



Safety, Occupational and Environmental Health (SO&EH) Strategy 2020 – 2028



Assistant Secretary of the Army
Installations, Energy and Environment

Published: 28 April 2020, Version 1

Safety, Occupational and Environmental Health (SO&EH) Strategy 2020 – 2028

A Message from the ASA (IE&E)

We build readiness when our leaders, Soldiers, Civilians and contactors prevent on and off duty mishaps through comprehensive safety, occupational and environmental health (SO&EH) programs. Injury and illness prevention is putting “People First” and is critical to mission success and personnel resiliency.

The Army loses approximately three billion dollars annually due to costs associated with preventable injuries, illnesses and mishaps. These unacceptable losses are equivalent to losing a brigade combat team (BCT) each year and have a significant impact on the readiness and lethality of our force. In addition to catastrophic mishaps, the loss of time accounts for reduced workforce productivity. In fiscal year (FY) 2018, the cumulative total amount of lost time due to injury or illness was equivalent to 70,000 days in which Soldiers and Civilians were unable to support their mission or execute their assigned roles and responsibilities.

The Army’s readiness posture, our modernization efforts and our enduring duty to protect the safety, health and welfare of our Soldiers and their Families are key tenets of the strategy outlined in this document. In shaping this plan, it is my intent that this guide will serve to prevent mishaps, illnesses, and losses to the Army’s most critical asset – our people.

This strategy establishes SO&EH priorities through fiscal year (FY) 2028 and focuses on safety and health modernization across all Army commands and organizations. This builds on the Army Environment, Safety, and Occupational Health Strategy 2025 by establishing additional objectives and performance measures, and designating the organizations responsible for executing the Army’s SO&EH programs.

Plan objectives emphasize the use of modern practices and technology systems to better anticipate, recognize, evaluate and control hazards that pose risks to our most valuable assets. For example, the Army Safety and Occupational Health Management System, set to deploy in late FY 2020 with full deployment by FY 2028, will unify risk management within available resources to prevent injury and illness.

This plan also outlines objectives and performance measures to reduce SO&EH hazards within our Army infrastructure. Sustaining readiness means we must demand that all tasks are performed safely, installation housing is safe and secure, and workplaces meet or exceed SO&EH standards.

Safety and health excellence requires proactive engagement by leaders, Soldiers, Civilians and contractors. We succeed when all of us are advocating for and focused on preventing unsafe events or conditions that lead to mishaps. As we examine the lessons-learned from the uncertain time in which we live, remain vigilant and consider safety in everything you do to include your crisis action teams. The Army's commitment to the safety and health of its Soldiers, Civilians and contractors is not only a top priority, but also an enduring commitment to the health of our force.



Alex A. Beehler
Assistant Secretary of the Army
Installations, Energy and Environment

Introduction

The Army loses approximately three billion dollars annually due to costs associated with preventable injuries, illnesses and mishaps. These unacceptable losses are equivalent to losing a brigade combat team (BCT) each year and have a significant impact on the readiness and lethality of our force. In addition to catastrophic mishaps, the loss of time accounts for reduced workforce productivity. In fiscal year (FY) 2018, the cumulative total amount of lost time due to injury or illness was equivalent to 70,000 days in which Soldiers and Civilians were unable to support their mission or execute their assigned roles and responsibilities.

These statistics highlight why it is increasingly important to anticipate, recognize, mitigate and reduce preventable losses across the Army. To ensure hazards are identified, risk is analyzed and controls are in place before a mishap occurs, the Army is transitioning to a systematic approach of managing and executing safety, occupational and environmental health (SO&EH) across the enterprise. The goals and objectives detailed in this plan were developed in coordination with each of the command headquarters, Headquarters department of the Army (HQDA), SO&EH leaders and subject matter experts. These objectives highlight modern techniques, practices and technology systems that will enable the Army to more effectively anticipate, recognize, evaluate and control hazards that pose a risk to the Army's people.

Army Safety, Occupational and Environmental Health Program

I. Policy and Background

The Army SO&EH program implements federally mandated safety and occupational health (SOH) requirements according to the Occupational Safety and Health Act of 1970 (§§ 651 et seq. of Title 29, United States Code), Executive Order 12196 and part 1960 of Title 29, Code of Federal Regulations. Additionally, it implements the requirements and procedures of the Department of Defense (DoD) SOH program per Department of Defense Instruction (DoDI) 6055.01, DoD Safety and Occupational Health (SOH) Program and DODI 6055.05 Occupational and Environmental Health, AR 385-10, The Army Safety Program and AR 40-5, Preventive Medicine.

