



U.S. GLOBAL HEALTH POLICY

THE U.S. DEPARTMENT OF DEFENSE AND GLOBAL HEALTH:
TECHNICAL VOLUME

September 2012



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OVERVIEW

This technical volume accompanies the Kaiser Family Foundation report *The U.S. Department of Defense and Global Health*, providing more detailed information on select topics covered in the report. This volume is divided into two sections:

1. **Appendix A:** organization charts and descriptions for DoD offices engaged in global health-related activities, by DoD component, as well as for key organizations relevant to DoD's global health-related activities; and
2. **Appendix B:** key guidance and policy documents governing and guiding DoD's global health-related activities.

APPENDIX A. ORGANIZATIONAL OVERVIEW OF DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

APPENDIX A. ORGANIZATIONAL OVERVIEW OF DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

This section provides an overview of DoD's major components as well as organizational charts depicting and descriptions of all of the primary DoD components, elements, offices, divisions, and other units involved in global health-related activities, which were determined through our analysis of existing literature and key informant interviews. It identifies DoD organizations and elements with significant global health responsibilities but is not intended to be exhaustive: there may be other DoD elements not identified that also support or carry out global health-related activities.

The four principal components of DoD involved in global health-related activities (see Figure A-1) are:

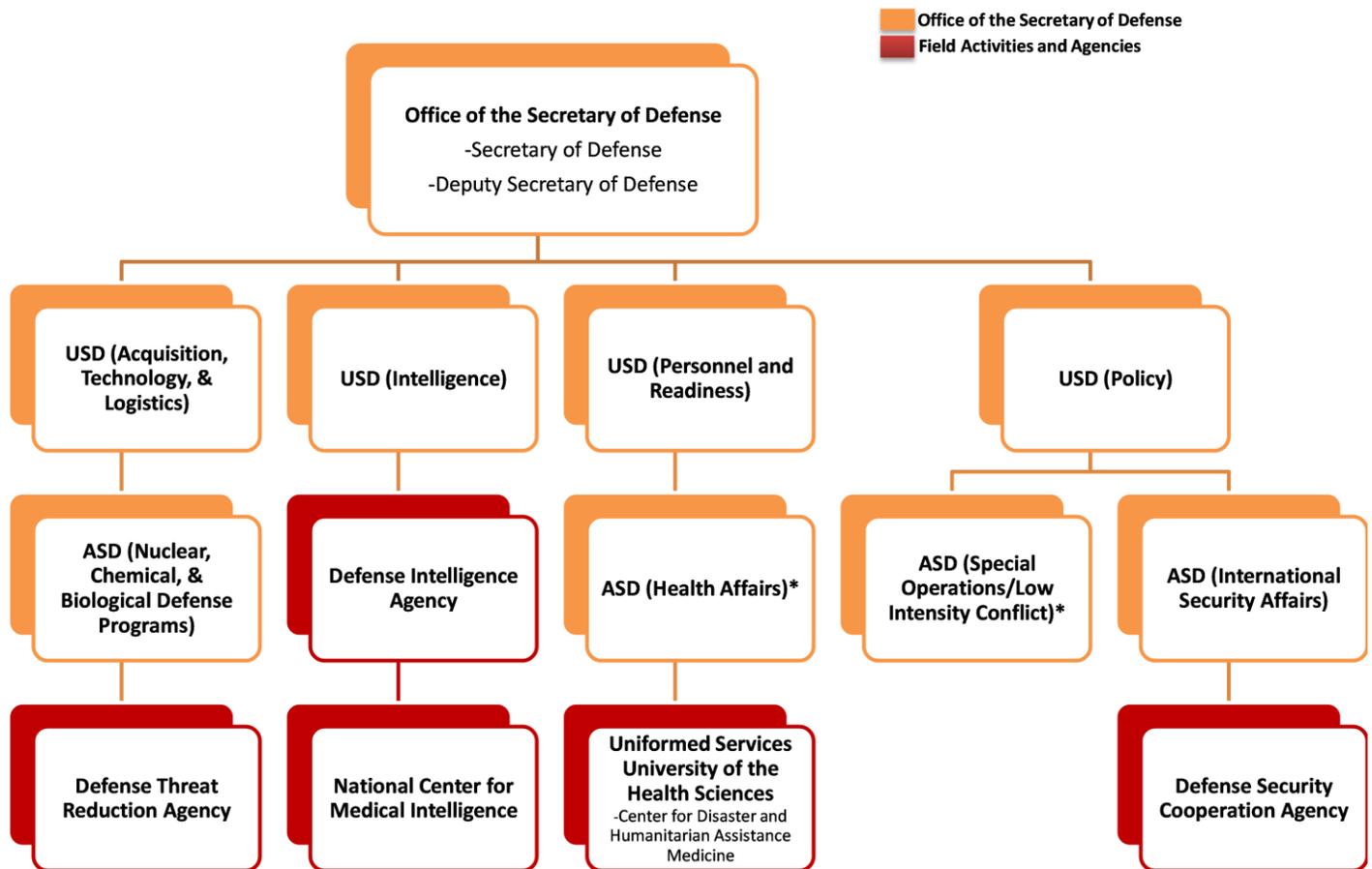
1. the Office of the Secretary of Defense (OSD),
2. the Organization of the Joint Chiefs of Staff (Joint Chiefs),
3. the Combatant Commands (COCOMs), and
4. the Military Departments (the Departments of the Air Force, Army, and Navy; the Department of the Navy includes the Marine Corps).¹

Relevant DoD field agencies are included under the primary component to which they report (e.g., the Defense Security Cooperation Agency reports to a division of the Office of the Secretary of Defense). Through color coding, each component is easily identifiable across their respective organizational charts. For example, all Combatant Commands' organizational charts appear in green. (See Figure A-2 and Table A-2 for OSD, Figure A-3 and Table A-3 for the Joint Chiefs, Figures A-4 to A-7 and Tables A-4 to A-7B for the COCOMs, and Figures A-8 to A-10 and Tables A-8 to A-10 for the Military Departments.)

Additionally, descriptions of key elements and offices within selected organizations relevant to DoD's global health-related efforts are included (Tables A-11 and A-12) along with an organizational chart of the key offices within USAID (Figure A-11).

OFFICE OF THE SECRETARY OF DEFENSE

FIGURE A-2. OFFICE OF THE SECRETARY OF DEFENSE (OSD): ELEMENTS RELATED TO GLOBAL HEALTH



Notes: USD - Undersecretary of Defense. ASD - Assistant Secretary of Defense. *Under the ASD (Health Affairs) is Force Health Protection and Readiness' International Health Division, Global Civil-Military Medicine Division, and Medical Countermeasures Division. Under the ASD (Special Operations/Low Intensity Conflict) is Partnership Strategy and Stability Operations' Humanitarian Assistance, Disaster Relief and Global Health Directorate.

TABLE A-2. OFFICE OF THE SECRETARY OF DEFENSE (OSD): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH	
ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
OFFICE OF THE SECRETARY OF DEFENSE (OSD)/DEPUTY SECRETARY OF DEFENSE HTTP://WWW.DEFENSE.GOV/OSD/	THE OFFICE OF THE SECRETARY OF DEFENSE IS THE MAIN STAFF ELEMENT OF THE SECRETARY OF DEFENSE IN THE EXERCISE OF POLICY DEVELOPMENT, PLANNING, RESOURCE MANAGEMENT, FISCAL, AND PROGRAM EVALUATION RESPONSIBILITIES.
Secretary of Defense http://www.defense.gov/home/top-leaders/	The Secretary of Defense is the principal defense policy advisor to the President. Under the direction of the President, the Secretary exercises authority, direction, and control over the Department of Defense.
Deputy Secretary of Defense http://www.defense.gov/home/top-leaders/	The Deputy Secretary, the second-highest ranking official in the DoD, is delegated full power and authority to act for the Secretary and to exercise the powers of the Secretary on any and all matters for which the Secretary is authorized to act.

TABLE A-2. OFFICE OF THE SECRETARY OF DEFENSE (OSD): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
USD ACQUISITION, TECHNOLOGY, AND LOGISTICS (AT&L) HTTP://WWW.ACQ.OSD.MIL/	THE OFFICE OF THE UNDER SECRETARY OF DEFENSE (USD) FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (AT&L) IS THE PRINCIPAL STAFF ELEMENT OF THE SECRETARY OF DEFENSE FOR ALL MATTERS RELATING TO THE DoD ACQUISITION; RESEARCH AND DEVELOPMENT; ADVANCED TECHNOLOGY; DEVELOPMENTAL TEST AND EVALUATION; PRODUCTION; LOGISTICS; INSTALLATION MANAGEMENT; MILITARY CONSTRUCTION; PROCUREMENT; ENVIRONMENT SECURITY; AND NUCLEAR, CHEMICAL, AND BIOLOGICAL MATTERS.
ASD - Nuclear, Chemical, and Biological (NCB) Defense Programs http://www.acq.osd.mil/ncbdp/	The Assistant Secretary of Defense (ASD) for Nuclear, Chemical, and Biological (NCB) Defense Programs is the principal advisor to the Secretary and Deputy Secretary of Defense and the USD(AT&L) on nuclear energy, nuclear weapons, and chemical and biological defense., a. Develop policies, provide advice, and make recommendations on nuclear weapons; chemical, biological, radiological, and nuclear (CBRN) medical and non-medical defense; safety, surety, security, and safe destruction of the current chemical weapons stockpile; NCB arms control activities; and related plans and programs. The ASD (NCB) also exercises oversight of the Defense Threat Reduction Agency (DTRA) and the Nunn-Lugar Cooperative Threat Reduction Program (CTR, executed by DTRA). The ASD also serves as the Staff Director of the Nuclear Weapons Council, which manages the nuclear weapons stockpile.
Defense Threat Reduction Agency (DTRA) & U.S. Strategic Command (STRATCOM) Center for Combating Weapons of Mass Destruction (SCC-WMD) http://www.dtra.mil/Home.aspx	As DoD's combat support agency for countering weapons of mass destruction (WMDs), DTRA and SCC-WMD are responsible for a wide variety of programs around the world. Both organizations have expertise needed to fight the threat posed by chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) that are not found elsewhere in the DoD. DTRA's programs include basic science research and development, operational support to U.S. warfighters on the front line, and an in-house WMD think tank that aims to anticipate and mitigate future threats.
USD INTELLIGENCE	THE OFFICE OF THE USD FOR INTELLIGENCE IS THE PRINCIPAL STAFF ELEMENT OF THE SECRETARY OF DEFENSE FOR MATTERS RELATING TO INTELLIGENCE. THE USD ALSO SERVES AS THE DIRECTOR OF DEFENSE INTELLIGENCE, ACTING AS THE PRIMARY MILITARY INTELLIGENCE ADVISOR TO THE OFFICE OF THE DIRECTOR OF NATIONAL INTELLIGENCE.
Defense Intelligence Agency (DIA) http://www.dia.mil/	The Defense Intelligence Agency (DIA) is a DoD combat support agency and an important member of the United States Intelligence Community. DIA is a major producer and manager of foreign military intelligence. DIA provides military intelligence to warfighters, defense policymakers, and force planners -- in the DoD and the Intelligence Community -- in support of U.S. military planning and operations and weapon systems acquisition.
National Center for Medical Intelligence (NCMI) https://www.intelink.gov/ncmi/	National Center for Medical Intelligence (NCMI), part of DIA, is a tri-service organization that produces finished, all-source medical intelligence assessments and forecasts on foreign military and civilian health care capabilities and trends, worldwide infectious disease risks, global environmental health risks, and militarily significant life science issues, to include biotechnology and nuclear, biological and chemical medical defense advancements.
USD PERSONNEL AND READINESS (P&R) HTTP://PRHOME.DEFENSE.GOV/	THE OFFICE OF THE USD FOR PERSONNEL AND READINESS (P&R) IS THE PRINCIPAL STAFF ELEMENT OF THE SECRETARY OF DEFENSE FOR TOTAL FORCE MANAGEMENT AS IT RELATES TO READINESS; NATIONAL GUARD AND RESERVE COMPONENT AFFAIRS; HEALTH AFFAIRS; TRAINING; AND PERSONNEL REQUIREMENTS AND MANAGEMENT, INCLUDING EQUAL OPPORTUNITY, MORALE, WELFARE, RECREATION, AND QUALITY OF LIFE MATTERS.
ASD - Health Affairs (HA) http://www.health.mil/	The ASD for Health Affairs (HA) serves as principal advisor to the Secretary of Defense for health issues. As Director, TRICARE Management Activity, the ASD administers the Military Health System (MHS) budget. The MHS comprises over 133,000 military and civilian doctors, nurses, medical educators, researchers, healthcare providers, allied health professionals, and health administration personnel worldwide, providing our nation with an unequalled integrated healthcare delivery, expeditionary medical, educational, and research capability. The ASD is responsible for ensuring the effective execution of the DoD medical mission. He oversees the development of medical policies, analyses, and recommendations to the Secretary of Defense and the USD (P&R), and issues guidance to DoD components on medical matters. He also serves as the principal advisor to the USD (P&R) on matters of chemical, biological, radiological, and nuclear (CBRN) medical defense programs and deployment matters pertaining to force health. The ASD co-chairs the Armed Services Biomedical Research Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. The ASD also exercises authority, direction, and control over the Uniformed Services University of the Health Sciences (USUHS).
DASD - Force Health Protection and Readiness (FHP&R) http://home.fhpr.osd.mil/home.aspx	The Deputy Assistant Secretary of Defense (DASD) for Force Health Protection and Readiness (FHP&R) is the principal staff assistant and advisor to the ASD (HA) for all medically related DoD policies, programs, and activities. The office is responsible for deployment medicine, force health protection, medical readiness, international health agreements, deployment related health policy, theater information systems, humanitarian and health missions, and national disaster support. FHP&R works to disseminate information throughout DoD to enable defense medical providers in theater and at military treatment facilities to make informed decisions. FHP&R serves as a conduit through which commanders and Service members can contribute to deployment health policy and best practices. FHP&R aims to bridge knowledge of past experiences with the potential needs of future battlefields by continuous oversight, evolving medical policy, providing program analysis and technical support for military operations, and a measure of quality assurance to accomplish force health protection and medical readiness.

TABLE A-2. OFFICE OF THE SECRETARY OF DEFENSE (OSD): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Force Readiness and Health Assurance Division http://forcereadiness.fhpr.osd.mil/home.aspx	The Force Readiness and Health Assurance Division of DoD's FHP&R develops policies/programs to protect and optimize the health, safety and performance of Service members during all phases of deployment. One of its key focus areas is Global Health Surveillance: it supports medical and biosurveillance initiatives that provide early warning of infectious disease outbreaks, hazardous environmental chemical or radiological exposures, or possible bioterrorist attacks.
International Health Division (IHD) http://intlhealth.fhpr.osd.mil/home.aspx	The International Health Division (IHD) of DoD's FHP&R develops policies for the U.S. Military Health System that support DoD stability missions in at-risk, conflict, post conflict or disaster settings around the world. Military medical support for these missions can include humanitarian care, logistics or healthcare sector capacity building in partnership with the host country government and security forces, and civilian development agencies. DoD partners with other U.S. government agencies, non-governmental agencies, international agencies and governmental organizations and other governments to accomplish this work. IHD is working with these partners to develop and implement best practices and approaches.
Uniformed Services University for Health Sciences (USUHS) http://www.usuhs.mil/	USUHS is the nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. It provides the nation with health professionals dedicated to career service in DoD and the U.S. Public Health Service and with scientists who serve the common good. It serves the uniformed services and the nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service and consultation; it is unique in relating these activities to military medicine, disaster medicine and military medical readiness.
Center for Disaster and Humanitarian Assistance Medicine (CDHAM) http://cdham.org/	The Center for Disaster and Humanitarian Assistance Medicine (CDHAM) was formally established at USUHS by the Defense Appropriations Act of 1999. Organized within the Department of Military and Emergency Medicine at USUHS, CDHAM is postured as DoD's focal point for academic aspects of medical stability operations. Its vision is to contribute to national security by achieving regional and global stability through health care diplomacy. Its mission is to provide support to DoD agencies, through education and training, consultation, direct support and scholarly activities, regarding the role of military health care in response to disasters and humanitarian assistance missions.
USD POLICY (P) HTTP://POLICY.DEFENSE.GOV/	THE OFFICE OF THE USD FOR POLICY (P) IS THE PRINCIPAL STAFF ELEMENT OF THE SECRETARY OF DEFENSE IN THE EXERCISE OF POLICY DEVELOPMENT, PLANNING, RESOURCE MANAGEMENT, FISCAL, AND PROGRAM EVALUATION RESPONSIBILITIES.
ASD – Stability Operations/Low Intensity Conflict & Interdependent Capabilities (SOLIC) http://policy.defense.gov/solic/	The ASD for Special Operations/Low-Intensity Conflict (SOLIC) is the principal civilian advisor to the Secretary of Defense on special operations and low-intensity conflict matters. The ASD's principal duty is overall supervision of special operations and low-intensity conflict activities, including counterterrorism; unconventional warfare; direct action; special reconnaissance; foreign internal defense; civil affairs, information, and psychological operations; and counterproliferation of WMDs.
DASD - Partnership Strategy and Stability Operations (PS/SO) http://policy.defense.gov/solic/pssso/index.aspx	The DASD for Partnership Strategy and Stability Operations (PS/SO) shapes policy and oversees the development of DoD capabilities in order to successfully conduct stability, security, transition and reconstruction operations (SSTRO) across the spectrum from peace to conflict, with interagency and international partners, and in support of national security objectives. *Includes the Humanitarian Assistance, Disaster Relief and Global Health Directorate.
ASD – International Security Affairs (ISA)	The ASD for International Security Affairs (ISA) is the principal advisor to the Secretary of Defense on international security strategy and policy on issues of DoD interest that relate to the nations and international organizations of Europe (including NATO), the Middle East, and Africa, their governments and defense establishments; and for oversight of security cooperation programs and foreign military sales programs in these regions.
Defense Security Cooperation Agency (DSCA) http://www.dscamilitary.com/	The Defense Security Cooperation Agency (DSCA) fosters security cooperation programs vital to U.S. national security to build trust and influence in peacetime, to have access to regions of the world during times of crisis, and to ensure interoperability with partners during times of conflict. Security cooperation programs provide financial and technical assistance and training to friendly countries and allies. DSCA's main programs include Foreign Military Sales and Foreign Military Financing.

