this policy does not apply. However, publications, Web sites, or conferences that are Army or DoD sponsored, but available or open to the public, are considered an open source and subject to the provisions of this policy. Authors should not be discouraged if material is not cleared for public release. They are strongly encouraged to pursue means to present the material in a closed forum, limiting its release to the Army or DoD. This material is still highly valuable to the AMEDD mission and should not be minimized because it is not cleared for public release.

e. This policy also applies to professional material or work released prior to the publication of this policy but not earlier than 11 September 2001. If this material has already been presented in a public venue and the author wishes to re-release it, the material must still be approved through this policy before it can be re-released in the same or different venue.

f. Professional work that is unrelated to combat operations, does not address battle injuries or disease non-battle injuries, and possesses no intelligence value may be exempt from this policy with the approval of the local Commander. An example of this is non-battle injuries such as sports accidents. There is no apparent intelligence value in reporting this information. Therefore, it does not need to go through the reviews of this policy. However, authors must still follow other regulations that may apply to their situation before this information may be released to the public.

g. Professional material or work includes, but is not limited to, manuscripts, abstracts, articles, speeches, presentations, charts/graphs, data sources, interviews, photographs, videos, or audio recordings, as well as other forms of electronic media.

h. Open source venues include, but are not limited to, professional journals, conferences, symposiums, magazines, newspapers, Web site postings, Web log (Blog)

postings, Internet information forums, television, and radio. Any professional material or work presented in these forums is subject to the provisions of this policy.

i. Professional materials will go through a three-step review process to ensure it meets Operations Security (OPSEC), public affairs, and medical criteria before release to the public:

(1) The OPSEC review will deny our adversaries actionable information. Without this information, adversaries will struggle to prepare their forces to counter our capabilities or intentions.

(2) The public affairs review will evaluate the potential impact to the public of releasing professional work and guide the author in preparing a respond to media or public inquiry about the work.

(3) The medical review will ensure that the analyses and conclusions in the material are scientifically sound, contribute to the general knowledge base, and do not contain protected health information.

j. Some, if not all, research will require approval from an Institutional Review Board (IRB). Authors should check with their servicing IRB for further guidance. The IRB will follow already defined professional standards.

k. This policy does not alter Freedom of Information Act (FOIA) procedures. FOIA requests will continue to follow AR 25-55 procedures including requests involving OPSEC information.

6. Responsibilities.

a. MEDCOM Major Subordinate Commands (MSC) will:

(1) Ensure that their staffs are fully informed of the regulations and policies governing the release of AMI collected in a combat theater.

(2) Ensure commands below the MSC level establish local OPSEC and medical review procedures in order to execute the procedures outlined in paragraph 7.

(3) Establish an OPSEC appeal process at the MSC level in order to execute the procedures outlined in paragraph 7.f.(4). The OPSEC appeals panel will consist of two individuals: a senior medical/clinical officer and an OPSEC officer. This OPSEC officer must be different from the one performing local OPSEC review duties.

b. Director, Health Policy and Services Directorate, OTSG.

(1) Designate subject matter experts (SMEs) when required for answering questions pertaining to this policy.

(2) Implement internal procedures as required in accordance with (IAW) this policy in order to review professional materials generated from OTSG and HQ MEDCOM staff.

c. Major Command and Combatant Command Surgeons are encouraged to develop procedures that will accomplish the security requirements outlined in this policy; these commands may use all or portions of the OTSG/MEDCOM system defined in this policy. This policy does not replace any policy established by these Surgeons.

7. Procedures.

a. Proponents will carefully review the defined procedures outlined in this and other applicable references prior to the collection and analysis of medical information. Materials may not be released to the public in any form prior to its approval IAW with this policy.

b. Review steps should not be viewed as an impediment to releasing professional work. Reviewers must provide more than just a denial if information is not approved for release. Reviewers will work with authors to explain why certain information cannot be released. When appropriate, they should collaborate with the authors to work out alternative ways to present information that maintains the continuity of the work without releasing AMI.

c. The OPSEC and public affairs reviews may be conducted simultaneously. However, the medical review will not occur until the material has cleared both OPSEC and public affairs reviews.

d. Each review step requires submission of the full and complete work. This includes full text of manuscripts, speeches, abstracts, photos, graphs, slides, presentations (speaker notes are preferred to facilitate understanding of the content of each slide), signed patient consent forms (when possible), or any other material that will be included in the final product.