DoD policy mandates –

- ✓ Protection of personnel from accidental death, injury or occupational illness.
- ✓ Application of risk management strategies that prevent occupational injury or illness and loss of mission capability and resources both on and off duty.
- ✓ Use of SOH management systems across all military operations and activities, including acquisition, procurement, logistics and facility management.

- ✓ Execution of the Occupational Safety and Health Administration (OSHA) regulatory requirements across the Army enterprise.

The Army SO&EH program is comprised of 26 program elements across six capability objectives and five core functional areas. These functional areas span multiple disciplines such as industrial safety, aviation safety, recreational and off-duty safety, occupational health, industrial hygiene and traffic safety. Detailed information is available in Army Regulation (AR) 385-10, The Army Safety Program, and AR 40-5, Preventive Medicine.

Army SO&EH program core functional areas:

1. Leadership engagement and personnel / Soldiers participation
2. Investigate and report mishaps, incidents and illnesses
3. Conduct SOH training and promotion
4. Conduct inspections and assessments
5. Conduct hazard analysis and develop countermeasures
6. Health protection and readiness.

II. Program Leaders and Stakeholders

The Secretary of the Army designated the Assistant Secretary of the Army for Installations, Energy and Environment [ASA (IE&E)] as the agency safety and health official (DASHO) with oversight responsibilities for the Army’s SOH program. Official responsibilities include adequate planning, programming, budgeting, resourcing, policy development and performance evaluations in accordance with Army business strategies. The program is executed at every level of command to meet, or exceed, statutory requirements. Stakeholders and their roles are listed in the table below.

Table 1: Responsibilities for execution of the Army SO&EH programs
(see AR 385-10 and AR 40-5 for more detailed program responsibilities)

| LEADERS AND STAKEHOLDER | ROLE |
|---|--|
| The Secretary of the Army and Chief of Staff | Lead the Army SO&EH programs |
| Assistant Secretary of the Army for Installations Energy and Environment [ASA (IE&E)] | Responsible for all Army matters related to SOH. The ASA (IE&E) sets the strategic direction, determines objectives, establishes policy, sets standards and proposes programming and funding for these programs. |

| LEADERS AND STAKEHOLDER | ROLE |
|---|--|
| | Included in these responsibilities are providing policy, programming and oversight of the SOH programs. |
| Deputy Assistant Secretary of the Army for Environment Safety and Occupational Health [DASA (ESOH)] | Proponent for SO&EH; advises the Secretary of the Army, ASA (IE&E), and Army senior leaders on SO&EH matters related to planning, programming, budgeting and execution of the Army SO&EH program. |
| The Surgeon General (TSG) | Principal advisor to the Chief of Staff of the Army on occupational and environmental health issues. |
| Deputy Assistant Secretary of the Army for Civilian Personnel DASA (CP) | Principal advisor to the Assistant Secretary of the Army for Manpower and Reserve Affairs [ASA (M&RA)] on personnel policy. |
| Director of Army Safety (DASF) | Develop, establish, coordinate, evaluate and disseminate policy, guidance and procedures for the Army safety program based upon strategic direction developed by ASA (IE&E), statutory requirements and national standards in support of the Army's mission. |
| HQDA Principal Officials | Apply SO&EH principles during decision making and execute roles and responsibilities as defined in 29 CFR 1960, DoDI 6055.01, DoDI 6055.05, AR 385-10 and AR 40-5. |
| Executing Agents | <p>HQDA Principal Officials and Commanders of Army commands (ACOM), Army service component commands (ASCC) and direct reporting units (DRU) managing a system that fully implements mission-required SO&EH programs by functional or geographic areas.</p> <p><i>Note:</i> Commanders in U.S. Army Futures Command (AFC), U.S. Army Training and Doctrine Command (TRADOC), U.S. Army Forces Command (FORSCOM), U.S. Army Materiel Command (AMC), U.S. Army Corps of Engineers (USACE), and the Assistant Secretary of the Army for Acquisition, Logistics and Technology [ASA (ALT)] coordinate specific Army-wide efforts to integrate SO&EH and risk management into programs that develop, project, equip, sustain, construct, maintain and train the force (AR 385-10).</p> |