ORGANIZATION OF THE JOINT CHIEFS OF STAFF

FIGURE A-3. ORGANIZATION OF THE JOINT CHIEFS OF STAFF: ELEMENTS RELATED TO GLOBAL HEALTH

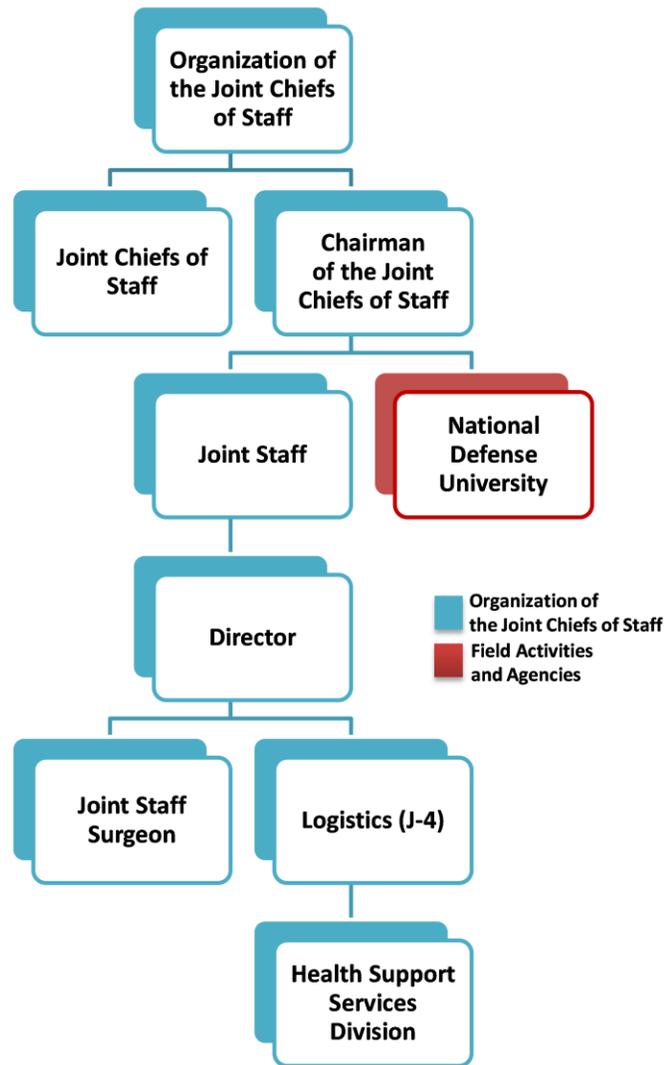


TABLE A-3. ORGANIZATION OF THE JOINT CHIEFS OF STAFF: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
CHAIRMAN OF THE JOINT CHIEFS OF STAFF/VICE CHAIRMAN OF THE JOINT CHIEFS OF STAFF	
Chairman http://www.jcs.mil/page.aspx?id=8	The Chairman of the Joint Chiefs of Staff (JCS) is the senior ranking member of the Armed Forces. The Chairman is also the principal military adviser to the President, Secretary of Defense, and the National Security Council.
Vice Chairman http://www.jcs.mil/page.aspx?id=7	The Vice Chairman of the JCS is the second ranking member of the Armed Forces and replaces the Chairman in his absence or disability.

TABLE A-3. ORGANIZATION OF THE JOINT CHIEFS OF STAFF: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
JOINT CHIEFS OF STAFF	
Joint Chiefs of Staff (JCS) http://www.jcs.mil/page.aspx?id=2	<p>The JCS consist of the Chairman, the Vice Chairman, the Chief of Staff of the Army, the Chief of Naval Operations, the Chief of Staff of the Air Force, and the Commandant of the Marine Corps. The collective body of the JCS is headed by the Chairman, who sets the agenda and presides over JCS meetings. All JCS members are by law military advisers, and they may respond to a request or voluntarily submit, through the Chairman, advice or opinions to the President. The military Service Chiefs are often said to "wear two hats." As members of the JCS, they offer advice to the President, the Secretary of Defense, and the NSC. As the chiefs of the Military Services, they are responsible to the Secretaries of their Military Departments for management of the Services. The Service Chiefs serve for 4 years. By custom, the Vice Chiefs of the Services act for their chiefs in most matters having to do with day-to-day operation of the Services. The duties of the Service Chiefs as members of the JCS take precedence over all their other duties.</p>
JOINT STAFF	
Joint Staff Director http://www.jcs.mil/page.aspx?id=13	<p>The Director, Joint Staff, is directly responsible to the Chairman of the JCS and assists in managing the Joint Staff.</p>
Joint Staff HTTP://WWW.JCS.MIL/PAGE.ASPX?ID=11	<p>The Joint Staff assists the Chairman of the JCS in accomplishing his responsibilities for the unified strategic direction of the combatant forces; their operation under unified command; and for their integration into an efficient team. The Joint Staff is composed of approximately equal numbers of officers from the Services.</p>
Joint Staff Surgeon http://www.jcs.mil/biography.aspx?ID=99	<p>The Joint Staff Surgeon serves as the chief medical advisor to the Chairman of the JCS, providing advice to the Chairman, the Joint Staff and Combatant Commanders and coordinating all issues related to operational medicine, force health protection and readiness among the Combatant Commands, the Office of the Secretary of Defense, and the services.</p>
Logistics Directorate (J-4) http://www.jcs.mil/page.aspx?id=20	<p>The Logistics Directorate (J-4) is responsible for providing logistics advice to the Chairman of the JCS. Its mission is to enhance Joint Force readiness by maximizing freedom of action and shaping the logistics environment.</p>
Health Services Support Division (HSSD)	<p>The Health Services Support Division (HSSD) is responsible for providing health service support advice to the Chairman, Director for Logistics, and the Combatant Commands.</p>
NATIONAL DEFENSE UNIVERSITY	
NATIONAL DEFENSE UNIVERSITY (NDU) HTTP://WWW.NDU.EDU/	<p>The National Defense University (NDU) is the premier center for Joint Professional Military Education and is under the direction of the Chairman of the JCS. The pre-eminent institution for education, research, and outreach in national and international security, the NDU's mission is to prepare military and civilian leaders from the U.S. and other countries to evaluate national and international security challenges through multi-disciplinary educational and research programs, professional exchanges, and outreach.</p>

COMBATANT COMMANDS

FIGURE A-4. AFRICA COMMAND (AFRICOM): ELEMENTS RELATED TO GLOBAL HEALTH

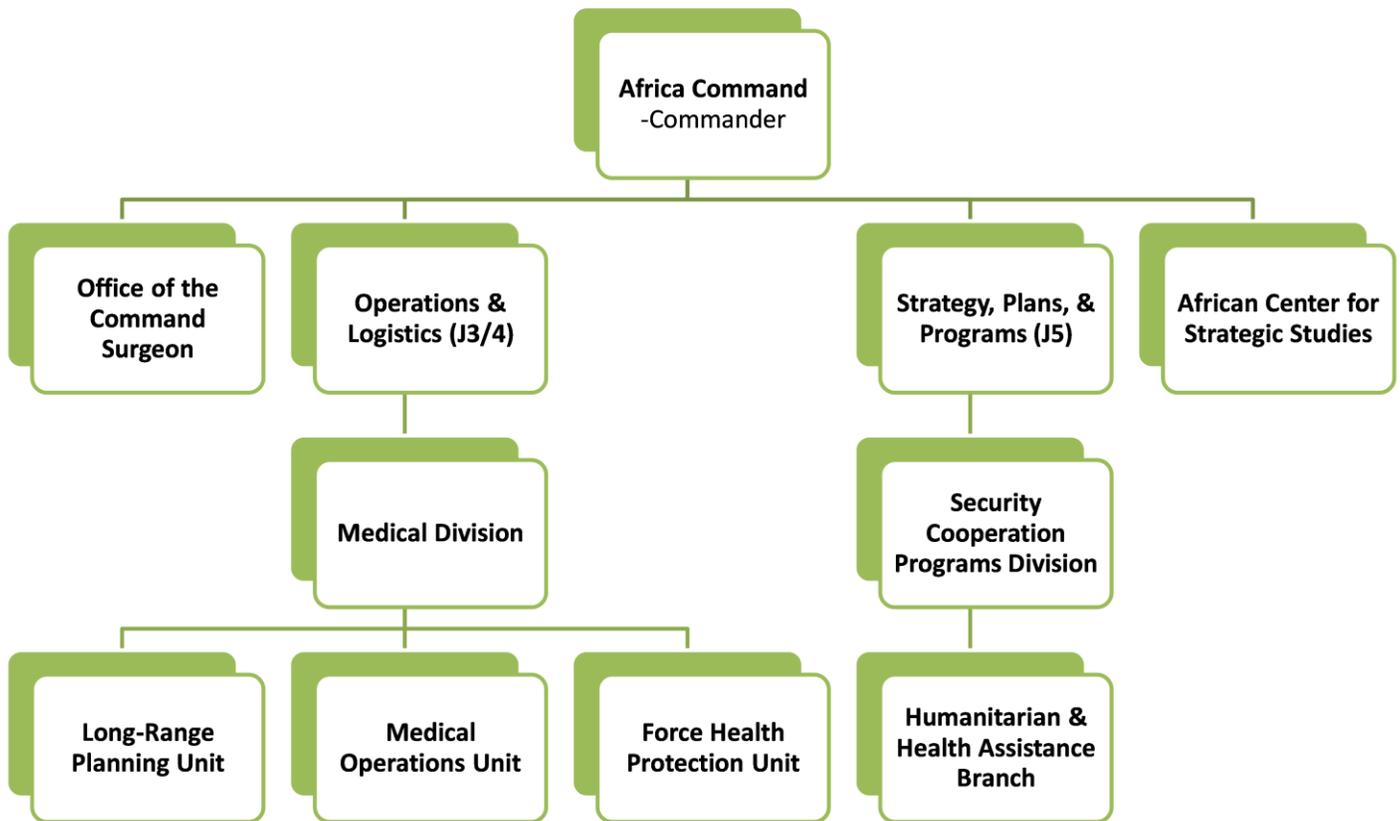


TABLE A-4. AFRICA COMMAND (AFRICOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. AFRICA COMMAND (AFRICOM) HTTP://WWW.AFRICOM.MIL/	U.S. AFRICA COMMAND BETTER ENABLES THE DoD AND OTHER ELEMENTS OF THE U.S. GOVERNMENT TO WORK IN CONCERT AND WITH PARTNERS TO ACHIEVE A MORE STABLE ENVIRONMENT IN WHICH POLITICAL AND ECONOMIC GROWTH CAN TAKE PLACE. THE U.S. AFRICA COMMAND WORKS WITH AFRICANS AND THE INTERNATIONAL COMMUNITY TO PROMOTE THE FUNDAMENTAL IDEA THAT ESTABLISHING PROFESSIONAL MILITARY SERVICE IS AN EFFECTIVE APPROACH FOR BUILDING SELF-SUSTAINING STABILITY AND FOSTERING CONDITIONS THAT PROMOTE DEVELOPMENT. EVERYTHING WE DO WORKS TOWARD THAT GOAL. IT BECAME RESPONSIBLE FOR ALL U.S. MILITARY ACTIVITY IN AFRICA IN OCTOBER 2008. UNLIKE TRADITIONAL UNIFIED COMMANDS, AFRICA COMMAND WILL FOCUS ON WAR PREVENTION RATHER THAN WAR-FIGHTING. AFRICA COMMAND INTENDS TO WORK WITH AFRICAN NATIONS AND AFRICAN ORGANIZATIONS TO BUILD REGIONAL SECURITY AND CRISIS-RESPONSE CAPACITY IN SUPPORT OF U.S. GOVERNMENT EFFORTS IN AFRICA.
Command Surgeon http://www.africom.mil/directorates2011.asp?dir=6	The Command Surgeon for AFRICOM is the senior medical advisor to the Commander and senior staff for all matters related to health service support and force health protection in the AFRICOM area of responsibility to include 53 sovereign nations. All countries on the African continent are included in AFRICOM except for Egypt, which falls under CENTCOM. The Command Surgeon also provides guidance to six component Surgeons representing four services, one sub-unified command (Special Operations/SOCAF), and a Combined Joint Task Force (CJTF-HOA). The Command Surgeon's staff is comprised of four individuals: Deputy (dual hatted as the Medical Division Chief), Executive Director, Epidemiologist and Executive Assistant. The Command Surgeon reports directly to the AFRICOM Commander.

TABLE A-4. AFRICA COMMAND (AFRICOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Strategy, Plans, & Programs Directorate (J5) http://www.africom.mil/directorates2011.asp?dir=21	The Strategy, Plans, and Programs Directorate (J5) oversees these functions for within AFRICOM headquarters. It includes the divisions of Security Cooperation Programs and Humanitarian and Health Activities .
Operations and Logistics Directorate (J3/J4) http://www.africom.mil/directorates2011.asp?dir=20	The Operations and Logistics Directorate (J3/J4) focuses on communication, operational and strategic planning, and AFRICOM's mission and Commander's intent.
Medical Division http://www.africom.mil/directorates2011.asp?dir=6	The Medical Division under the leadership of the Deputy Command Surgeon is part of the Operations & Logistics Directorate (J3/J4) and has a close working relationship with the Command Surgeon. The Medical Division is comprised of a joint team of civilian and military medical specialists, which includes medical planners, international health specialists, environmental & public health officers, and an infectious disease specialist. It is subdivided into three branches to include Force Health Protection, Long Range Plans, and Medical Operations .
Africa Center for Strategic Studies (ACSS) http://africacenter.org/home/	The mission of the Africa Center for Strategic Studies is to support U.S. foreign and security policies by strengthening the strategic capacity of African states to identify and resolve security challenges in ways that promote civil-military cooperation, respect for democratic values, and safeguard human rights. Its vision is for the Africa Center as the pre-eminent Department of Defense institution for strategic security studies, research, and outreach in Africa. The Africa Center engages African partner states and institutions through rigorous academic and outreach programs that build strategic capacity and foster long-term, collaborative relationships.