(1) Approved abstract submissions to meetings that result in posters will not require a separate review of the poster.

(2) Approved abstract submissions to meetings that result in paper or oral presentations will require a separate review of the presentation or paper.

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(3) It is understood that many journals require changes to approved and submitted material. The author is not required to obtain further clearance of altered material unless it is considered a substantive change as outlined in paragraph 7.j.

e. Each review step should take no longer than five working days. Action officers must provide timely feedback to the authors within this time frame. Material that is denied and subject to appeal will be processed as expeditiously as possible.

f. OPSEC review procedures. This step will analyze each work and identify actionable information essential for secrecy. The OPSEC officers will use AR 530-1, MEDCOM Supplement 1 to AR 530-1, and the below criteria to identify actionable information in the professional work. An author(s) must review his/her work using these same criteria prior to submitting the material for the OPSEC review. This will help to facilitate timely feedback and approval of the material.

(1) Author(s) will submit work to local OPSEC officers established by the Commander. Normally this person(s) will be located at the command level below the MSC.

(2) The OPSEC officers will analyze the work in the following areas. Any work that references the areas listed below could constitute a denial of the submitted work.

(a) Classified or FOUO information. OPSEC officers that identify potentially classified information should contact their respective Security Officer for disposition.

(b) Items listed on MEDCOM POSTER 45 (MCOP-O) revised 15 Feb 05, Essential Elements of Friendly Information (EEFI) (Enclosure 2).

(c) Weapons system or equipment vulnerabilities. This category also includes the link between vulnerabilities and resulting wound patterns. Materials must not include: (1) specific links between defined wounding methods and the resulting wound patterns; (2) specific links between injuries sustained while wearing defined Personal Protective Equipment (PPE) and the resulting wound patterns; (3) specific links between injuries sustained while in defined vehicles and the resulting wound patterns; and (4) discussion of specific ballistic agents and the resulting failure of PPE or vehicles.

(d) Linking casualties or injuries that occurred from specific attacks, located in a specific area, or on a specific date.

(e) Units and locations.

(f) Casualty rates in relation to deployed troop strengths or compared over time. Other figures such as Killed In Action (KIA), Died Of Wounds (DOW), or Case Fatality Rate (CFR) are permissible as long as they do not show a relationship with deployed

troop strength or trends over time. This supplements EEFI paragraph 2.a.3 Casualty figures (Encl 2).

(g) Troop rotation or movement patterns or schedules.

(h) Photographs or videos of wounded or deceased Soldiers are allowed subject to the limitations of AR 360-1, AR 190-8, AR 40-66, AR 40-38, AR 70-25, and DoD 6025.18-R as applicable. Additionally, photographs or videos must not reveal vulnerabilities of protective equipment for individuals, vehicles, or other hardened structures. This also includes physical security measures such as security checkpoints.

(i) Protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) (DoD 6025.18-R, and AR 40-66), Privacy Act Information (AR 340-21), and exemptions under FOIA (AR 25-55). OPSEC officers may coordinate with additional SMEs reference these criteria.

(3) The local OPSEC officer will transmit the approval or denial back to the author(s). The local OPSEC officer will develop and maintain a database recording the date the work was received and the date approval/denial was transmitted to the author(s). If a work is denied, the officer will state the specific reasons for denial. The officer will describe the particular sentence, photo, graph, etc., that caused the denial. The author(s) may make the necessary changes and resubmit the work for approval.

(4) Appeals. The author(s), with local Command approval, has the right to appeal the denial to their MSC OPSEC appeals panel. The author(s) may submit the appeal to this panel with an explanation of their appeal. The panel will review the material IAW this and other applicable policies. It will transmit the approval or denial back to the author(s).