III. SO&EH Governance

Safety, Occupational and Environmental Health Senior Executive Council

The SO&EH Senior Executive Council (SEC), co-chaired by the ASA (IE&E) and the Vice Chief of Staff of the Army (VCSA), supplies the Secretary of the Army, Chief of Staff of the Army, ASA (IE&E), and HQDA Principal Officials with a single intra-Army committee that continuously evaluates actions across the Army and ensures a constant focus on injury and illness impacts to readiness and the lethality of our workforce. The council integrates SO&EH strategy into the business of the Army through policy priorities, programs, resource maximization and information technology solutions. Members evaluate the overall management systems approach to ensure compliance with law, adherence to DoD policy, guidance, Army regulations and continued improvement.

Army Safety, Occupational and Environmental Health Board

The SO&EH Board is co-chaired by the DASA (ESOH), DASA (CP), DASF and a representative of TSG. The SO&EH Board general membership is comprised of General Officer/Senior Executive Service (GO/SES) command representatives and SO&EH subject matter experts (SMEs) from the SEC membership organizations. The SO&EH Board continuously monitors the state of SO&EH impacts on readiness across the Army enterprise. The SO&EH Board reports directly to the SO&EH SEC and recommends solutions for improving SO&EH program performance and effectiveness.

IV. Army SO&EH Mission, Vision and Key Principles

Mission: Maximize mission readiness and enhance lethality through a modern systematic approach to prevent injuries, illnesses and loss.

Vision: Instill a culture where SO&EH defines Army values that enhance readiness and quality of life.

Key Principles:

- ✓ All leaders, supervisors, Soldiers and Civilians are responsible and accountable for taking necessary actions to prevent injuries, illnesses and loss across the Army.
- ✓ Army SO&EH plans, directives and resources support the Army mission and vision.
- ✓ Mishaps and occupational illnesses degrade readiness.
- ✓ The acquisition of facilities and materiel will employ system safety engineering and management, health hazard assessments, environmental health assessments and human factors engineering to optimize safety and health throughout the life cycle.
- ✓ Army doctrine, planning, training and operations enhance SO&EH and risk management.
- ✓ The Army SO&EH strategy, annual associated action plans and metrics assist in calculating resource requirements for aspects of Army SO&EH programs.

- ✓ Army SO&EH and risk management initiatives create synergy with installations, organizations and surrounding communities.
- ✓ The Army serves as a model for leadership, values and commitment to mission. We are committed similarly to integrating SO&EH into Army culture.

V. Plan Purpose

Communicate...the commitment to the safety and health of Soldiers, Families, Civilians, and contractors and the Secretary of the Army's efforts to prevent mishaps.

Guide...command decisions toward a shared vision and end state that benefits every Soldier individually and the entire Army.

Adopt...a culture of change that reduces mishaps, increases readiness, sustains the force, and supports personnel.

Publish...a single, integrated vision for Army SO&EH programs.

Emphasize... leader engagement to prevent injury, illness and loss impacts on readiness and lethality.

Enhance...effective, sustained safety and health-based culture for Soldiers, Families, Civilians, and contractors as well as the communities surrounding Army installations.

Promote...modernization that supports transformation, improves combat readiness and effectiveness, advances morale and quality of life and enables the Army to reduce mishaps to meet prevention goals.

VI. Plan Scope

This plan is reviewed annually and updated as needed to address evolving requirements. Plan execution begins in FY 2020 and runs through FY 2028. Planning beyond FY 2021 will be aligned with the program objective memorandum (POM) and the future years defense program (FYDP).

VII. Plan Goals and Objectives

This plan sets two SO&EH goals, with underlying objectives tied to performance measures. Lead or support organizations for objectives are listed.

Lead and Support Organizations

Proponent organizations assigned coordinating authority will lead, develop and implement the Army SO&EH program.

Lead Role: Organizations with primary responsibility for creating plans and monitoring progress until completion. Lead organizations coordinate with support organizations and other organizations as necessary, to facilitate planning and execution. Lead organizations will ensure reporting is complete and updates are furnished to Army senior leaders.

Support Role: Organizations that provide products, funding and support to the overall completion of each objective.