FIGURE A-5. CENTRAL COMMAND (CENTCOM): ELEMENTS RELATED TO GLOBAL HEALTH

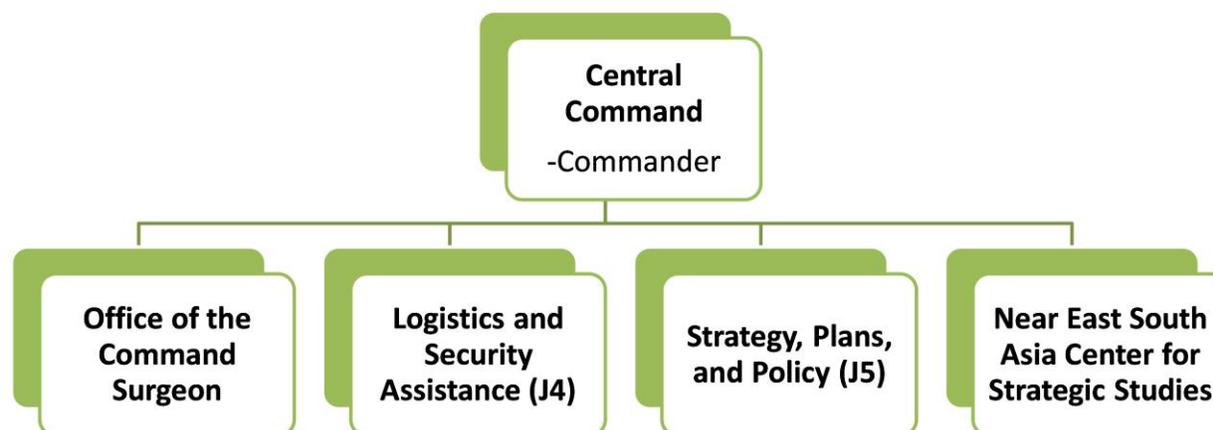


TABLE A-5. CENTRAL COMMAND (CENTCOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE <u>WEBSITE</u>	DESCRIPTION
U.S. CENTRAL COMMAND (CENTCOM) HTTP://WWW.CENTCOM.MIL/	U.S. CENTRAL COMMAND (CENTCOM) IS LOCATED BETWEEN THE EUROPEAN AND PACIFIC COMBATANT COMMANDS; ITS AREA OF RESPONSIBILITY COVERS THE "CENTRAL" AREA OF THE GLOBE AND CONSISTS OF 20 COUNTRIES -- AFGHANISTAN, SAUDI ARABIA, SYRIA, IRAQ, JORDAN, KAZAKHSTAN, KUWAIT, KYRGYZSTAN, LEBANON, OMAN, PAKISTAN, QATAR, SAUDI ARABIA, SYRIA, TAJIKISTAN, TURKMENISTAN, UNITED ARAB EMIRATES, UZBEKISTAN, AND YEMEN. WITH NATIONAL AND INTERNATIONAL PARTNERS, CENTCOM PROMOTES COOPERATION AMONG NATIONS, RESPONDS TO CRISES, AND DETERS OR DEFEATS STATE AND NON-STATE AGGRESSION, AND SUPPORTS DEVELOPMENT AND, WHEN NECESSARY, RECONSTRUCTION IN ORDER TO ESTABLISH THE CONDITIONS FOR REGIONAL SECURITY, STABILITY, AND PROSPERITY.
Office of the Command Surgeon	The Office of the Command Surgeon provides health service support to soldiers, sailors, airmen, Marines, and their families in the area of responsibility of CENTCOM.
Logistics and Security Assistance Directorate (J4)	The Logistics and Security Assistance Directorate (J4) focuses on logistics and activities related to security assistance.
Strategy, Plans, and Policy Directorate (J5)	The Strategy, Plans, and Policy Directorate (J5) focuses on strategic and operational planning and policy development.
Near East South Asia (NESA) Center for Strategic Studies http://nesa-center.org/	The Near East South Asia (NESA) Center for Strategic Studies is the preeminent U.S. government institution for building relationships and understanding in the NESA region. The Center fosters open communication and educational opportunities for military and civilian representatives from the NESA region and other participating countries. Our academic environment uniquely facilitates a cross-cultural examination of the events, ideas, and challenges that shape this critical region.

FIGURE A-6. PACIFIC COMMAND (PACOM): ELEMENTS RELATED TO GLOBAL HEALTH

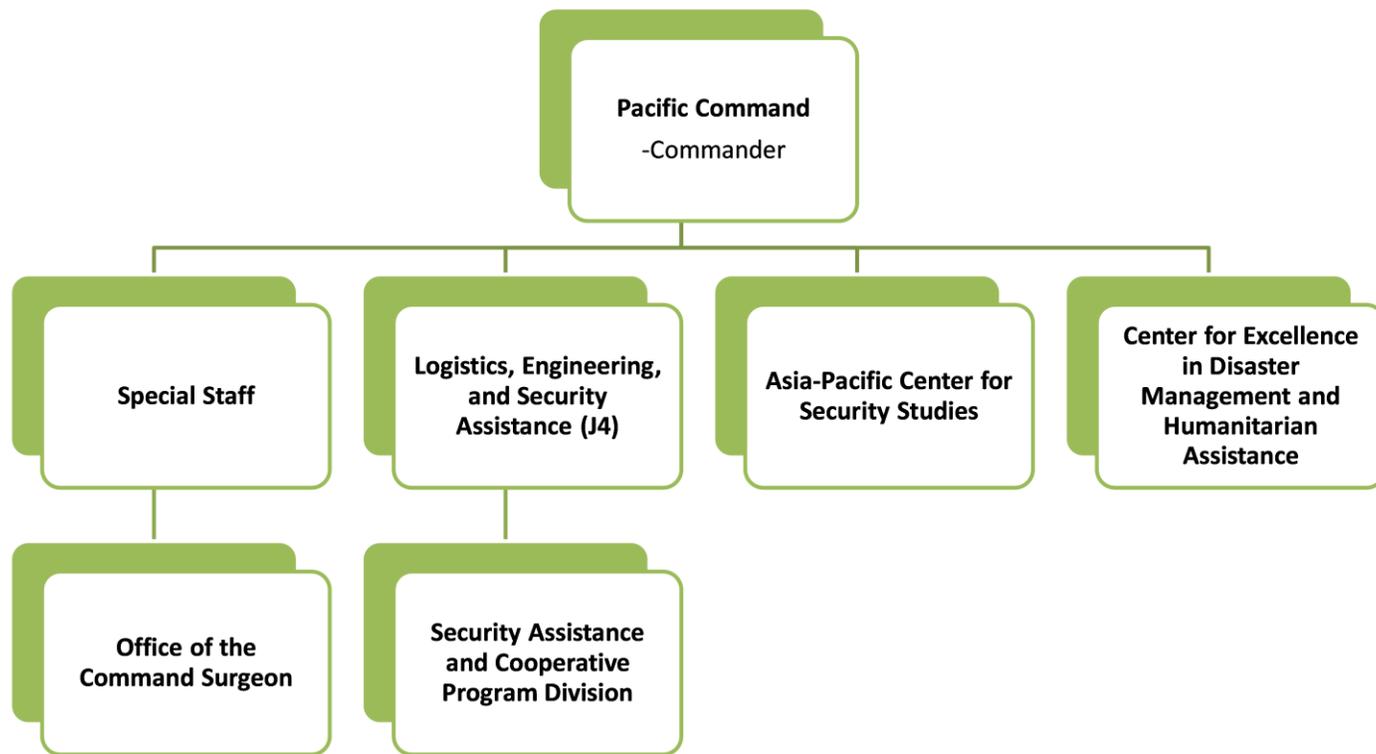


TABLE A-6. PACIFIC COMMAND (PACOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH	
ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. PACIFIC COMMAND (PACOM) http://www.pacom.mil/	THE U.S. PACIFIC COMMAND (PACOM) AREA OF RESPONSIBILITY ENCOMPASSES ABOUT HALF THE EARTH’S SURFACE, STRETCHING FROM THE WATERS OFF THE WEST COAST OF THE U.S. TO THE WESTERN BORDER OF INDIA, AND FROM ANTARCTICA TO THE NORTH POLE—INCLUDING 36 NATIONS THAT COMPRISE THE ASIA-PACIFIC REGION. HEADQUARTERED IN HAWAI’I WITH FORCES STATIONED AND DEPLOYED THROUGHOUT THE REGION, PACOM PROTECTS AND DEFENDS, IN CONCERT WITH OTHER U.S. GOVERNMENT AGENCIES, THE TERRITORY OF THE U.S., ITS PEOPLE, AND ITS INTERESTS. WITH ALLIES AND PARTNERS, USPACOM IS COMMITTED TO ENHANCING STABILITY IN THE ASIA-PACIFIC REGION BY PROMOTING SECURITY COOPERATION, ENCOURAGING PEACEFUL DEVELOPMENT, RESPONDING TO CONTINGENCIES, DETERRING AGGRESSION, AND, WHEN NECESSARY, FIGHTING TO WIN. THIS APPROACH IS BASED ON PARTNERSHIP, PRESENCE, AND MILITARY READINESS. PACOM RECOGNIZES THE GLOBAL SIGNIFICANCE OF THE ASIA-PACIFIC REGION AND UNDERSTANDS THAT CHALLENGES ARE BEST MET TOGETHER.
Special Staff http://www.pacom.mil/web/Site_Pages/Staff%20Directory/J0/J0.shtml	The PACOM Special Staff to the Commander includes the Command Surgeon.
Office of the Command Surgeon http://www.pacom.mil/web/Site_Pages/Staff%20Directory/J0/J0.shtml	The Office of the Command Surgeon provides health service support to soldiers, sailors, airmen, Marines, and their families in the area of responsibility of PACOM.
Logistics, Engineering, and Security Assistance (J4) http://www.pacom.mil/web/site_pages/staff%20directory/j4/j4.shtml	The Logistics, Engineering, and Security Assistance Directorate (J4) includes the Security Assistance and Cooperative Program Division.

TABLE A-6. PACIFIC COMMAND (PACOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Asia-Pacific Center for Security Studies (APCSS) http://www.apcss.org/	<p>The Asia-Pacific Center for Security Studies (APCSS) is a DoD academic institute that officially opened Sept. 4, 1995. The APCSS addresses regional and global security issues, inviting military and civilian representatives of the U.S. and Asia-Pacific nations to its comprehensive program of executive education and conferences. The Center supports PACOM's objective of developing professional and personal ties among national security establishments throughout the region. With a non-warfighting mission, the Center focuses on a multilateral and multi-dimensional approach to defining and addressing regional security issues and concerns.</p>
Center for Excellence in Disaster Management & Humanitarian Assistance (COE) http://www.coe-dmha.org/	<p>The Center for Excellence in Disaster Management and Humanitarian Assistance (COE) is a DoD organization dedicated to international disaster preparedness and management capacity building for the purpose of decreasing the impact of human suffering. Established by Congress in 1994 as a direct reporting unit to PACOM, the Center now supports Combatant Commands throughout the world. With a skilled and diversely experienced staff is well-versed in disaster response, in humanitarian principles, and embraces relationships with a wide variety of disaster response and humanitarian organizations, the Center fosters societal and community resiliency by promoting collective civilian and military preparedness in a whole-of-government effort to mitigate and more quickly respond to and recover from natural and man-made disasters.</p>

FIGURE A-7. SOUTHERN COMMAND (SOUTHCOM): ELEMENTS RELATED TO GLOBAL HEALTH

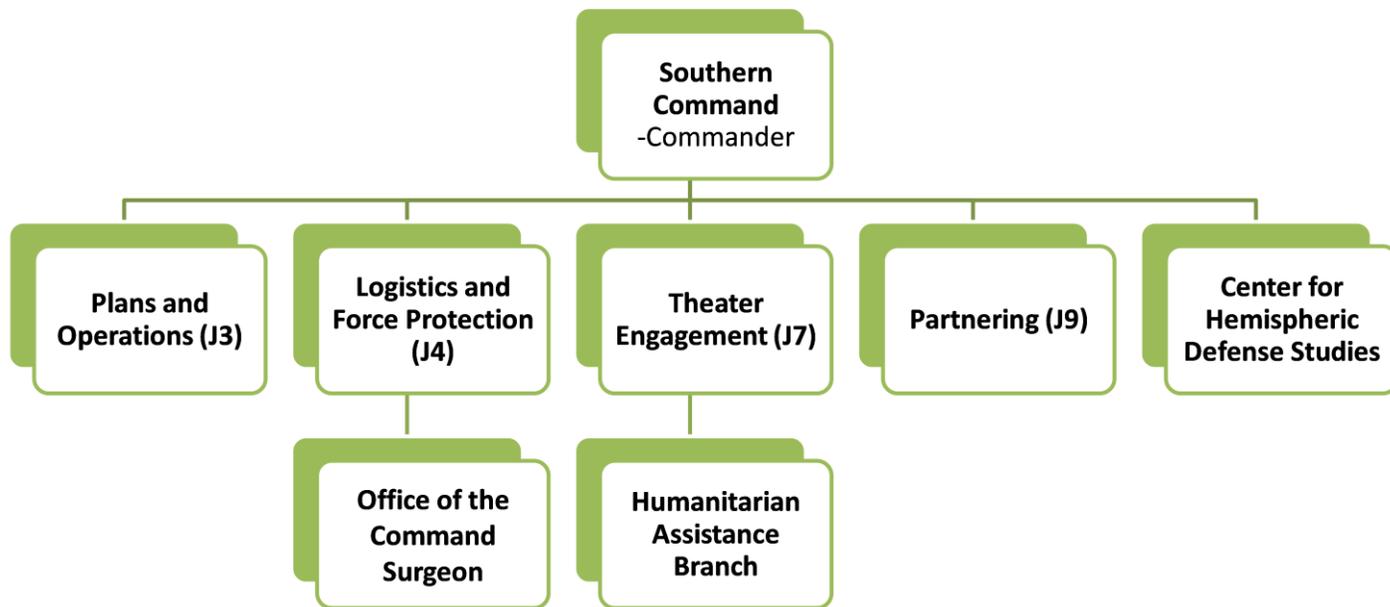


TABLE A-7. SOUTHERN COMMAND (SOUTHCOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE <u>WEBSITE</u>	DESCRIPTION
U.S. SOUTHERN COMMAND (SOUTHCOM) http://www.southcom.mil/aboutus/Pages/About-Us.aspx	U.S. SOUTHERN COMMAND (SOUTHCOM), LOCATED IN DORAL, FLORIDA, IS RESPONSIBLE FOR PROVIDING CONTINGENCY PLANNING, OPERATIONS, AND SECURITY COOPERATION FOR: CENTRAL AMERICA, SOUTH AMERICA, AND THE CARIBBEAN (EXCEPT U.S. COMMONWEALTHS, TERRITORIES, AND POSSESSIONS). THE COMMAND OVERSEES THE FORCE PROTECTION OF U.S. MILITARY RESOURCES AT THESE LOCATIONS. SOUTHCOM IS ALSO RESPONSIBLE FOR ENSURING THE DEFENSE OF THE PANAMA CANAL AND CANAL AREA. UNDER THE LEADERSHIP OF A FOUR-STAR COMMANDER, SOUTHCOM'S STAFF IS ORGANIZED INTO DIRECTORATES, COMPONENT COMMANDS AND MILITARY GROUPS THAT REPRESENT SOUTHCOM IN THE REGION OF CENTRAL AMERICA, SOUTH AMERICA & THE CARIBBEAN.
Plans and Operations Directorate (J3) http://www.southcom.mil/appssc/pages/staff.php?id=3&flag=1	Shapes the environment within the Area of Responsibility in support of the Combatant Commander by conducting theater engagement, Counter-Narco Terrorism (CNT) activities, humanitarian assistance, and disaster relief in order to promote democracy, stability, and collective approaches to regional security. When required, responds unilaterally or multilaterally to crises that threaten regional stability or national interest, and prepares to meet future hemispheric challenges.
Logistics and Force Protection Directorate (J4) http://www.southcom.mil/AppsSC/pages/staff.php?id=4&flag=1	The Logistics and Force Protection Directorate (J4) provides strategic logistics, medical and engineering capabilities in support of the Combatant Command's mission requirements, through innovative partnership with DoD, interagency, and the public sector; it includes the Office of the Command Surgeon.
Office of the Command Surgeon http://www.southcom.mil/appssc/pages/staff.php?id=23&flag=2	The Command Surgeon's Office mission is to direct and coordinate Health Service Support and Operations for the SOUTHCOM Commander in order to plan and facilitate medical support to contingency and humanitarian operations; carry out medical activities in accordance with the SOUTHCOM theater security cooperation plan; integrate force health protection activities; provide local and regional medical consultation, education, and training throughout the area of responsibility; promote regional medical cooperation and collaboration in alignment with our developed strategy; and coordinate comprehensive medical surveillance. The office's vision is to foster regional cooperative security by enhancing military and civilian health as a leading joint interagency health services organization seeking to support security, stability and prosperity in the region.

TABLE A-7. SOUTHERN COMMAND (SOUTHCOM): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Theater Engagement Directorate (J7) http://www.southcom.mil/AppsSC/pages/staff.php?id=7&flag=1	The Theater Engagement Directorate (J7) executes activities that build partner nations capabilities to meet theater strategic objectives.
Humanitarian Assistance Branch http://www.southcom.mil/AppsSC/pages/humanitarianAssistance.php	U.S. Southern Command's Humanitarian Assistance and Disaster Relief (HA/DR) missions and programs are a central part of efforts to enhance security and stability in Central America, South America and the Caribbean. Humanitarian Assistance and Disaster Relief are two separate but complimentary missions. Humanitarian assistance focuses on the provision of health care, infrastructure improvements and aid to populations temporarily or chronically underserved. Disaster relief is the response to reduce the human suffering associated with natural disasters which cause the disruption of normal transportation and commerce and destroy infrastructure.
Partnering Directorate (J9) http://www.southcom.mil/AppsSC/pages/staff.php?id=26&flag=1	The Partnering Directorate (J9) fosters "whole-of-government" solutions for 21st century challenges by integrating the U.S. Government, private sector, and public-private organizations into the shared mission of ensuring security, enhancing stability, and enabling prosperity.
Center for Hemispheric Defense Studies http://www.ndu.edu/chds/	The Center for Hemispheric Defense Studies provides education, and conducts outreach, research and knowledge-sharing activities on defense and international security policy-making with military and civilian leaders of the Western Hemisphere.