(5) Once the OPSEC appeals panel approves or denies the work, the decision is final. If the work is denied, the author(s) must change the material to the OPSEC appeals panel's satisfaction before it is released to the public.

(6) Once the OPSEC officer approves the work, the author(s) may proceed to the medical review step, as long as the public affairs review is also complete.

h. Public Affairs review procedures. Authors will submit material for the public affairs review IAW directives in AR 360-1 and OTSG/MEDCOM Policy Memo 05-002.

(1) They will use local Public Affairs Offices (PAO) to accomplish this process. Local PAOs will determine if the material should be submitted to MEDCOM for review and possible further submission to DA/DoD.

(2) Materials that require DA/DoD review include, but are not limited to, topics outlined in AR 360-1.

(3) This review also includes considerations of propriety (especially applicable to photographs or video.)

(4) All materials should be submitted to the PAO in a timely fashion. Each AMEDD PAO will take no longer than five working days to accomplish their review. However, authors should anticipate a 30-day turn around time for materials requiring DA/DoD level review.

(5) Once the PAO has approved the work, the material may proceed to the medical review, as long as the OPSEC review is also complete.

h. Medical review procedures.

(1) The author(s) will submit the completed work to their Commander for the medical review. Commanders may delegate this authority to a senior medical, clinical, or engineer/environmental sciences officer with the appropriate skills and competencies to review this material.

(2) The medical review will ensure that a professional coherent product is being released to the public. The medical review will ensure the material:

- (a) Is presented in a professional manner.
- (b) Contributes to the general knowledge base.
- (c) Draws logical conclusions or provides valuable information.
- (d) Will not negatively impact the DoD mission.
- (e) Does not contain any protected health information.

(3) The Commander may add to the medical review criteria as appropriate.

i. Once all three review steps are complete, the author(s) may proceed with releasing the material in its intended public forum. Local Commanders must maintain a tracking log of approved/denied material showing author(s) name, approval or denial, when the material was approved/denied, type of material (article, presentation, etc.), brief description of material content, intended venue (conference, journal, etc.), and any other information the Commander deems necessary.

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j. If at anytime in the approval process there is a substantive change in the submitted work, an additional review may be required. If there are changes in the work that adds new information or substantially changes the conclusion, the author(s) is required to resubmit the material to the Commander. The Commander or designee will determine which review steps, if any, the material must repeat.

k. Casual or unofficial conversations. All members of the military community must be careful when conducting casual or unofficial conversations about military topics. These conversations are often conducted with other *non-military professionals* at conferences, symposiums, through electronic mail, or even internet chat rooms/message boards. Everyone must be mindful of the information they are releasing and its potential impact on our Soldiers and the DoD mission. Medical personnel should continue to practice good OPSEC procedures when involved in these conversations.

FOR THE SURGEON GENERAL:

2 Encls

1. Required Regulations & Policies
2. EEFI


WILLIAM H. THRESHER
Chief of Staff

Required Regulations and Policies

DOD 5200.1-R

Information Security Program. (Cited in chapter 2 and appendix 3)

DOD 6025.18-R

DoD Health Information Privacy Regulation. (Cited in definitions and chapters 1, 4 and 8)

DODD 5200.1

DoD Information Security Program.

DODD 5205.2

DoD Operations Security (OPSEC) Program.

DODD 5230.9

Clearance of DoD Information for Public Release. (Cited in para 4)

DODD 5230.24

Distribution Statements on Technical Documents.

DODD 5230.25

Withholding of Unclassified Technical Data from Public Disclosure. (Cited in paras 4 and 5)

DODD 6025.18

Privacy of Individual Identifiable Health Information in DoD Health Care Programs.

DODI 5230.27

Presentation of DoD-Related Scientific and Technical Papers at Meetings. (Cited in paras 4 and 5)

DODI 5230.29

Security and Policy Review of DoD Information for Public Release.