Safety, Occupational & Environmental Health Strategic Implementation Plan, Fiscal Year 2020 – 2028

Goal 1: Enhance Army Readiness through Safety and Occupational Health

Objective 1.1: Implement the Army Safety Occupational Health Management System (ASOHMS) Army-wide by 1 Oct 2028

Proponents: DASF, DASA (ESOH) and TSG

Lead: DASF

Support: U.S. Army Combat Readiness Center (USACRC), DASA (CP) and Commanders of ACOMs, ASCCs and DRUs

Performance Measures:

- 1.1a: Army headquarters finalize the ASOHMS framework. Target: 1st quarter of FY 2021.
- 1.1b: Establish performance metrics to ensure in progress reviews (IPRs) of implementation. Metrics will be defined by 1st quarter FY 2021 and quarterly IPRs will begin. Target: 1st quarter of FY 2022.
- 1.1c: Each Army headquarters will establish a command SOHMS implementation plan in accordance with the ASOHMS framework. Target: 4th quarter of FY 2021.

- 1.1d: Each Army headquarters will identify an executive-level champion at each Army headquarters and command. Target: 1st quarter FY 2021.
- 1.1e: Each Army headquarters will initiate execution of its implementation plan. Target: 3rd quarter of FY 2021.
- 1.1f: Each Army headquarters will have met implementation requirements by the beginning of FY 2028. Target: 100 percent by FY 2028.

Objective 1.2: Analyze and prioritize risk through hazard identification

Proponents: Commanders of ACOMs, ASCCs and DRUs, DASF and DASA (ESOH)

Lead: DASF

Support: DASA (ESOH), TSG and DASA (CP)

Performance Measures:

- 1.2a: The percentage of routine/non-routine tasks identified, analyzed, documented, and mitigated to reduce operational risk. Target: 90 percent sustained rate by FY 2026.
- 1.2b: Conduct annual analysis: identify three on-duty tasks that produced the most significant Class A-C personnel losses and injuries and the human, material and/or environmental factors that contributed to those mishaps. Recommend leading indicators for lateral staff agency integration and validation. Target: Annually by 1 June.
- 1.2c: Conduct annual analysis: identify three on-duty tasks that produced the most significant Class A-C equipment/system losses and injuries, and the human, material and/or environmental factors that contributed to those mishaps. Recommend leading indicators for lateral staff agency integration and validation. Target: Annually by 1 June.
- 1.2.d: Strengthen understanding of how risk factors contribute to vehicle mishaps and injuries. Identify barriers to seat belt use, impacts of fatigue and distracted driving and establish command specific strategies for eliminating, or at least reducing, vehicle mishaps. Target: 10 percent reduction in vehicle mishaps sustained rate by FY 2027.

- 1.2e: The percentage of workplace SO&EH inspections conducted and hazards mitigated and abated in accordance with prescribed timelines. Target: 90 percent sustained rate by FY 2026.
- 1.2f: The percentage of workplace SO&EH inspections completed. Target: 90 percent sustained rate by FY 2025.
- 1.2g: The percentage of hazards with an approved abatement plan (risk management decision at the appropriate level).
- Risk Assessment Code (RAC) 1 safety and health hazards abated or mitigated within 10 days of hazard identification.
 - RAC 2 safety and health hazards abated or mitigated within 30 days of hazard identification.
 - RAC 3 safety and health hazards abated or mitigated within 90 days of hazard identification.
- Target: 90 percent sustained rate by FY 2026.
- 1.2h: The percentage of hazards abated or mitigated in the prescribed time frame. Target: 90 percent sustained rate by FY 2026 (driven by RAC).

Objective 1.3: Implement an enterprise-wide information management system that will support an Army-wide SO&EH program

Proponent: ASA (IE&E) and Deputy Chief of Staff (DCS), G-9

Lead: DASF

Support: DASA (ESOH), TSG, ASA (M&RA), USACRC, TSG, DASA (CP) and Commanders of ACOMs, ASCCs, and DRUs

Performance Measures:

- 1.3a: The percentage of required SO&EH activities operating on an information technology system of record. Target: 100 percent by FY 2025.
- 1.3b: The percentage of ACOMs, ASCCs, and DRUs fully using the Army SO&EH information management system. Target: 100 percent by FY 2028.

Objective 1.4: Update the Army SO&EH program's policies and procedures

Proponents: ASA (IE&E) and DASA (ESOH)

Lead: DASF

Support: USACRC, TSG and Commanders of ACOMs, ASCCs, and DRUs

Performance Measures:

1.4a: Update policy and regulations resulting from business process reengineering tasks. Target: 100 percent by FY 2028.