TABLE A-7B. OTHER COMBATANT COMMANDS (COCOMS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

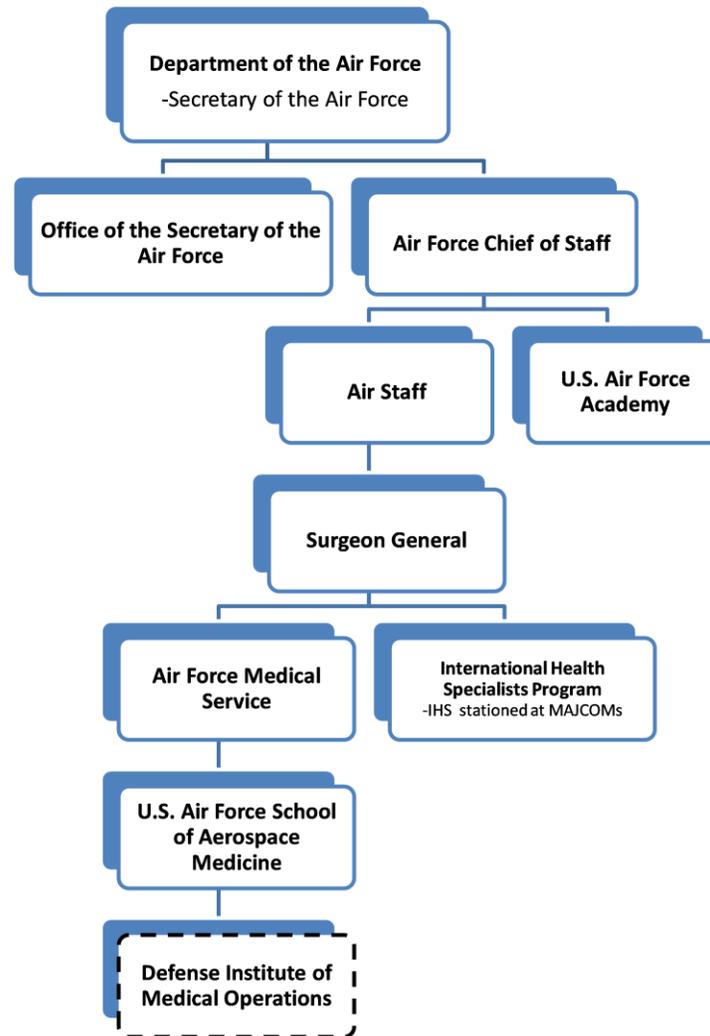
ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. EUROPEAN COMMAND (EUCOM) HTTP://WWW.EUCOM.MIL/	<p>THE MISSION OF THE U.S. EUROPEAN COMMAND (EUCOM), HEADQUARTERED IN GERMANY, IS TO CONDUCT MILITARY OPERATIONS, INTERNATIONAL MILITARY PARTNERING, AND INTERAGENCY PARTNERING TO ENHANCE TRANSATLANTIC SECURITY AND DEFEND THE U.S. FORWARD. IT DOES THIS BY ESTABLISHING AN AGILE SECURITY ORGANIZATION ABLE TO CONDUCT FULL SPECTRUM ACTIVITIES AS PART OF WHOLE OF GOVERNMENT SOLUTIONS TO SECURE ENDURING STABILITY IN EUROPE AND EURASIA. THE COMMAND IS RESPONSIBLE FOR U.S. MILITARY RELATIONS WITH NATO AND 51 COUNTRIES. THE COMMAND IS ALSO RESPONSIBLE FOR MAINTAINING THE QUALITY OF LIFE, INCLUDING HEALTH CARE AND SCHOOLS, FOR MILITARY FAMILY MEMBERS LIVING IN EUROPE.</p>
Office of the Command Surgeon http://www.eucom.mil/english/directories/Command-Surgeon.asp	<p>The Office of the Command Surgeon provides health service support to soldiers, sailors, airmen, Marines, and their families in a 51-country area of responsibility of EUCOM. It develops medical strategy and policy to promote the Command's objectives, coordinates Theater aeromedical evacuation and blood transportation programs, and conducts Joint and Combined medical operations with Joint Staff, Unified Commands, NATO, and partner nations.</p>
U.S. NORTHERN COMMAND (NORTHCOM) HTTP://WWW.NORTHCOM.MIL/HOME.HTML	<p>U.S. NORTHERN COMMAND (NORTHCOM), OCT. 2002, PROVIDES COMMAND AND CONTROL OF DoD HOMELAND DEFENSE EFFORTS AND COORDINATES DEFENSE SUPPORT OF CIVIL AUTHORITIES. NORTHCOM DEFENDS AMERICA'S HOMELAND — PROTECTING ITS PEOPLE, NATIONAL POWER, AND FREEDOM OF ACTION. NORTHCOM CONDUCTS HOMELAND DEFENSE, CIVIL SUPPORT AND SECURITY COOPERATION TO DEFEND AND SECURE THE U.S. AND ITS INTERESTS. NORTHCOM'S AREA OF RESPONSIBILITY INCLUDES AIR, LAND AND SEA APPROACHES AND ENCOMPASSES THE CONTINENTAL UNITED STATES, ALASKA, CANADA, MEXICO AND THE SURROUNDING WATER OUT TO APPROXIMATELY 500 NAUTICAL MILES. IT ALSO INCLUDES THE GULF OF MEXICO, THE STRAITS OF FLORIDA, AND PORTIONS OF THE CARIBBEAN REGION TO INCLUDE THE BAHAMAS, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS. THE COMMANDER OF NORTHCOM IS RESPONSIBLE FOR THEATER SECURITY COOPERATION WITH CANADA, MEXICO, AND THE BAHAMAS.</p>
Office of the Command Surgeon http://www.northcom.mil/news/2004/083004.html	<p>The Command Surgeon's primary mission is advising the NORAD and USNORTHCOM commander about health and environmental issues that could affect the troops. The Surgeon also coordinates DoD medical support to civil authorities when there is a presidential declared emergency or disaster situation.</p>
U.S. SPECIAL OPERATIONS COMMAND (SOCOM) HTTP://WWW.SOCOM.MIL/DEFAULT.ASPX	<p>DoD ACTIVATED U.S. SPECIAL OPERATIONS COMMAND (SOCOM) IN 1987 AFTER CONGRESS MANDATED A NEW FOUR-STAR COMMAND BE ACTIVATED TO PREPARE SPECIAL OPERATIONS FORCES (SOF) TO CARRY OUT ASSIGNED MISSIONS AND, IF DIRECTED BY THE PRESIDENT OR SECRETARY OF DEFENSE, TO PLAN FOR AND CONDUCT SPECIAL OPERATIONS. BEFORE THE SEPT. 11, 2001, TERRORIST ATTACKS ON THE U.S., SOCOM'S PRIMARY FOCUS WAS ON ITS SUPPORTING COMMAND MISSION OF ORGANIZING, TRAINING AND EQUIPPING SOF AND PROVIDING THOSE FORCES TO SUPPORT THE GEOGRAPHIC COMBATANT COMMANDERS AND U.S. AMBASSADORS AND THEIR COUNTRY TEAMS. THE PRESIDENT FURTHER EXPANDED SOCOM'S RESPONSIBILITIES IN THE 2004 UNIFIED COMMAND PLAN, ASSIGNING SOCOM RESPONSIBILITY FOR SYNCHRONIZING DoD PLANS AGAINST GLOBAL TERRORIST NETWORKS AND, AS DIRECTED, CONDUCTING GLOBAL OPERATIONS. SOCOM RECEIVES, REVIEWS, COORDINATES AND PRIORITIZES ALL DoD PLANS THAT SUPPORT THE GLOBAL CAMPAIGN AGAINST TERROR AND THEN MAKES RECOMMENDATIONS TO THE JOINT STAFF REGARDING FORCE AND RESOURCE ALLOCATIONS TO MEET GLOBAL REQUIREMENTS.</p>
Office of the Command Surgeon	<p>The Command Surgeon's primary mission is advising SOCOM commander about SOF health issues that could affect the troops and operations.</p>
Joint Special Operations University (JSOU) https://jsou.socom.mil/Pages/Default.aspx	<p>JSOU's mission is to educate SOF executive, senior, and intermediate leaders and selected other national and international security decision-makers, both military and civilian, through teaching, research, and outreach in the science and art of Joint Special Operations.</p>
U.S. STRATEGIC COMMAND (STRATCOM) HTTP://WWW.STRATCOM.MIL/	<p>THE U.S. STRATEGIC COMMAND (STRATCOM) COMMANDER IS THE LEADER, STEWARD AND ADVOCATE OF THE NATION'S STRATEGIC CAPABILITIES. STRATCOM INTEGRATES AND COORDINATES THE NECESSARY COMMAND AND CONTROL CAPABILITY TO PROVIDE SUPPORT WITH THE MOST ACCURATE AND TIMELY INFORMATION FOR THE PRESIDENT, THE SECRETARY OF DEFENSE, OTHER NATIONAL LEADERSHIP AND REGIONAL COMBATANT COMMANDERS. STRATCOM COMBINES THE SYNERGY OF THE U.S. LEGACY NUCLEAR COMMAND AND CONTROL MISSION WITH RESPONSIBILITY FOR SPACE OPERATIONS; GLOBAL STRIKE; DoD INFORMATION OPERATIONS; GLOBAL MISSILE DEFENSE; AND GLOBAL COMMAND, CONTROL, COMMUNICATIONS, COMPUTERS, INTELLIGENCE, SURVEILLANCE AND RECONNAISSANCE, AND COMBATING WMDs. THIS DYNAMIC COMMAND GIVES NATIONAL LEADERSHIP A UNIFIED RESOURCE FOR GREATER UNDERSTANDING OF SPECIFIC THREATS AROUND THE WORLD AND THE MEANS TO RESPOND TO THOSE THREATS RAPIDLY.</p>
Command Staff Directorate (J0) http://www.stratcom.mil/yearofenlisted/default.asp?page=enlisted_focus	<p>The Command Staff Directorate (J0) provides the tools and techniques to interpret, transmit, and coordinate the decisions, plans and policies of the Commander and Deputy Commander STRATCOM. The Command Staff Directorate fits into the overall STRATCOM mission by providing the Commander STRATCOM and assigned personnel with expertise in numerous specialized areas to enhance our mission capability of global deterrence, cyber and space.</p>
Office of the Command Surgeon http://www.stratcom.mil/yearofenlisted/default.asp?page=enlisted_focus	<p>The Command Surgeon develops and implements medical plans, programs, and policies in support of STRATCOM and coordinates for the Command on DoD, Joint Chiefs of Staff, and Service Surgeons' general medical and health service support initiatives and policies. They also oversee human factors in information operations, combating WMDs, and force health protection programs.</p>

TABLE A-7B. OTHER COMBATANT COMMANDS (COCOMS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. TRANSPORTATION COMMAND (TRANSCOM) HTTP://WWW.TRANSCOM.MIL/	U.S. TRANSPORTATION COMMAND (TRANSCOM) PROVIDES TRANSPORTATION, SUSTAINMENT AND DISTRIBUTION TO OUR NATION'S WARFIGHTERS. TRANSCOM FULLY SUPPORTS AND IS ON THE LEADING EDGE OF DOD TRANSFORMATION EFFORTS FOR A SEAMLESS, WHOLLY INTEGRATED, SYNCHRONIZED END-TO-END DEPLOYMENT AND DISTRIBUTION SYSTEM UNDER A SINGLE UNIFIED COMMANDER PROVIDING RESPONSIVE SUPPORT TO THE WARFIGHTER THROUGHOUT THE CONTINUUM OF PEACE AND WAR.
Office of the Command Surgeon http://www.transcom.mil/about/org/tcs g/	The Command Surgeon's Office, in addition to providing normal Headquarters staff functions, serves as DoD's single manager for the development of policy and standardization of procedures and information support systems for global patient movement.

MILITARY DEPARTMENTS

FIGURE A-8. DEPARTMENT OF THE AIR FORCE: ELEMENTS RELATED TO GLOBAL HEALTH



Notes: --- line around a box indicates a joint activity across military departments with the Air Force as lead agent.

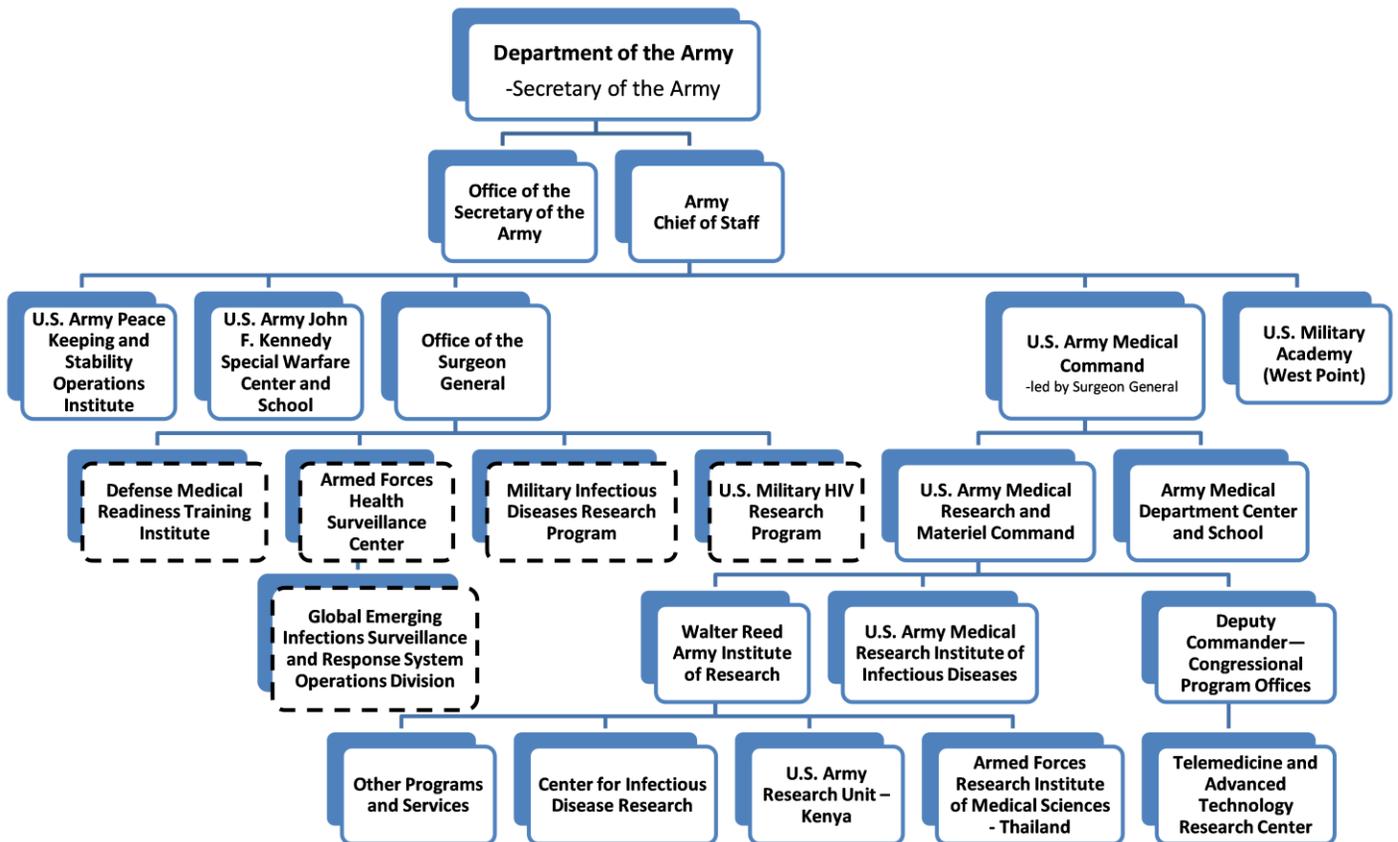
TABLE A-8. DEPARTMENT OF THE AIR FORCE: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE <u>WEBSITE</u>	DESCRIPTION
U.S. AIR FORCE http://www.airforce.com/	THE UNITED STATES AIR FORCE IS A BRANCH OF THE U.S. ARMED FORCES RESPONSIBLE FOR AERIAL WARFARE, SPACE WARFARE, AND CYBERWARFARE. IT WAS INITIALLY PART OF THE U.S. ARMY AND WAS FORMED AS A SEPARATE BRANCH IN 1947.
Office of the Secretary of Air Force http://www.af.mil/information/secaf/index.asp	The Secretary of the Air Force is the civilian head of the Department of the Air Force and reports to the Secretary of Defense. He is responsible for the affairs of the Department of the Air Force, including the organizing, training, equipping and providing for the welfare of its active duty women and men; members of the Air National Guard and the Air Force Reserve; civilians; and their families. He also oversees the Air Force's annual budget.
Air Force Chief of Staff http://www.af.mil/information/csaf/index.asp	The Air Force Chief of Staff is usually the senior Air Force military officer and serves as a member of the Joint Chiefs of Staff. As a member of the JCS, he is one of the military advisers to the President, Secretary of Defense, and National Security Council. The Chief is the principal adviser to the Secretary of the Air Force on Air Force activities. The Chief presides over the Air Staff and is responsible for the efficiency of the Air Force and the preparation (organization, training and equipping) of its forces for military operations.

