

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK

JOB NO.

N/ - 330-88-5

TO: **GENERAL SERVICES ADMINISTRATION**
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

DATE RECEIVED

9/14/88

1. FROM (Agency or establishment)

Office of the Secretary of Defense

2. MAJOR SUBDIVISION

Washington Headquarters Services, C&D Directorate

3. MINOR SUBDIVISION

Records Management Division

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.

4. NAME OF PERSON WITH WHOM TO CONFER

Dan Cragg

5. TELEPHONE EXT.

695-0970

DATE

9/19/88

ARCHIVIST OF THE UNITED STATES

[Signature]

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached.

A. GAO concurrence: ☐ is attached; or ☒ is unnecessary.

B. DATE

6 Sep 88

C. SIGNATURE OF AGENCY REPRESENTATIVE

H. D. Neeley

[Signature]

D. TITLE

Records Administrator

7.
ITEM
NO.

8. DESCRIPTION OF ITEM
(With Inclusive Dates or Retention Periods)

9. GRS OR
SUPERSEDED
JOB
CITATION

10. ACTION
TAKEN
(NARS USE
ONLY)

DoD Nonmilitary Health Records

The attached records descriptions and proposed dispositions will replace those currently promulgated by Army Regulations 25-400-2, items 40-66g and 40-66k; SECNAVINST 5212.5C, SSIC 6150 2b & 3b; and AFR 12-50, Vol II, Tables 168-4, Rules 3 & 4, and 168-5, Rule 2. The times specified in the above regulations for withdrawal and retirement of these records to the NPRC remain unchanged and should continue in effect, as established by the respective Military Departments.

Agency copy sent 9/21/88

Copy sent to NCA 9/22/88

DoD Nonmilitary Health Records

Department of Defense nonmilitary health records include documents pertaining to dependents of military and uniformed service personnel, personnel of the U. S. Merchant Marine, civilian humanitarian personnel, and civilians treated in an emergency. They do not include health records pertaining to civilian employees of the Military Services, American Red Cross employees, or foreign personnel (military and other) or their dependents.

1. Nonmilitary inpatient treatment records.

These files include individual inpatient treatment record jackets containing various medical forms, reports, and records prescribed or authorized for use in documenting health evaluations, care, and treatment for any health or medical condition/problem, provided eligible persons are admitted to and discharged from a DoD medical treatment facility furnishing inpatient medical care. Included are fetal monitoring strips used for monitoring fetal progress.

Disposition: Destroy 50 years after date of latest record.

Withdraw and retire to NPRC as prescribed by appropriate Service regulations.

2. Nonmilitary outpatient records.

These files include individual outpatient treatment record jackets containing original records and copies of various medical forms and related documents provided for eligible persons on an outpatient basis from any DoD medical treatment facility furnishing outpatient medical care.

Disposition: Destroy 50 years after date of latest record.

Withdraw and retire to NPRC as prescribed by appropriate Service regulations.

The extension of the retention period from 25 to 50 years for nonmilitary health records is justified for cogent and compelling medical and humanitarian reasons.

There are potentially major issues facing the Department of Defense in the future on possible adverse health effects in military dependents and other civilian personnel as a result of their exposure to hazardous chemicals and agents known or suspected to be present on Defense installations. Examples of such hazardous materials in the modern military environment include asbestos, chlordane contamination of family housing, chlorinated hydrocarbon contaminants in installation water supplies, and certain pharmaceuticals such as the synthetic estrogen diethylstilbestrol (DES) administered to women during pregnancy. The potential latent effects of these chemicals, especially in children, are not well known. Records are essential should questions arise concerning these latent effects.

In the case of DES, studies cited by the Department of Health, Education, and Welfare in a 1978 Physician Advisory, showed a clear association between the occurrence of a rare form of malignant vaginal cancer, clear cell adenocarcinoma, and intrauterine exposure to DES. In addition, many DES daughters were found to have a benign vaginal condition called adenosis.

As a result of these studies, the Surgeon General of the U. S., in a letter to the Assistant Secretary of Defense for Health

Affairs dated November 27, 1979, requested that the DoD exclude "medical records, or portions of records that contain information about DES usage" from established records disposition procedures. On April 3, 1980, the Acting Assistant Archivist for Federal Records Centers, responding to a March 28, 1980 memorandum from the OSD Records Administrator, imposed an extended freeze on all military dependent health records. This freeze was to last until Department of Defense health officials could agree on uniform records disposition standards for those categories of records. That consensus has now been achieved, as reflected above.

We believe the DES problem is merely the tip of the iceberg. As also noted above, there are many chemicals and agents in the environment identified as potentially hazardous to human health. However, there is no practical way to determine which newly developed chemical/drug/substance, to which people are being exposed today, will be the DES/Chlordane/asbestos of tomorrow. The imposition of a records "freeze" each time a new harmful agent is identified, as was done in the case of the DES investigation, is clearly neither desirable nor practical.

While our concern is primarily humanitarian, the extension of the retention period of dependent health records from 25 to 50 years is consistent with the current disposition instructions approved for military and civilian employee health records. In addition, it should be remembered that adverse effects such as those caused by DES, asbestos, and other agents, are likely to evoke highly emotional responses in both individuals and communities and draw intense political interest, not to mention

legal action. Preserving these records to make them available to physicians and epidemiologists is in the best interests of the health of the individuals concerned and the Department of Defense as a whole.