1.4b: The percentage of recommended business process reengineering tasks documented through policy. Target: 100 percent by FY 2028.

1.4c: Conduct an annual review of the SO&EH program to incorporate tactics, techniques, procedures, lessons learned and policy changes. Brief mitigation strategy to applicable SO&EH governance bodies for implementation, resource support and HQDA coordination. Target: Annually by 1 June.

Objective 1.5: Establish an Army prevention through design (PtD) program by the end of FY 2028

Proponents: DASF, DASA (ESOH), DASA Acquisitions, Policy and Logistics (APL) and Commander of USACE

Lead: Commanders of AMC, USACE and AFC

Support: USACRC, TSG, and Commanders of ACOMs, ASCCs and DRUs

Performance Measures:

1.5a: Identify motivators, enablers and barriers in the PtD program. Target: By the end of FY 2021.

1.5b: Review policy and defined processes to address all PtD across the Army, to include system, facility and acquisition, safety and occupational health for future policy development. Target: By the end of FY 2025.

1.5c: Define metrics to ensure implementation at all levels where PtD is required. Target: By the end of FY 2028.

Objective 1.6: Establish or identify Army centers, laboratories and commands whose mission it is to explore future technology

opportunities that improve mishap prevention and risk reduction as it relates to SO&EH by the end of FY 2025

Proponents: ASA (IE&E) and DASA (ESOH)

Lead: DASF and Commander, AFC

Support: USACRC, TSG and Commanders of ACOMs, ASCCs and DRUs

Performance Measures:

1.6a: Identify organizations to conduct research and evaluate lessons learned and best management practices. Target: By the end of FY 2022.

1.6b: Develop processes to bring technology opportunities forward throughout the Army. Target: By the end of FY 2023.

1.6c: Identify resourcing process to support Army wide SO&EH technology advancements. Target: By the end of FY 2023.

1.6c: Establish metrics to evaluate success of technology improvements to SO&EH. Target: By the end of FY 2024.

Goal 2:

Enhance the Army Readiness through Occupational and Environmental Health

Objective 2.1: Define Army requirements to ensure successful implementation of the Individual Longitudinal Exposure Record (ILER)

Proponent: TSG and DASA (ESOH)

Lead: Commander, U.S. Army Public Health Center (APHC)

Support: USACRC, TSG and Commanders of ACOMs, ASCCs and DRUs

Performance Measure:

2.1 The percentage of Army policy documents that support the ILER concept of operations. Target: 100 percent by FY 2028.

Objective 2.2: Increase the Army's ability to detect and assess significant long-term health risks from SO&EH exposures

Proponent: TSG and DASA (ESOH)
Lead: Commander, APHC
Support: USACRC, TSG and Commanders of ACOMs, ASCCs and DRUs

Performance Measures:

2.2a: The percentage of hazards associated with an Army high risk workplace in Defense Occupational and Environmental Health Readiness System-Industrial Hygiene (DOEHRS-IH), for which a qualitative or quantitative assessment has been performed. Target: 85 percent by FY 2028.

2.2b: Improve compliance for annual hearing conservation monitoring audiometry. Target: 95 percent military in the Medical Protection System (MEDPROS) and 90 percent civilian in DOEHRS-Hearing Conservation (HC) by FY 2028.

2.2c: The percentage of high-risk workplace hazard characterizations completed. Target: 85 percent by FY 2028.

2.2d: Evaluate, revise, and implement processes to assess and resolve the Warfighter's capability gaps in adequately collecting, analyzing and assessing environmental exposures in order to facilitate science-based risk decisions to decrease risk, prevent disease, reduce healthcare costs and facilitate completeness of DoD supported initiatives (ILER, DOEHRS, and Joint Health Risk Management). Target: By the end of FY 2022.

Objective 2.3: Increase DOEHRS-IH and DOEHRS-HC usage to document and share occupational and environmental health information across the Army

Proponent: TSG and DASA (ESOH)
Lead: Commander, APHC
Support: USACRC, TSG and Commanders of ACOMs, ASCCs, and DRUs

Performance Measures:

2.3a: The percentage of workplace monitoring plan tasks for high-risk workplaces completed. Target: 85 percent by FY 2028.

