



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

MAR 27 2013

DAPE-HR

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Deployment Health Assessment Program (DHAP)

1. Reference: Department of Defense Instruction (DoDI) 6490.03, Subject: Deployment Health, 11 August 2006 (updated 30 September 2011).

2. The demands placed on Soldiers and DA Civilians highlight the need to promote readiness and resiliency programs that protect their health and well-being, and maintain Army Readiness. A key tool is the Deployment Health Assessment Program (DHAP). The DHAP consists of the pre-deployment health assessment (Pre-DHA), post-deployment health assessment (PDHA) and post-deployment health reassessment (PDHRA).

3. The DHAP is a proactive and preventive program that enables the early identification and treatment of physical and behavioral health issues at critical stages within the deployment cycle. In February 2013, the Army began implementing new versions of the three DHAs. The new forms are designed to leverage the lessons of the past and enhance our ability to identify those deployment-related physical and behavioral health conditions, which if not detected and treated, could lead to potentially serious outcomes.

4. For the program to be effective and a force multiplier, Army leaders must understand the conditions that drive execution and make it a command priority. The DHAs (Pre-DHA, Post-DHA, and PDHRA) are required for all outside the continental United States (OCONUS) deployments (e.g., operational deployments, training events, humanitarian missions, etc.) greater than 30 days to locations not supported by a fixed US Military Treatment Facility (MTF). Moreover, commanders are required to determine the environmental risks and the need for DHAs for all deployments of 30 days or less to any location, CONUS or OCONUS.

5. The collaborative and combined effort of the personnel and medical communities as well as unit and installation commanders is key to successful program execution. Personnel and medical leaders at the primary staff and installation level must work together to ensure that the necessary actions and opportunities are provided at all levels to support the intent of full DHAP compliance.

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6. People are the Army's most valuable asset, and we must continue to demonstrate our commitment to their health and well-being by ensuring they are given the opportunity to participate in the DHAP. I need your support to make certain that all leaders promote timely, open, and sincere participation to ensure every at-risk Soldier and DA Civilian is identified and offered the health care they deserve.

7. The Deputy Chief of Staff, G-1, stands ready to assist in this effort. For questions, concerns or more information, please contact the DHAP Program Executive Officer, MAJ Christine Ludwig, at 703-571-7288, email dhap.g1.fieldinquiry@us.army.mil, or visit the DHAP website at <http://www.dhap.army.mil>.

8. Thank you for your continued support of this extremely important program.

*CO2's -
Would ask that you
Look out how you can
make compliance at
your level.*


HOWARD B. BROMBERG
Lieutenant General, GS
Deputy Chief of Staff, G-1

Thanks - nsg
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