TABLE A-8. DEPARTMENT OF THE AIR FORCE: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Air Staff http://www.af.mil/information/factsheets/factsheet.asp?id=2	The Air Staff, led by the Air Force Chief of Staff, assists the Chief in accomplishing his responsibilities for the preparation of Air Force forces for military operations and to achieve the Air Force mission “fly, fight and win ... in air, space, and cyberspace.” Among the members of the Air Staff is the Air Force Surgeon General.
Surgeon General http://www.sg.af.mil/	The Surgeon General advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs, on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force people. The Surgeon General has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions.
Air Force Medical Service (AFMS) http://www.sg.af.mil/	The Air Force Medical Service (AFMS) provides seamless health service support to U.S. Air Force service members, veterans and their families, and works as an integral part of the Military Health System (MHS) to advance medical education and research. It is led by the Air Force Surgeon General.
Air Force International Health Specialists https://www.afms.mil/afihis (secure site)	The Air Force International Health Specialists (IHS) program identifies medics with specialized language and/or cultural skills, trains these airmen to enhance their skills, and provides a database of medics tailor-made for specific international missions. They provide recommendations on a variety of issues and situations. IHS are at the forefront of global health engagement: Their involvement in host nation exercises and civic assistance activities ensures the Air Force is ready to deploy assets wherever and whenever needed and that the Air Force Medical Service can effectively engage in multi-national environments.
U.S. Air Force School of Aerospace Medicine (USAFSAM) http://www.wpafb.af.mil/afri/711hpw/usafsam.asp	The U.S. Air Force School of Aerospace Medicine (USAFSAM) is an internationally renowned center for aerospace medical learning, consultation, aerospace medical investigations and aircrew health assessments. USAFSAM promotes readiness and protects force and community health by utilizing a range of tools and expertise including environmental and health surveillance, laboratory and risk analysis, process re-engineering, consultation and technological innovation to maximize operational health capabilities and to solve problems through ingenuity and partnerships.
Defense Institute of Medical Operations (DIMO) http://www.dimo.af.mil/	The Defense Institute for Medical Operations (DIMO) is a dual service agency comprised of Air Force and Navy personnel committed to providing world class, regionally-focused, healthcare education and training to partners around the world. DIMO is a small facilitating agency that utilizes subject matter experts throughout DoD to develop curriculum and teach courses around the world. DIMO courses bring people of various countries together to help build a common base of understanding among dedicated healthcare professionals. Specific emphasis on building international healthcare bridges, disaster preparedness, communicable disease prevention, and other current healthcare issues, provide a unique opportunity for the Air Force and Navy Medical Services to contribute to coalition partnerships. DIMO facilitates a professional development and exchange among countries, with the goal of creating a shared desire to promote and implement Global Health. The Defense Security Cooperation Agency (DSCA), as DoD's focal point for international education and training, shares this vision and provides sponsorship through International Military Education and Training (IMET) and Humanitarian Assistance programs. DIMO's offerings emphasize four major areas of focus: Healthcare Policy Management; Disaster Planning and Consequence Management; Patient Transport and Evacuation; Disease Prevention and Management; and Biosecurity/Biosafety.
U.S. Air Force Academy http://www.usafa.af.mil/	The Air Force Academy is unique in its dual role as both an Air Force installation and a university. The Academy's mission is to educate, train and inspire men and women to become leaders of character, motivated to lead the United States Air Force in service to our nation. Its vision is to be the Air Force's premier institution for developing leaders of character. Cadets study for an accredited Bachelor of Science degree; undertake an intensive program of physical education; and develop enduring leadership competencies through military development. The final aspect of officer development and a major area of cadet life is character development, since the nature of the military profession requires officers to have high ethical and moral standards. As a part of the installation, the 10th Air Base Wing provides logistical, medical, fire response, security, civil engineering, family care and medical support across the 18,000-acre installation.

FIGURE A-9. DEPARTMENT OF THE ARMY: ELEMENTS RELATED TO GLOBAL HEALTH



Notes: --- line around a box indicates a joint activity across military departments with the Army as lead agent.

TABLE A-9. DEPARTMENT OF THE ARMY: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE <u>WEBSITE</u>	DESCRIPTION
U.S. ARMY http://www.army.mil/	THE UNITED STATES ARMY IS A BRANCH OF THE U.S ARMED FORCES RESPONSIBLE FOR LAND-BASED MILITARY OPERATIONS. IT IS THE LARGEST AND OLDEST BRANCH OF THE U.S. MILITARY.
Office of the Secretary of the Army http://www.army.mil/leaders/sa/	The Secretary of the Army is the civilian head of the Department of the Army and reports to the Secretary Of Defense. The Secretary of the Army is responsible for all matters relating to the U.S. Army.
Army Chief of Staff http://www.army.mil/leaders/csa/	The Chief of Staff of the Army is the senior military officer in the Army. He is the principal military advisor and a deputy to the Secretary of the Army; he is also a member of the Joint Chiefs of Staff and a military advisor to the President, Secretary of Defense, and National Security Council. The CNO is responsible to the Secretary of the Army for the command, utilization of resources and operating efficiency of Army forces.
U.S. Army Medical Command (MEDCOM) http://www.armymedicine.army.mil/about/introduction.html	Army Medicine (AMEDD) is a seamless chain of care stretching back to fixed hospitals in Europe and the United States, where Soldiers receive state-of-the-art care. All fixed hospitals (in the U.S. and outside the U.S.) are commanded by the U.S. Army Medical Command (MEDCOM). MEDCOM is commanded by the top Army physician, “dual-hatted” as both the Army Surgeon General and the commanding general of MEDCOM. With the overseas contingency operations continuing, the spotlight justifiably is on the Army’s medics, evacuation units, surgical teams and field hospitals; however, field medical units are under the command of the Combatant Commanders, because their movements and work must be coordinated with those of fighting forces.

TABLE A-9. DEPARTMENT OF THE ARMY: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Surgeon General http://www.armymedicine.army.mil/about/introduction.html	<p>The Surgeon General of the U.S. Army is the medical expert on the Army staff, advising the Secretary of the Army, Army Chief of Staff and other Army leaders and providing guidance to field units. As commander of the MEDCOM, he actually commands fixed hospitals and other AMEDD commands and agencies. This dual-hatted role unites in one leader's hands the duty to develop policy and budgets as Surgeon General and the power to execute them as the MEDCOM Commander. This unity is reinforced by the "OneStaff" concept. This blends the Army surgeon general's staff and the MEDCOM commander's staff into a single staff for both three-star functions. Legally, the Office of the Surgeon General (OTSG) and MEDCOM remain separate entities with different duties and powers (for example, OTSG explains the medical budget to Congress; MEDCOM oversees its execution). However, staff members are now dual-hatted like the Surgeon General to eliminate duplication and improve communication.</p>
Armed Forces Health Surveillance Center (AFHSC) http://afhsc.mil/home	<p>The Armed Forces Health Surveillance Center (AFHSC) is the central strategic epidemiological resource for the U.S. armed forces. It provides routine and customized analyses and reports to DoD policy makers, medical planners, and researchers. AFHSC promotes, maintains, and enhances the health of military and military-associated populations by providing relevant, timely, actionable, and comprehensive health surveillance information and support to U.S. military and military-associated populations. AFHSC accomplishes this mission by: acquiring, analyzing and interpreting data to produce and disseminate pertinent information relevant to service members' health; developing, refining and improving standardized surveillance methods and approaches; and serving as focal point for sharing health surveillance products, expertise and information in collaboration with a worldwide network of military and civilian partner organizations.</p>
Global Emerging Infections Surveillance and Response System (GEIS) Operations Division http://afhsc.mil/geis	<p>The Global Emerging Infections Surveillance and Response System (GEIS) Operations Division at AFHSC aims to be a scientifically credible and recognized worldwide surveillance system for emerging infections. Through developing, implementing, supporting and evaluating an integrated global emerging infections surveillance and response system, GEIS contributes to protection of all DoD health care beneficiaries and the global public health community. GEIS has developed several strategic goals to bolster DoD and global public health efforts. These goals include surveillance and detection, response and readiness, integration and innovation, cooperation and capacity building with partner host countries, and the integration of the World Health Organization's International Health Regulations (2005) core capacities into all surveillance activities. Each strategic goal encompasses five emerging disease priorities: respiratory infections (RI), especially influenza; gastrointestinal infections (GI); febrile vector-borne infections (FVBI) with an emphasis on malaria; antimicrobial resistant organisms (AR); and sexually transmitted infections (STI). GEIS is headed by a Director who directs the tri-Service staff of the central hub which a) helps coordinate prevention, surveillance and response efforts of DoD internally and externally, b) encourages and assists education, training and research efforts in DoD, and c) facilitates communication and information flow across DoD. Surveillance activities are conducted through a network of Continental US (CONUS) and Outside the Continental US (OCONUS) partners.</p>
Military Infectious Diseases Research Program (MIDRP) https://midrp.amedd.army.mil/	<p>The mission of the Military Infectious Diseases Research Program (MIDRP) is to protect the U.S. military against naturally occurring infectious diseases via the development of the U.S. Food and Drug Administration (FDA)-approved vaccines, drugs, and diagnostic assays and Environmental Protection Agency (EPA)-approved vector control protection systems (to prevent transmission of infections by insects, ticks, etc.) The U.S. military has had notable successes in this undertaking (since World War I, deaths from naturally occurring infections have not exceeded deaths due to combat injury in wartime). MIDRP's role is of continuing importance because diseases such as malaria, dengue, diarrhea and leishmaniasis continue to have an adverse impact on military operations and the health of service members. MIDRP has supported HIV vaccine research and development since 1985 as HIV remains a significant threat to service members deployed overseas and is a major source of regional instability in areas of US force protection. The MIDRP HIV research program is heavily leveraged against efforts of other U.S. government agencies. NIAID is a major partner of MIDRP supported HIV vaccine development activities.</p>
U.S. Military HIV Research Program (MHRP) http://www.hivresearch.org/home.php	<p>The U.S. Military HIV Research Program (MHRP) is at the forefront of the battle against HIV to protect U.S. troops from infection and to reduce the global impact of the disease. MHRP was authorized by Congress in 1986. While its primary focus is developing a globally effective HIV-1 vaccine, the program provides prevention, care and treatment through the President's Emergency Plan for AIDS Relief (PEPFAR). MHRP is centered at the Division of Retrovirology, the Walter Reed Army Institute of Research (WRAIR), U.S. Army Medical Research and Materiel Command (USAMRMC). It has become a leader in international efforts to combat HIV. With five sites in Africa and Asia, the program's growth has been achieved through the combination of strong vaccine science, the careful development of research sites, and partnerships with key research institutions in the U.S. and host countries.</p>

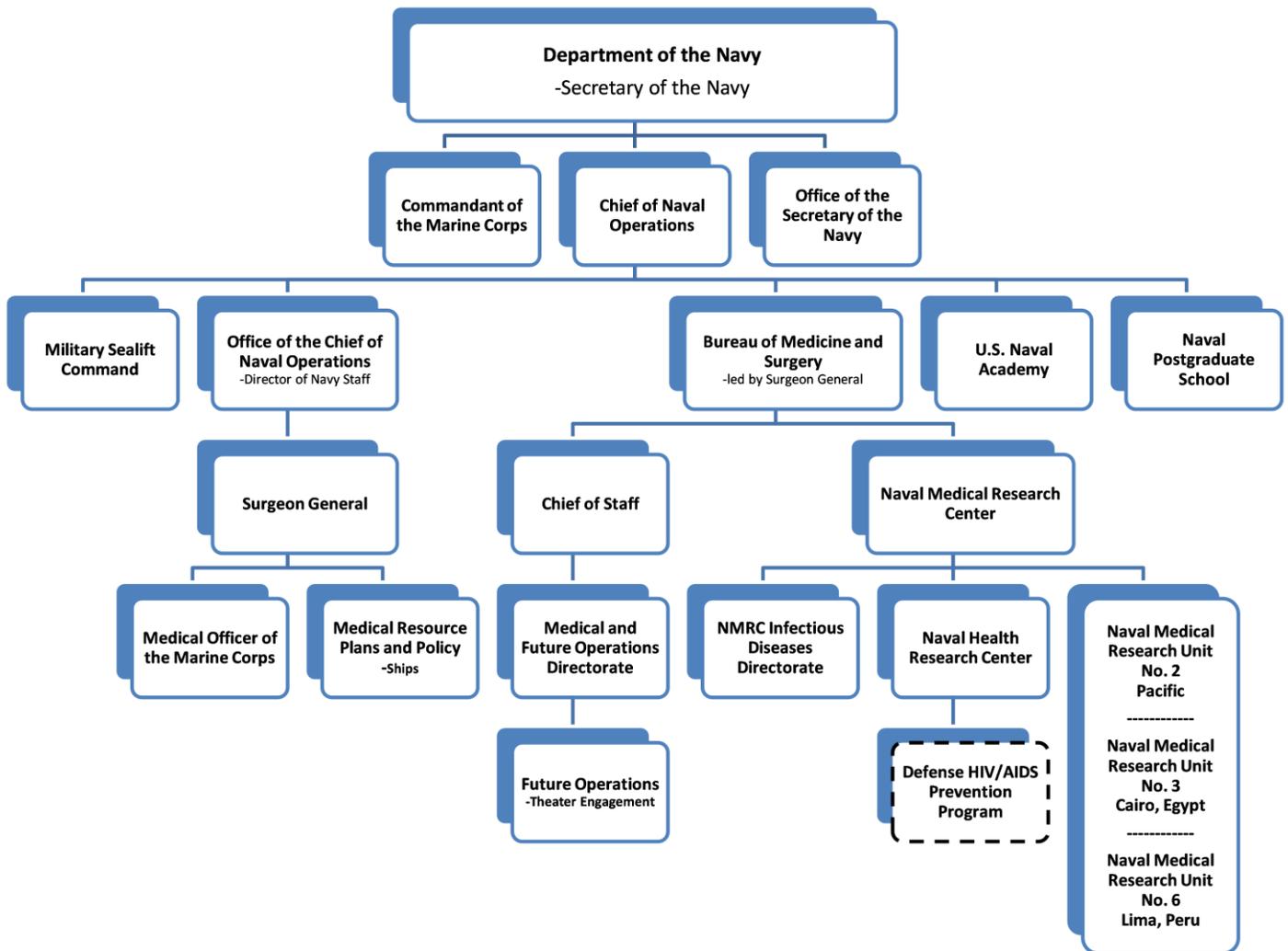
TABLE A-9. DEPARTMENT OF THE ARMY: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Defense Medical Readiness Training Institute (DMRTI) http://www.dmrta.army.mil/	<p>The Joint Medical Readiness Training Center (JMRTC) preceded the Defense Medical Readiness Training Institute (DMRTI) and was responsible for training thousands of medical department officers. However, reengineering JMRTC's medical readiness training efforts with an expanded scope and mission led to the establishment of DMRTI. In July 1997, JMRTC was integrated into DMRTI, forming one organization. DMRTI executes its mission under the direction and guidance of the Deputy Assistant Secretary of Defense for Health Affairs--Force Health Protection and Readiness and the Force Health Protection Council. A tri-service organization staffed by professionals from the U.S. Army, Navy, and Air Force, its command is located at Fort Sam Houston, Texas and offers both resident and non-resident joint medical readiness training courses as well as professional medical programs for over 4,000 students/year in trauma care; burn care; disaster preparedness; humanitarian assistance; and CBRNE preparation/response.</p>
U.S. Army Medical Research and Materiel Command (USAMRMC) https://mrmc.detrick.army.mil/index.cfm	<p>Medical research is unified under a single major subordinate command, U.S. Army Medical Research and Materiel Command (USAMRMC). USAMRMC includes 11 subordinate commands located throughout the world: six medical research laboratory commands that execute the science and technology program to investigate medical solutions for the battlefield with a focus on various areas of biomedical research and five other commands that focus on medical materiel advanced development, strategic and operational medical logistics, and medical research and development contracting. USAMRMC is the Army's medical materiel developer, with responsibility for medical research, development, and acquisition and medical logistics management. Ensuring U.S. armed forces remain in optimal health and are equipped to protect themselves from disease and injury, particularly on the battlefield, is the job of the USAMRMC. Medical information and products developed by the USAMRMC protect and sustain the health and safety of the force through deployment and combat. The USAMRMC motto, "Protect, Project, Sustain," emphasizes the Command's priorities in support of the warfighter.</p>
Walter Reed Army Institute of Research (WRAIR) http://wrair-www.army.mil/index.php?view=wrairOverview	<p>The Walter Reed Army Institute of Research (WRAIR) mission is to conduct biomedical research that is responsive to DoD and U.S. Army requirements and delivers lifesaving products including knowledge, technology, and medical materiel that sustain the combat effectiveness of the warfighter. Its vision is to be the premier DoD biomedical research organization, constantly relevant, integrating basic research and advanced technology that protects, projects, and sustains the warfighter today, invents global medical solutions for the future, and keeps the warfighter on point for the nation.</p>
WRAIR Center for Infectious Disease Research http://wrair-www.army.mil/ReAndDevelop_InfectiousDiseaseResearch.aspx	<p>WRAIR's Center for Infectious Disease Research conducts infectious disease research. Since WRAIR's inception, its primary challenge has been disease prevention based on evaluation, control, and treatment of naturally occurring infectious diseases. Infectious diseases have been afflicting Soldiers and civilians alike for centuries. Infectious diseases have traditionally been the greatest threat to Soldier's health and readiness both in the field and in the garrison. The Center for Infectious Disease Research is compiled of the following research branches: Bacterial Diseases, Entomology, Military HIV Research Program (Division of Retrovirology), Military Malaria Research Program, Preventive Medicine, Translational Medicine, Veterinary Services, and Viral Diseases.</p>
WRAIR Other Programs and Services http://wrair-www.army.mil/WRAIROtherProgramsAndServices.aspx	<p>Other programs and services (such as the Leishmania Diagnostics Laboratory (LDL) and Multidrug-resistant Organism Repository & Surveillance Network (MRSN)) are offered at WRAIR and highlight how its scientists and researchers work within WRAIR and with other partners. The WRAIR LDL specializes in the diagnostics of cutaneous, mucocutaneous, and visceral leishmania from around the world in both military and civilian personnel. The MRSN currently comprises a microbiology laboratory, organism repository and a seven-facility network of Army hospitals, including those in combat zones; it was launched in 2009 in response to the recent epidemic of Gram-negative multidrug-resistant organism (MDRO) nosocomial and wound infections in the U.S. Military Health System.</p>
U.S. Army Research Unit—Kenya (USAMRU-Kenya) http://www.usamrukenya.org/	<p>The U.S. Army Medical Research Unit-Kenya (USAMRU-K) is a "Special Foreign Activity" of WRAIR and is headquartered in Nairobi, Kenya. USAMRU-Kenya operates under a cooperative agreement with the Kenya Medical Research Institute (KEMRI). Much of the research focuses on tropical diseases, such as malaria, trypanosomiasis, and leishmaniasis, as well as arboviruses, HIV/AIDS, and other emerging infectious diseases.</p>
Armed Forces Research Institute of Medical Sciences—Thailand (AFRIMS-Thailand) http://www.afirms.org/	<p>For 50 years, AFRIMS has been a benchmark of success in tropical infectious disease research and development. It has programs in enteric diseases (infectious causes of diarrhea), malaria vaccine and drug research, viral diseases especially dengue fever and hepatitis, an entomology department dedicated study of disease vectors, and a retrovirology department organized to execute vaccine studies for the HIV/AIDS virus. It also has a recently initiated program to monitor new, emerging disease threats as a part of a Global Emerging Diseases Surveillance system. AFRIMS has a dual Royal Thai Army and U.S. Army Command with the American Component being a special foreign activity of WRAIR. AFRIMS' staff are a highly integrated group of US and Thai military and civilians from both countries. The U.S. Component Commander is on the U.S. Ambassador's Country Team for Thailand and provides advice to the country team on biomedical issues.</p>