- 2.3b: The percentage reduction in incidence of hearing threshold shifts in the Soldier and Civilian workforce. Target: 3 percent Soldier and 4 percent Civilian by FY 2028.
- 2.3c: The percentage of noise dosimetry samples in DOEHRS-HC that equal or exceed 85 decibels (dBA)(denominator) where the noise hazard has been assessed. Target: 85 percent by FY 2028.
- 2.3d: The follow-up compliance percentage for audiometry for Soldier and Civilian personnel. Target: 70 percent by FY 2028
- 2.3e: Percentage compliance of noise exposed Soldier and Civilian personnel receiving required hearing health education as outlined in DoDI 6055.12 and Department of the Army Pamphlet 40-501. Target: 85 percent by FY 2028.

Objective 2.4: Increase the Army’s ability to conduct, record and track federally mandated occupational and environmental medicine examinations

- Proponent: TSG and DASA (ESOH)
- Lead: Commander, APHC
- Support: USACRC, TSG and Commanders of ACOMs, ASCCs, and DRUs

Performance Measures:

- 2.4a: The percentage of personnel who receive occupational medicine surveillance examinations for hazards in which OSHA has propounded in standard required medical surveillance. Target: 90 percent by FY 2028.
- 2.4b: The percentage of emergency services, fire, law enforcement, and security guards (General Schedule 0083 and 0085) who receive required medical qualification examinations. Target: 90 percent by FY 2028.

Objective 2.5: Reduce the effect of heat and cold related injuries and illnesses

- Proponent: TSG and DASA (ESOH)
- Lead: Commander, APHC
- Support: USACRC, TSG and Commanders of ACOMs, ASCCs, and DRUs

Performance Measures:

- 2.5a: The percentage of reduced heat injuries and illnesses in the Army workforce. Target: 25 percent by FY 2028.
- 2.5b: The percentage of reduced cold injuries and illnesses in the Army workforce. Target: 25 percent by FY 2028.
- 2.5.c: The percentage of hearing injuries and illness on OSHA 300 Log or an equivalent reporting mechanism for the military by FY 2028. Target: 70 percent by FY 2028.

Objective 2.6: Increase environmental health oversight of Army housing

Proponent: DASA (ESOH) and Commander, AMC

Lead: TSG and DASA (ESOH)

Support: USACRC, TSG and Commanders of ACOMs, ASCCs, and DRUs

Performance Measure

- 2.6: The percentage of housing that has had an environmental inspection entered in DOEHRS-IH upon transfer of occupancy. Target: 90 percent by FY 2024.

VIII. Way Forward and Conclusion

The Army SO&EH Strategic Implementation Plan focuses the Army's resources on specific and measurable goals that establish safe and healthy environments for Army assets. Achievement of these goals requires a combination of information technology, training and education, inspections and examinations, data driven enforcement, and policy changes. The Army SO&EH program is a critical component of ensuring Army readiness.

Building a more capable and lethal force requires the Army to transform the SO&EH program and mitigate and prevent hazards detrimental to Army readiness. The SO&EH strategy, when implemented with sufficient resources and through a sustained effort, will ensure the Army remains the world's dominant land force.

IX. References

References are available at the following websites:

Code of Federal Regulations: <https://www.govinfo.gov>

DoD publications: <https://www.esd.whs.mil/DD/>

U.S. Army publications: <https://armypubs.army.mil/>

29 Code of Federal Regulations 1904

Recording and Reporting Occupational Injuries and Illnesses

29 Code of Federal Regulations 1910

Occupational Safety and Health Standards

29 Code of Federal Regulations 1926

Safety and Health Regulations for Construction

29 Code of Federal Regulations 1960

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

DoDI 6055.01

DoD Safety and Occupational Health (SOH) Program

DoDI 6055.05

Occupational Environmental Health

DoDI 6055.07

Mishap Notification, Investigation, Reporting, and Record Keeping

AR 385-10

The Army Safety Program

AR 11-35

Occupational and Environmental Health Risk Management

AR 40-5

Preventive Medicine

AR 200-1

Environmental Protection and Enhancement

Army Environment, Safety, and Occupational Health Strategy 2025

<https://www.army.mil/e2/c/downloads/472081.pdf>

ASA (Installations, Energy and Environment) Strategy 2025

<https://www.army.mil/e2/c/downloads/377960.pdf>