AR 25-1

Army Knowledge Management and Information Technology. (Cited in para 1-7)

AR 25-2

Information Assurance.

AR 25-55

The Department of the Army Freedom of Information Act Program.

AR 40-38

Clinical Investigation Program. (Cited in Appendix C, para C-12.h)

AR 40-66

Medical Records Administration and Health Care Programs. (Cited in chapter 2)

AR 70-25

Use of Volunteers as Subjects of Research. (Cited in Appendix E, para E-11.h)

AR 190-8

Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees.
(Cited in para 1-5.d)

AR 340-21

Army Privacy Program. (Cited in chapters 2, 3, and 4)

AR 360-1

The Army Public Affairs Program. (Cited in chapters 5 and 6)

AR 380-5

DA Information Security Program. (Cited in para 1-18, and chapter 5 sections I, II, and V)

AR 530-1

Operations Security. (Cited in chapters 3 and 4)

MEDCOM Supplement 1 to AR 40-66

Medical Record Administration and Health Care Documentation

MEDCOM Supplement 1 to AR 530-1

Operations Security (OPSEC)

OTSG/MEDCOM Policy Memo 05-002

Clearance Procedures for the Public Release of Official Information about the AMEDD
Obtained Because of Official Position.

OTSG/MEDCOM Policy Memo 05-011

Protected Health Information in Executive Summaries, Information Papers, and Talking
Papers.

Essential Elements of Friendly Information

U S. ARMY MEDICAL COMMAND

ESSENTIAL ELEMENTS OF FRIENDLY INFORMATION (EEFI)

(What you want protected from Foreign Intelligence Service)

1. The following EEFI is a listing of sensitive UNCLASSIFIED information pertaining to military operations that should not be discussed via unsecure communications systems, or open (public) conversations. EEFI can be any information that reveals friendly capabilities, intentions, or activities. Subordinate commanders are encouraged to supplement this listing locally as it pertains to their particular day-to-day operations. This list should be conspicuously posted in each office area, close to telephone (s), faxes, and computers with email capabilities. All personnel should read and become thoroughly familiar with their EEFI and control this information (i.e. fax machines, computers with email capabilities, etc).
2. References to items listed below should not be made when using unsecure systems. Vulnerabilities should be brought to the attention of your local Security Manager or Operations Security Officer immediately.
 - a. PERSONNEL OPERATIONS
 - 1) Duty assignments of deployed personnel.
 - 2) Critical personnel shortages by AOC/MOS/ASI.
 - 3) Casualty figures.
 - 4) Casualty/Next of Kin (NOK) Information.
 - 5) TOP SECRET Control Officer (TSCC/document control personnel).
 - 6) SIDPERS data.
 - 7) Itineraries involving travel by U.S. general officers or civilian equivalents.
 - b. OPERATIONS
 - 1) Sensitive compartmented information (SCI) position and degree of access.
 - 2) Identification of CLASSIFIED documents by UNCLASSIFIED titles.
 - 3) Identification of personnel with special access security clearances.
 - 4) Future personnel assignments (by name) that require special access prior to arrival at new duty station.
 - 5) Specific support to units identified in the sensitive unit installation listing (SUIL) or special operations/tactical units.
 - 6) Sensitive UNCLASSIFIED contingency plans.
 - 7) Alert notification plan.
 - 8) Specific vulnerabilities, weaknesses or findings and recommendations (results) of OPSEC surveys.
 - 9) Specific sensitive UNCLASSIFIED operational commitments to supported commands, including preparations for deployments, movements, etc.
 - c. LOGISTICS
 - 1) Discussion of critical shortages of sensitive medical items.
 - 2) Support of specific items to Research & Development units.
 - 3) Port activities, increased levels of medical support for port activities during mobilization/deployment preparation and execution.
 - 4) Specific CTA-8-100 items for defense against biological and chemical agents, when addressing logistics management of these items or specified active or reserve component units.

MEDCOM POSTER 45 (MCOP-O) REVISED 15 FEB 05