TABLE A-9. DEPARTMENT OF THE ARMY: DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) http://www.usamriid.army.mil/	The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) conducts basic and applied research on biological threats resulting in medical solutions to protect military service members. It is the lead medical research laboratory for the U.S. Biological Defense Research Program. The Institute plays a key role as the only laboratory in the Department of Defense (DoD) equipped to safely study highly hazardous infectious agents requiring maximum containment at biosafety level (BSL)-4. As the center of excellence for DoD medical biological defense research, USAMRIID's challenge is to maintain its world-class scientific and technology base while being responsive to its primary customer—the warfighter.
U.S. Army Medical Research and Materiel Command's Deputy Commander—Congressional Program Office https://mrmc-www.army.mil/index.cfm?pageid=medical_r_and_d.crp.overview	USAMRMC has been entrusted by Congress to manage and execute appropriated funds for Congressional special interest (CSI) medical research, development, test and evaluation and procurement efforts. The CSI appropriations are not part of the President's budget request; they are added to the Department of Defense budget by Congress. From 1990 through 2009, the USAMRMC has executed CSI program appropriations totaling over \$9.6 billion. The USAMRMC's vision for CSI programs is to: meet the intent of Congress; support good quality ethical science in both the civilian and military health care sectors in compliance with all applicable laws and regulations; and leverage CSI efforts to maximize the military relevance for the Warfighter where applicable. The majority of USAMRMC CSI appropriations are executed through one of the following offices or Commands within the USAMRMC: Congressionally Directed Medical Research Programs; US Army Medical Materiel Development Activity; US Army Medical Materiel Agency; and Telemedicine and Advanced Technology Research Center (TATRC).
Telemedicine and Advanced Technology Research Center (TATRC) http://www.tatrc.org/	The Telemedicine & Advanced Technology Research Center (TATRC) performs medical reconnaissance and special operations to address critical gaps that are underrepresented in DoD medical research programs. TATRC is an office of the headquarters of the US Army Medical Research and Materiel Command (USAMRMC). TATRC fosters research on health informatics, telemedicine/m-Health, medical training systems, and computational biology, and promotes and manages science and engineering in other key portfolios. Through an extensive network of partners, TATRC is focused at both ends of the research spectrum, exploring models of high risk and innovative research, and putting research findings into the hands of warfighters while looking toward wider civilian utility. TATRC augments core medical research programs through special funding and partnership opportunities.
U.S. Army Medical Department (AMEDD) Center and School http://www.cs.amedd.army.mil/about_amedd.aspx	The U.S. Army Medical Department (AMEDD) Center & School is where the Army trains medical personnel (the School) and also where the Army Medical Department formulates its medical organization, tactics, doctrine, and equipment (the Center) for full-spectrum operations in support of the country.
U.S. MILITARY ACADEMY (WEST POINT)	
U.S. Military Academy (West Point) http://www.usma.edu/	Renowned as one of the world's preeminent leader development institutions, West Point's mission is to educate, train, and inspire the Corps of Cadets so that each graduate is a commissioned leader of character committed to the values of Duty, Honor, Country. The student body, or Corps of Cadets, graduate and are commissioned as second lieutenants in the U.S. Army.
U.S. ARMY PEACE KEEPING AND STABILITY OPERATIONS INSTITUTE	
U.S. Army Peace Keeping and Stability Operations Institute (PKSOI) http://pksoi.army.mil/	The mission of the Peace Keeping and Stability Operations Institute (PKSOI) is to serve as the U.S. Army's Center of Excellence for Stability and Peace Operations at the strategic and operational levels in order to improve military, civilian agency, international, and multinational capabilities and execution.
U.S. ARMY JOHN F. KENNEDY SPECIAL WARFARE CENTER AND SCHOOL	
U.S. Army John F. Kennedy (JFK) Special Warfare Center and School (SWCS) http://www.soc.mil/swcs/index.htm	The U.S. Army John F. Kennedy Special Warfare Center and School (SWCS) is one of the Army's premier education institutions, managing and resourcing professional growth for soldiers in the Army's three distinct special operations branches: special forces, civil affairs, and military information support. The soldiers educated through SWCS programs are using cultural expertise and unconventional techniques to serve their country in far-flung areas across the globe. More than anything, these soldiers bring integrity, adaptability, and regional expertise to their assignments.

FIGURE A-10. DEPARTMENT OF THE NAVY: ELEMENTS RELATED TO GLOBAL HEALTH



Notes: --- line around a box indicates a joint activity across military departments with the Navy as lead agent.

TABLE A-10. DEPARTMENT OF THE NAVY (INCLUDING THE MARINE CORPS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE <u>WEBSITE</u>	DESCRIPTION
DEPARTMENT OF THE NAVY HTTP://WWW.NAVY.MIL/	THE DEPARTMENT OF THE NAVY CONSISTS OF TWO UNIFORMED SERVICES: THE UNITED STATES NAVY AND THE UNITED STATES MARINE CORPS.
Office of the Secretary of the Navy http://www.navy.mil/secnav/	The Secretary of the Navy is the civilian head of the Department of the Navy and reports to the Secretary of Defense. The Secretary conducts all the affairs of the Department of the Navy, including: recruiting, organizing, supplying, equipping, training, mobilizing, and demobilizing. The Secretary also oversees the construction, outfitting, and repair of naval ships, equipment and facilities. The Secretary is responsible for the formulation and implementation of policies and programs that are consistent with the national security policies and objectives established by the President and the Secretary of Defense.

TABLE A-10. DEPARTMENT OF THE NAVY (INCLUDING THE MARINE CORPS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. NAVY HTTP://WWW.NAVY.MIL/SWF/INDEX.ASP	THE UNITED STATES NAVY IS A BRANCH OF THE U.S. ARMED FORCES RESPONSIBLE FOR SEA-BASED WARFARE. THE U.S. NAVY IS THE LARGEST NAVY IN THE WORLD. ITS MISSION IS TO MAINTAIN, TRAIN, AND EQUIP COMBAT-READY NAVAL FORCES CAPABLE OF WINNING WARS, DETERRING AGGRESSION, AND MAINTAINING FREEDOM OF THE SEAS.
Office of the Chief of Naval Operations http://www.navy.mil/navydata/organization/org-cno.asp	The Chief of Naval Operations (CNO) is the senior military officer in the Navy. The CNO is responsible to the Secretary of the Navy for the command, utilization of resources and operating efficiency of the operating forces of the Navy and of the Navy shore activities assigned by the Secretary. A member of the Joint Chiefs of Staff, the CNO is the principal naval advisor to the President, Secretary of Defense, National Security Council, and the Secretary of the Navy on the conduct of war, and is the principal advisor and naval executive to the Secretary on the conduct of naval activities of the Department of the Navy. Assistant to the CNO are ranking officers, such as the Surgeon General; they and their staffs are collectively known as the Office of the Chief of Naval Operations (OpNav).
Office of the Surgeon General http://www.med.navy.mil/Pages/Default.aspx	Under the leadership of the Navy Surgeon General, Navy Medicine provides high quality health care to beneficiaries in wartime and in peacetime. The Surgeon General is the principal advisor to the CNO on the provision of centralized, coordinated policy development, guidance, and professional advice on health service programs for the Navy. The Surgeon General provides oversight on direct and indirect systems for providing health services to all beneficiaries in wartime and peacetime as authorized by law, acquires sufficient resources to provide health services, and serves additional duty as the Chief of the Bureau of Medicine and Surgery (BUMED).
Medical Resource Plans and Policy	Within the Office of the Surgeon General, the Medical Resource Plans and Policy Office oversees the use of the Navy's medical/humanitarian ships , including the USNS Comfort and USNS Mercy. The mission of the USNS Comfort's medical treatment facility is to provide a mobile, flexible, and rapidly responsive afloat medical capability for acute medical and surgical care in support of amphibious task forces, Marine Corps, Army and Air Force elements, forward deployed Navy elements of the fleet and fleet activities located in areas where hostilities may be imminent. As a secondary mission, it is capable of providing a full hospital service asset for use by other government agencies involved in the support of relief and humanitarian operations worldwide.
Navy Bureau of Medicine and Surgery (BUMED) http://www.med.navy.mil/bumed/Pages/default.aspx	The Bureau of Medicine and Surgery (BUMED) is the headquarters command for Navy Medicine. BUMED is the site where the policies and direction for Navy Medicine are developed to ensure its patient- and family-centered care vision is carried out. Its mission is force health protection. As the preeminent maritime medical force deployed with Navy and Marine Corps warriors throughout the world, it is capable of supporting the full range of operations from combat to humanitarian assistance. It is further capable of providing superior state of the art in-garrison health and preventive care for active duty personnel, our families and those who have worn the cloth of our nation – our retirees. The U.S. Navy Medical department's vision for itself is to remain an agile, flexible, professionally anchored organization with the ability to execute force health protection and all other aspects of expeditionary medical operations to support our Navy-Marine Corps warriors in any conflict, humanitarian assistance, disaster relief or other operations in which medical is needed for sustainment and success. BUMED is headed by the Surgeon General of the Navy, who serves as Chief of BUMED.
BUMED Chief of Staff	The BUMED Chief of Staff oversees the staff directorates of BUMED headquarters, which is led by the Chief and Deputy Chief (Surgeon General and Deputy Surgeon General, respectively); this includes the Medical and Future Operations Directorate.
BUMED Medical and Future Operations Directorate (M&FO) http://www.med.navy.mil/bumed/MedicalandFutureOperations/Pages/default.aspx	The Medical and Future Operations Directorate develops health services policies and guidelines and directs the provision of medical and dental services as authorized by law or regulations for Navy and Marine Corps personnel, other uniformed Services personnel, their family members, retired members and their family members, eligible survivors of deceased members, Federal civilian employees, and other categories of persons. In addition, this Directorate coordinates and drafts policies and directives related to clinical practice guidelines; current operations and readiness plans; public health and safety programs; undersea, surface, aerospace, occupational and preventive medicine programs; among others.
BUMED M&FO-Future Operations http://www.med.navy.mil/bumed/MedicalandFutureOperations/FutureOperations/Pages/default.aspx	Under M&FO, Future Operations develops health services policy, guideline and program development in support of future operations. It includes several divisions, including the Theater Engagement Division.
BUMED M&FO-Future Operations-Theater Engagement Division http://www.med.navy.mil/bumed/MedicalandFutureOperations/FutureOperations/Pages/TheaterEngagement.aspx	Under the BUMED Medical and Future Operations Directorate-Future Operations, the Theater Engagement Division provides policy and program development in support of in-service and interagency efforts in humanitarian assistance, disaster relief, and medical stability operations. In addition, this Division provides policy and program oversight and subject matter expertise on disaster relief/humanitarian assistance health care in an austere environment, training opportunities, and required specialty equipment and necessary medical skills and capabilities.

TABLE A-10. DEPARTMENT OF THE NAVY (INCLUDING THE MARINE CORPS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
<p>Naval Medical Research Center (NMRC) http://www.med.navy.mil/sites/nmrc/Pages/index.htm</p>	<p>The Naval Medical Research Center (NMRC) is a premier research organization that aims to support the nation and the warfighter with world-class, operationally relevant health and medical research, development, testing, evaluation, and surveillance. NMRC's work is focused on improving readiness and enhancing future capabilities through its vital work in the areas of infectious diseases, biological defense, military operational medicine, combat casualty care, and radiation research, all in support of Navy, Marine Corps, and joint U.S. warfighters. Research at NMRC is focusing on finding solutions to both traditional battlefield medical problems, such as bleeding, traumatic brain injury, combat stress, and naturally occurring infectious diseases, as well as to health problems associated with non-conventional weapons, including thermobaric blast, biological agents, and radiation. Its laboratories play a highly critical role in the worldwide monitoring of emerging infectious diseases, including avian influenza and others of the future that threaten both deployed forces and world civilizations. They also support theater security cooperation through international military-to-military collaborations and public health capacity-building efforts and by responding to such disasters as the 2004 tsunami in Banda Aceh, Indonesia and the more recent earthquakes in central Java and in Peru.</p>
<p>NMRC Infectious Diseases Directorate (IDD) http://www.med.navy.mil/sites/nmrc/Pages/id_main.htm</p>	<p>NRMC's Infectious Diseases Directorate (IDD) consists of three research departments: Malaria, Enteric Diseases, and Viral and Rickettsial Diseases. IDD conducts research on infectious diseases that are considered to be significant threats to our deployed sailors, marines, soldiers, and airmen. Significant threats are those that have the potential to incapacitate a large number of deployed forces over a short time period, thus hindering the ability of warfighters to accomplish their mission. The geographical distribution of a disease; the lack of an effective vaccine, treatment, or other control measures; the mode of transmission; and the historical impact during past wars are all factors that determine the importance of an infectious disease to the U.S. Military. The main infectious disease targets on which research efforts are currently focused are malaria, bacterial causes of traveler's diarrhea, dengue fever, and scrub typhus. In general, the overarching research goal in IDD is to minimize the impact of these infectious diseases by preventing infection or clinical disease. In most cases, the best approach to achieve this goal is through the development of efficacious vaccines. Therefore, most of the biomedical research in IDD is focused on vaccine discovery and testing. The field testing of vaccines is made easier by IDD's close association with the Navy's three overseas medical research laboratories since these laboratories are located in areas of the world where the target infectious diseases are highly endemic. Scientists in IDD also work closely with their Army colleagues from WRAIR, which is co-located with NMRC.</p>
<p>Naval Medical Research Units (NAMRUs) http://www.med.navy.mil/sites/nmrc/Pages/nmrc_labs.htm</p>	<p>Naval Medical Research Unit No. 2 (NAMRU-2) Pacific: The U.S. Naval Medical Research Unit No. 2 (NAMRU-2) supports American interests in the Pacific Theater and advances U.S. diplomacy in the region by studying infectious diseases of critical public health importance to the United States and other regional partners. NAMRU-2 provides our country with a continued forward presence that combines virology, microbiology, epidemiology, immunology, parasitology, and entomology into a comprehensive capability to study tropical diseases where they occur. Only in this environment can new preventive measures and treatments be tested and evaluated to provide better health measures for U.S. Government personnel working in the region. NAMRU-2 operates in several countries in Southeast Asia, including Vietnam, Laos, Singapore, Philippines, Thailand, and Cambodia. In Phnom Penh, Cambodia, NAMRU-2 opened, outfitted, and staffed a satellite laboratory to conduct regional infectious disease outbreak research, and diagnostic laboratory support.</p> <p>Naval Medical Research Unit No. 3 (NAMRU-3) Cairo, Egypt: The U.S. Naval Medical Research Unit No. 3 (NAMRU-3), which was established in 1946, conducts research and surveillance to support military personnel deployed to Africa, the Middle East, and Southwest Asia. The mission also includes the evaluation of vaccines, therapeutic agents, diagnostic assays, and vector control measures. NAMRU-3 has modern research laboratories and a medical research library. It is the only laboratory in Africa with an animal facility accredited by the American Association of Accreditation of Laboratory Animal Care. It is the largest DoD overseas laboratory, with biosafety level 3 biocontainment space and field and hospital study sites located throughout Egypt. A malaria field site is located in the upper east region of northern Ghana. NAMRU-3 works closely with the Egyptian Ministry of Health, the U.S. National Institutes of Health, the World Health Organization (WHO), the U.S. Agency for International Development, and the U.S. Centers for Disease Control and Prevention. NAMRU-3 has been a WHO Collaborating Center for HIV/AIDS since 1987. In 1999, a Global Emerging Infections System program was established, which expanded the NAMRU-3 mandate to include public health activities and capacity building in host countries. This led to NAMRU-3's recognition as a WHO Collaborating Center for Emerging and Re-Emerging Infectious Diseases in 2001. NAMRU-3 also serves as a WHO reference laboratory for influenza and meningitis in the Eastern Mediterranean Region and has been recognized as an H5 reference laboratory by WHO.</p> <p>Naval Medical Research Unit No. 6 (NAMRU-6) Lima, Peru: Hosted by the Peruvian Navy and collocated at their flagship hospital in Lima, Naval Medical Research Unit No. 6 (NAMRU-6) conducts research on and surveillance of a wide range of infectious diseases that threaten military operations in the region. They include malaria and dengue fever, yellow fever, viral encephalitides, leishmaniasis, Chagas' disease, and enteric diseases such as shigellosis and typhoid fever.</p>

TABLE A-10. DEPARTMENT OF THE NAVY (INCLUDING THE MARINE CORPS): DESCRIPTION OF KEY ELEMENTS RELATED TO GLOBAL HEALTH

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Naval Health Research Center (NHRC) http://www.med.navy.mil/sites/nhrc/Pages/default.aspx	The Naval Health Research Center (NHRC) serves as a leading research and development laboratory for DoD. It supports fleet readiness through research, development, test, and evaluation on the biomedical and psychological factors affecting the performance of operational warfighters and field medical personnel. Most of the work conducted at this facility is in the advanced development stage and requires close and continuous interaction with operational units of the Navy, Marine Corps, and DoD. Much of NHRC's research focuses on deployment and career-span health and performance of DoD personnel, which requires close coordination with senior medical department representatives afloat and force medical officers ashore. NHRC is also working with the Army on a major phase-3 clinical trial of a new Adenovirus vaccine.
Defense HIV/AIDS Prevention Program (DHAPP) http://www.med.navy.mil/sites/nhrc/dhapp/Pages/default.aspx	The mission of the Defense HIV/AIDS Prevention Program (DHAPP) program is to reduce the incidence of HIV/AIDS among uniformed personnel in selected African nations and beyond. Its objectives are to assist in developing and implementing military-specific HIV prevention programs; integrate with other U.S. government, nongovernmental organizations, and United Nations programs; and support the mission of the President's Emergency Plan for AIDS Relief (PEPFAR).
THE MARINE CORPS HTTP://WWW.MARINES.MIL/PAGES/DEFAULT.ASPX	THE UNITED STATES MARINE CORPS (USMC) IS A BRANCH OF THE U.S. ARMED FORCES RESPONSIBLE FOR PROVIDING FORCE PROTECTION FROM THE SEA. THE MARINE CORPS IS A COMPONENT OF THE DEPARTMENT OF THE NAVY; HOWEVER, IN THE MILITARY LEADERSHIP STRUCTURE, THE MARINE CORPS IS A SEPARATE BRANCH. THE MARINE CORPS, WITH 190,000 ACTIVE DUTY AND 40,000 RESERVE MARINES AS OF 2008, IS THE SMALLEST OF THE UNITED STATES' ARMED FORCES IN THE DOD.
Commandant of the Marine Corps http://www.marines.mil/unit/hqmc/cmcc/Pages/default.aspx	The Commandant is the senior military officer in the Marine Corps and a member of the Joint Chiefs of Staff. The Commandant is responsible to the Secretary of the Navy for the organization, policy, plans, and programs for the Marine Corps. The Commandant advises the President, Secretary of Defense, National Security Council, and the Secretary of the Navy on matters involving the Marine Corps.
U.S. Marine Corps Medical Officer http://www.marines.mil/unit/hqmc/healthservices/Pages/default.aspx	The Medical Officer of the Marine Corps advises the Commandant and Headquarters staff on all matters regarding healthcare and serves as the functional expert in working with the appropriate Headquarters agencies for determining requirements. The Medical Officer (TMO) makes recommendations on all Medical and Dental matters supporting the Marine Corps. TMO and Health Services Staff initiate action through proper Headquarters staff agencies to obtain Medical Personnel and Material to meet the Marine Corps' needs and assist staff in formulating Landing Force and Field Medical Doctrines, Procedures, and Programs.
U.S. NAVAL ACADEMY	
U.S. Naval Academy http://www.usna.edu/homepage.php	The Academy gives midshipmen the up-to-date academic and professional training they need to be effective naval officers in their assignments after graduation. Every day, as the undergraduate college of the naval service, the U.S. Naval Academy strives to accomplish its mission to develop midshipmen "morally, mentally, and physically."
NAVAL POST GRADUATE SCHOOL	
Naval Post Graduate School http://www.nps.edu/	NPS provides high-quality, relevant and unique advanced education and research programs that increase the combat effectiveness of the Naval Services, other Armed Forces of the U.S. and their partners, to enhance U.S. national security.
MILITARY SEALIFT COMMAND	
Military Sealift Command http://www.msc.navy.mil/	Military Sealift Command's mission is to support the U.S. by delivering supplies and conducting specialized missions across the world's oceans.

KEY ORGANIZATIONS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED EFFORTS

FIGURE A-11. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID): ELEMENTS RELATED TO DOD'S GLOBAL HEALTH-RELATED EFFORTS

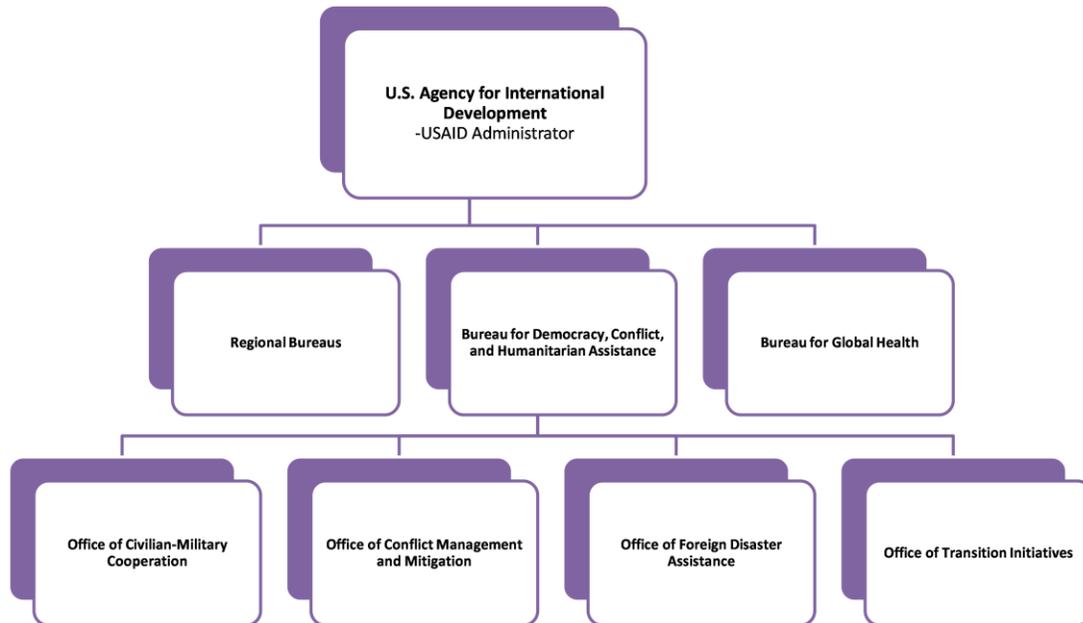


TABLE A-11. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID): DESCRIPTION OF KEY ELEMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED EFFORTS

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) HTTP://WWW.USAID.GOV/	
Regional Bureaus http://www.usaid.gov/locations/	The Regional Bureaus design, implement, and evaluate regional and country strategies and programs within four specific regions: Bureau for Africa (AFR); Bureau for Asia and the Near East (ANE); Bureau for Latin America and the Caribbean (LAC); and Bureau for Europe and Eurasia (E&E).
Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) http://www.usaid.gov/our_work/democracy_and_governance/ http://www.usaid.gov/our_work/humanitarian_assistance/	The Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) provides technical leadership and expertise in coordinating USAID's democracy programs, international disaster assistance, emergency and developmental food aid, aid to manage and mitigate conflict, and volunteer programs. DCHA also provides technical leadership, support, and advice in developing policy and programs to assist countries transitioning out of crisis and administers disaster assistance, preparedness and mitigation. The Bureau also provides capacity building for U.S. private voluntary organizations and aid to American schools and hospitals abroad. It includes the Office of Conflict Management and Mitigation (OCCM), the Office of Transition Initiatives (OTI), and the Office of U.S. Foreign Disaster Assistance (OFDA).
Office of Civilian-Military Cooperation (CMC) http://www.usaid.gov/our_work/global_partnerships/ma/	The Office of Civilian-Military Cooperation (CMC) serves as USAID's primary point of contact with the Department of Defense, providing liaison to major military commands, training to USAID and U.S. military personnel, and planning and coordinating assistance in support of all programs of interest to both USAID and the military.

TABLE A-11. U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID): DESCRIPTION OF KEY ELEMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED EFFORTS

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
Office of Conflict Management and Mitigation (CMM) http://www.usaid.gov/our_work/cross-cutting_programs/conflict/	<p>In order to meet the diversified challenges of security sector reform, the Office of Conflict Management and Mitigation (CMM) is helping to ensure that USAID's policies focus on developing a more coherent and effective response that utilizes all foreign assistance tools at its disposal to stop state failure and prevent the threats to security and development. CMM helps missions identify the causes of violence and destabilizing factors in countries and tries to identify how missions can work on security sector reform. Additionally, health activities offer a number of unique opportunities for peace building. In divided societies, issues such as infectious diseases and maternal and child health care are often important to all sides. Given that health programs are seen as relatively neutral, they can provide an entry point for dialogue about more controversial issues. Health activities are increasingly being designed to improve public health while contributing to conflict management.</p>
Office of Transition Initiatives (OTI) http://www.usaid.gov/our_work/cross-cutting_programs/transition_initiatives/	<p>The Office of Transition Initiatives (OTI) supports U.S. foreign policy objectives by helping local partners advance peace and democracy in priority countries in crisis. Seizing critical windows of opportunity, OTI works on the ground to provide fast, flexible, short-term assistance targeted at key political transition and stabilization needs. In countries undergoing a transition from authoritarianism to democracy, violent conflict to peace, or pivotal political events, initiatives serve as catalysts for positive political change. OTI programs are short-term—typically, two to three years in duration. OTI works closely with regional bureaus, missions, and other counterparts to identify programs that complement other assistance efforts and lay a foundation for longer-term development. OTI programs often are initiated in fragile states that have not reached the stability needed to initiate longer-term development programs. OTI strategies and programs are developed and designed to meet the unique needs of each situation.</p>
Office of U.S. Foreign Disaster Assistance (OFDA) http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/	<p>The Office of U.S. Foreign Disaster Assistance (OFDA) is the office within USAID responsible for facilitating and coordinating U.S. government emergency assistance overseas. OFDA provides humanitarian assistance to save lives, alleviate human suffering, and reduce the social and economic impact of humanitarian emergencies worldwide. OFDA responds to all types of natural disasters, including earthquakes, volcanic eruptions, cyclones, floods, droughts, fires, pest infestations, and disease outbreaks. OFDA also provides assistance when lives or livelihoods are threatened by catastrophes such as civil conflict, acts of terrorism, or industrial accidents. In addition to emergency assistance, OFDA funds mitigation activities to reduce the impact of recurrent natural hazards and provides training to build local capacity for disaster management and response.</p>
Global Health (GH) Bureau http://www.usaid.gov/our_work/global_health/	<p>The Global Health (GH) Bureau supports field health programs, advances research and innovation in selected areas relevant to overall Agency health objectives, and transfers new technologies to the field through its own staff work, coordination with other donors, and a portfolio of grants.</p>

TABLE A-12. OTHER SELECTED KEY ORGANIZATIONS: DESCRIPTION OF KEY ELEMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED EFFORTS

ORGANIZATION/OFFICE WEBSITE	DESCRIPTION
HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE	
Henry M. Jackson Foundation for the Advancement of Military Medicine http://www.hjf.org/	<p>The Henry M. Jackson Foundation is a private, not-for-profit organization dedicated to improving military medicine and public health. In May 1983, President Ronald Reagan signed a bill into law establishing the Foundation. The charge given the Foundation by Congress was to support medical research and education at USUHS and throughout military medicine and to serve as a link with the private medical sector. Since 1983, it has helped military personnel conduct quality medical research and education programs by: building qualified scientific teams of researchers and creating an effective research infrastructure; maintaining our academic affiliation with USUHS, providing access to cutting-edge science and technology and fostering cross-disciplinary collaboration; and establishing relationships with more than 160 military medical and organizations worldwide. The Foundation has been an active partner in the U.S. Military HIV Research Program (see Table A-9 for more on MHRP).</p>
NATO HTTP://WWW.NATO.INT/CPS/EN/NATOLIVE/INDEX.HTM	
Afghanistan International Security Assistance Force (ISAF) http://www.isaf.nato.int/	<p>In support of the Government of the Islamic Republic of Afghanistan, Afghanistan International Security Assistance Force's (ISAF) mission is to conduct operations in Afghanistan to reduce the capability and will of the insurgency, support the growth in capacity and capability of the Afghan National Security Forces (ANSF), and facilitate improvements in governance and socio-economic development in order to provide a secure environment for sustainable stability that is observable to the population. In accordance with all the relevant Security Council Resolutions, the main role of ISAF is to assist the Afghan government in the establishment of a secure and stable environment. To this end, ISAF forces conduct security and stability operations throughout the country together with the Afghan National Security Forces and are directly involved in the development of the Afghan National Security Forces through mentoring, training and equipping. Through its Provincial Reconstruction Teams (PRTs), ISAF supports reconstruction and development (R&D) in Afghanistan, securing areas in which reconstruction work is conducted by other national and international actors. Where appropriate, and in close cooperation and coordination with the government of Afghanistan and the United Nations Assistance Mission in Afghanistan representatives on the ground, ISAF also provides practical support for R&D efforts, as well as support for humanitarian assistance efforts conducted by Afghan government organizations, international organizations, and NGOs. ISAF, through PRTs, helps the Afghan Authorities strengthen the institutions required to fully establish good governance and rule of law and to promote human rights. The principal mission of the PRTs in this respect consists of building capacity, supporting the growth of governance structures and promoting an environment within which governance can improve.</p>
Committee of the Chiefs of Military Medical Services in NATO (COMEDS) http://www.nato.int/cps/en/natolive/topics_49168.htm	<p>The Committee of the Chiefs of Military Medical Services in NATO (COMEDS) acts as the central point for the development and coordination of military medical matters and for providing medical advice to the NATO Military Committee. COMEDS makes recommendations concerning the development and assessment of NATO military medical policy and procedures for medical support. It seeks to improve existing arrangements between member countries in the fields of co-ordination, standardization and interoperability. It also helps to improve the exchange of information between countries so, for instance, advances made by one national are available to all. Additionally, COMEDS undertakes studies of general and particular interest such as preventive medicine, dental service, food hygiene and military psychiatry. For this purpose, it has several subordinate working groups and expert panels to which subject matter experts contribute. The meetings of the chiefs of Military Medical Services are conducted bi-annually and include participants from member and partner countries.</p>
UNITED NATIONS (UN) HTTP://WWW.UN.ORG/EN/	
United Nations Office for the Coordination of Humanitarian Affairs (OCHA) http://www.unocha.org/	<p>The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is the part of the United Nations Secretariat responsible for bringing together humanitarian actors to ensure a coherent response to emergencies. OCHA also ensures there is a framework within which each actor can contribute to the overall response effort. OCHA's mission is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors in order to alleviate human suffering in disasters and emergencies; advocate the rights of people in need; promote preparedness and prevention; and facilitate sustainable solutions.</p>
World Health Organization (WHO) http://www.who.int/en/	<p>The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.</p>

APPENDIX B. POLICY AND GUIDANCE DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

APPENDIX B. POLICY AND GUIDANCE DOCUMENTS RELEVANT TO DOD’S GLOBAL HEALTH-RELATED ACTIVITIES

There are numerous documents that set strategy and priorities, assign responsibilities, and guide the implementation of DoD’s activities related to global health. These can range from high-level national security strategy documents to more concrete guidance for implementation of operations on the ground. This study sought to identify and collect information on as many of these key related documents as possible.

The documents are categorized here into two tables and present a summary of these documents, highlighting their stated purpose and key characteristics. Table B-1 presents the 26 key *Policy* documents identified, while Table B-2 presents the 41 key *Guidance* documents identified. Within each of these two tables, the documents are further divided into two additional categories: *DoD* documents (issued by the department) vs. *Non-DoD* documents (issued by organizations outside the department).

POLICY DOCUMENTS

Policy documents are defined here as those that directly assign responsibilities and/or require action(s) on the part of one or more of DoD’s components and/or elements. Policy documents include such DoD issuances as Directives, Instructions, Manuals, and Memos that establish or implement policy for DoD programs.^{2,3} Presidential and National Security directives, among others, are also included among the Policy documents.

GUIDANCE DOCUMENTS

Guidance documents are those lay out strategies, frameworks and other concepts that help guide DoD planners and decision-makers, but which do not typically assign direct responsibilities. Rather, they serve as resources and references for DoD policymakers and military operators. Guidance documents include the various DoD and National Security strategies, Joint Publications (from the Joint Staff) and handbooks, and other documents released by the military departments, such as Army Field Manuals.

TABLE B-1: KEY DIRECTIVES, INSTRUCTIONS, AND OTHER POLICY DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
<i>DoD Documents</i>		
2/8/2012	Comprehensive Health Surveillance DoDD 6490.02E	This "establishes policy and assigns responsibilities for routine, comprehensive health surveillance of all DoD personnel throughout their military service or DoD civilian employment." It establishes the Armed Forces Health Surveillance Center (AFHSC) as the single source for DoD-level health surveillance information and designates the "Secretary of the Army as the DoD Executive Agent for the AFHSC. <i>Previous version(s):</i> DoDD 6490.02E, "Comprehensive Health Surveillance" (2009) and DoDD 6490.2, "Joint Medical Surveillance," (1997)
6/10/2011	DoD Laboratory Network DoDD 6440.03	This establishes policy, assigns responsibilities, provides instructions, and introduces a forum that allows DoD laboratories, programs, and activities with analytic or response capabilities to coordinate execution, develop consensus, and make recommendations governing the detection; identification, characterization, and diagnosis; and reporting of chemical, biological, radiological, and nuclear (CBRN) agents; infectious diseases; and other all-hazards agents of military or national significance in support of the DoD's global and homeland defense missions.
12/21/2010	Functions of the Department of Defense and Its Major Components DoDD 5100.01	This directive establishes the functions of the Department of Defense and its major Components, supporting the core mission areas of the Armed Forces, which are broad DoD military operations and activities required to achieve the strategic objectives of the National Security Strategy, National Defense Strategy, and National Military Strategy. <i>Previous version(s):</i> DoDD 5100.1, "Functions of the Department of Defense and Its Major Components" (1987)
5/17/2010	Military Health Support for Stability Operations DoDI 6000.16	This establishes policy, assigns responsibilities, and provides instruction for military health support of stability operations. Medical stability operations (MSOs) are a core U.S. military mission that the DoD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments; the MHS shall be prepared to perform any tasks assigned to establish, reconstitute, and maintain health sector capacity.
5/11/2010	Safety Standards for Microbiological and Biomedical Laboratories DoDM 6055.18-M	This details the "technical safety requirements for the DoD to use, handle, transport, transfer, store, or dispose of infectious agents and toxins rated at BSL - 2 and above; or used in microbiological activities in biomedical research settings, microbiology teaching laboratories, and veterinary reference laboratories."
3/5/2010	Public Health Emergency Management Within the Department of Defense DoDI 6200.03	This "ensures mission assurance and readiness by protecting installations, facilities, personnel, and other assets in managing the impact of public health emergencies caused by all-hazards incidents.." The Directive "clarifies the public health emergency management roles and responsibilities of" key DoD personnel. It defines a public health emergency within the DoD as an occurrence or imminent threat of an illness or health condition. <i>Previous version(s):</i> DoDD 6200.3, "Emergency Health Powers on Military Installations" (2003)
9/16/2009	Stability Operations DoDI 3000.05	This "updates policy and assigns responsibilities for the identification and development of DoD capabilities to support stability operations, as well as provides support to DoDD 5100.1, 'Functions of the Department of Defense and Its Major Components' as it pertains to stability operations capabilities development." Stability operations is defined as an overarching term encompassing various military missions, tasks, and activities conducted outside the U.S. to maintain or reestablish a safe and secure environment, provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief. <i>Previous version(s):</i> DoDD 3000.05, "Military Support for Stability, Security, Transition, and Reconstruction Operations" (2005)
3/20/2009	National Center for Medical Intelligence DoDI 6420.01	This "updates the designation of the Armed Forces Medical Intelligence Center as the National Center for Medical Intelligence (NCMI) for the conduct of medical intelligence within the DoD." It states that "it is DoD Policy that NCMI is the DoD lead activity for the production of medical intelligence and will prepare and coordinate integrated, all-source intelligence for the DoD on foreign health threats and other medical issues to protect U.S. interests worldwide." <i>Previous version(s):</i> DoDD 6420.1, "Armed Forces Medical Intelligence Center" (updated 2004, 1996, and 1982) as an Instruction
1/23/2009	DoD Civilian Expeditionary Workforce DoDD 1404.10	This establishes policy through which a subset of the DoD civilian workforce is pre-identified to be trained in capabilities for operational requirements; it updates policies and responsibilities for the designation of part of the DoD civilian expeditionary workforce using the existing category of Emergency-Essential civilian employee positions. This establishes "the policy that the DoD civilian workforce is pre-identified to be organized, trained, and equipped": "Members of the DoD Civilian Expeditionary Workforce shall be organized, trained, cleared, equipped, and ready to deploy in support of combat operations by the military; contingencies; emergency operations; humanitarian missions; disaster relief; restoration of order; drug interdiction; and stability operations of the Department of Defense in accordance with DoDD 3000.05, "Military Support for Stability, Security, Transition, and Reconstruction Operations." <i>Supersedes:</i> any conflicting portions of other DoD issuances; <i>Previous version(s):</i> DoDD 1404.10 "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," (1992)

TABLE B-1: KEY DIRECTIVES, INSTRUCTIONS, AND OTHER POLICY DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
12/2/2008	Humanitarian and Civic Assistance (HCA) Activities DoDI 2205.02	This Directive provides guidance on the authority in DoDD 5111.1 "Under Secretary of Defense for Policy (USD(P))" for the "conduct of HCA activities governed by section 401 and 407 of title 10, United States Code (U.S.C.), not including humanitarian mine action." It is DoD policy that HCA activities should be conducted in conjunction with authorized military operations of the U.S. armed forces and with pre-approval of the host nation's authorities. Activities provided should complement, not duplicate, other forms of assistance provided to best serve the needs of the people. <i>Previous version(s):</i> DoDD 2205.2, "Humanitarian and Civic Assistance (HCA) Provided in Conjunction with Military Operations," (1994), as an Instruction
12/1/2008	Irregular Warfare (IW) DoDD 3000.07	This Directive "establishes policy and assigns responsibilities for DoD conduct of irregular warfare (IW) and development of capabilities to address irregular challenges to national security." It is DoD policy to recognize that IW is as strategically important as traditional warfare and to improve DoD proficiency for IW and to conduct IW independently of, or in combination with, traditional warfare.
10/9/2008	Roles and Responsibilities Associated with the Chemical and Biological Defense (CBD) Program (CBDP) DoDD 5160.05E	This updates "policy, roles, and responsibilities for research, development, and acquisition (RDA) activities associated with" the Chemical and Biological Defense Program (CBDP). It also updates and assigns responsibilities and functions associated with RDA of chemical, biological, and radiological defense (CBRD) material required to support combating weapons of mass destruction (WMD). "Specifically, the CBDP develops and acquires a family of integrated and interoperable CBRD capabilities that protect the force and enable military forces to operate successfully in CBR environments." It designates the Secretary of the Army as the DoD Executive Agent for the CBDP. <i>Previous version(s):</i> DODD 5160.5, "Responsibilities for Research, Development, and Acquisition of Chemical Weapons and Chemical and Biological Defense," (1985, which updated DODD 5160.5, "Responsibility for Research Development, Test and Evaluation (RDT&E) on Chemical Weapons and Chemical and Biological Defense," 1976) <i>Updates and assigns responsibilities/functions as set forth in:</i> National Military Strategy and DoDD 2060.02, "National Military Strategy to Combat WMD," February 13, 2006, 'DoD Combating WMD Policy.'
4/24/2007	Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research DoDD 3216.02	This updates "policies for protecting the rights and welfare of humans as subjects of study in DoD-supported research, development, test and evaluation, and other related activities.' This establishes other DoD policies for the ethical conduct of research and supports the implementation of the "Common Rule." It is DoD's policy for the protection of human subjects in research, informed consent, and prevention of research misconduct. <i>Previous version(s):</i> DoDD 3216.02, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research" (2007) and DoDD 3216.2 "Protection of Human Subjects in DoD-Supported Research" (1983)
4/19/2007	Department of Defense Combating Weapons of Mass Destruction (WMD) Policy DoDD 2060.02	This establishes policy, assigns responsibilities, and formalizes relationships among the DoD Components under the DoD mission to combat weapons of mass destruction (WMD). It is DoD policy that DoD will combat WMD to dissuade, deter, and defeat those who seek to harm the U.S. with WMD; the DoD must have a strategy for combating WMD that supports the National Strategy to Combat WMD. <i>Previous version(s):</i> DODD 2060.2, "Department of Defense Counterproliferation Implementation" (1996)
11/7/2006	Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Prevention: Support to Foreign Militaries DoDD 6485.02E	This assigns responsibilities within DoD for activities regarding "global HIV/AIDS prevention support to foreign militaries," consistent with the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25). It authorizes the "Secretary of the Navy as the DoD Executive Agent for the technical assistance, management, and administrative support of the global Defense HIV/AIDS Prevention Program (DHAPP) with foreign militaries." It also creates a Coordinating Board for DoD international HIV/AIDS activities with foreign militaries. It is DoD policy to focus on increasing capacity and support for HIV testing centers in foreign militaries and to protect and support foreign and the U.S. militaries from HIV/AIDS. It does not authorize the purchase of antiretroviral therapy for treatment of HIV infected people.
8/11/2006 (certified current as of 9-30-11)	Deployment Health DoDI 6490.03	This assigns responsibilities for deployment health activities under DoD Directive "Comprehensive Health Surveillance." It "implements policies and prescribes procedures for deployment health activities for Joint and Service-specific deployments to monitor, assess, and prevent Disease and Non-Battle Injury (DNBI); to control or reduce Occupational and Environmental Health (OEH) risks; to document and link OEH exposures with deployed personnel, including exposures to Chemical, Biological, Radiological, and Nuclear (CBRN) warfare agents; and to record the daily locations of deployed personnel." <i>Previous version(s):</i> DoDI 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," (1997). <i>Substitutes:</i> "Policy Memorandum - Human Immunodeficiency Virus Interval Testing"; "Enhanced Post-Deployment Health Assessments"; and Policy for Use of Force Health Protection Prescription Products"; and the Under Secretary of Defense for Personnel and Readiness memorandum, "Improved Occupational and Environmental Health Surveillance Reporting and Archiving"

TABLE B-1: KEY DIRECTIVES, INSTRUCTIONS, AND OTHER POLICY DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
4/18/2006	Minimum Security Standards for Safeguarding Biological Select Agents and Toxins DoDI 5210.89	This "implements security policy and assigns responsibilities under DoDD 5210.88 'Safeguarding Biological Select Agents and Toxins.' It "establishes minimum standards for securing and safeguarding biological select agents and toxins (BSAT) in the custody or possession of the DoD; establishes the criteria for personnel regarding BSAT, including requirements for the Biological Personnel Reliability Program (BPRP)." It also "permits BSAT to be used for bona fide research and other peaceful purposes as well as ensures the security of BSAT from attack, theft, wrongful use, and inappropriate transfer to unauthorized personnel, organizations, and/or laboratories." It establishes requirements for initial and periodic security reviews, threat and vulnerability assessment, and inspections.
3/19/2005	Environment, Safety, and Occupational Health (ESOH) DoDD 4715.1E	This develops policies on "Environment, Safety, and Occupational Health to sustain and improve the DoD mission and continues to authorize the Armed Forces Pest Management Board (AFPMB)." <i>Previous version(s):</i> DoDD 4715.1, "Environmental Security" (1996)
6/27/1994	Civil Affairs DoDD 2000.13	This Directive establishes policy and assigns responsibilities for conducting DoD-wide civil affairs activities. It is DoD policy that the DoD maintains a capability to conduct a broad range of civil affairs activities necessary to support DoD missions and to meet DoD component responsibilities to the civilian sector in foreign areas in peace and war throughout a range of military operations.
12/4/1975	Foreign Disaster Relief DoDD 5100.46	This "updates the [DoD] policy for the employment of its resources in foreign disaster relief operations and assigns responsibilities for carrying out this policy." It is DoD policy that DoD components will participate in foreign disaster relief operations only after a determination is made by the U.S. Department of State that foreign disaster relief should be provided. <i>Previous version(s):</i> DoDD 5100.46, "Responsibilities for Foreign Disaster Relief Operations" (1964)
Multiple	Status of Forces Agreements SOFAs	A formal agreement between the U.S. and a foreign country outlining terms under which US forces may operate in that country. According to the Congressional Research Services' report on SOFA agreements, the U.S. is currently party to approximately 100 such agreements, though their scope and level of detail vary significantly. The status of these agreements appears in an annual publication from the Department of State, <i>Treaties in Force</i> .
Non-DoD Documents		
5/21/2010	National Defense Authorization Act	This legislation authorizes appropriations for fiscal year 2012 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.
10/18/2007	Public Health and Medical Preparedness HSPD-21	This "builds on the principles established in Biodefense for the 21st Century by creating a National Strategy for Public Health and Medical Preparedness ... that will transform the national approach to protecting the health of the American people against all disasters." It is the policy of the U.S. to plan and enable provision for the public health and medical needs of the American people in the case of a catastrophic health event through continual and timely flow of information during such an event and rapid public health and medical response that marshals all available national capabilities and capacities in a rapid and coordinated manner.
12/7/2005	Management of Interagency Efforts Concerning Reconstruction and Stabilization NSPD-44	This directive "promotes the security of the United States through the improved coordination, planning, and implementation for reconstruction and stabilization assistance for foreign states and regions at risk of, in, or in transition from conflict or civil strife." It is policy that the U.S. should work with other countries and organizations to anticipate state failure, avoid it whenever possible, and respond quickly and effectively when necessary and appropriate to promote peace, security, development, democratic practices, market economies, and the rule of law. <i>Succeeds:</i> Presidential Decision Directive 56, "Managing Complex Contingency Operations," (1997)
1949, 1977, 2005	Geneva Convention (II,III,IV) and Protocols I,II, III	According to the International Committee of the Red Cross, "the Geneva Conventions and their Additional Protocols are at the core of international humanitarian law, the body of international law that regulates the conduct of armed conflict and seeks to limit its effects. They specifically protect people who are not taking part in the hostilities (civilians, health workers and aid workers) and those who are no longer participating in the hostilities, such as wounded, sick and shipwrecked soldiers and prisoners of war." <i>Convention (II):</i> Articles 22-25: Hospital Ships; Articles 36-39: Medical Transports; <i>Convention (III):</i> Article 30-33: Internment of POW, hygiene and medical attention; <i>Convention (IV):</i> Articles 16-23: General protection of populations against certain consequences of war; Article 55: Food and Medical Supplies for the population; Article 56: Hygiene and public health; Article 57: Requisition of hospitals; Article 91/92: Medical attention and inspections.
6/12/1996	Emerging Infectious Diseases PDD/NSTC-7	This "establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures." Emerging infectious diseases are new, resurgent, or drug-resistant infections. Implementation efforts include: Enhance the surveillance and response components of our domestic and international public health infrastructure; Enhance biomedical and behavioral research efforts on emerging infectious diseases; Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.

TABLE B-2: KEY GUIDANCE AND OTHER RELATED DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
DoD Documents		
2/4/2012	FY2013 Budget Overview	This is an overview document that highlights the funding, programs, and priorities of the FY 2013 DoD budget request.
1/3/2012	Sustaining U.S. Global Leadership: Priorities for 21st Century Defense	This is "new strategic guidance for the Department of Defense" released "to articulate priorities for a 21 st century defense that sustains U.S. global leadership. This guidance reflects the President's strategic direction to the Department." It "describes the projected security environment and the key military missions for which the Department of Defense . . . will prepare. It is intended as a blueprint for the Joint Force in 2020, providing a set of precepts that will help guide decisions regarding the size and shape of the force over subsequent program and budget cycles, and highlighting some of the strategic risks that may be associated with the proposed strategy."
1/2012	Defense Budget Priorities and Choices	This outlines "reductions across the following three areas" that were the "result of a thorough process that was guided by the [national defense] strategy [note: see document above] and left no part of the budget unexamined" in order to develop "a well-rounded, balanced package" that "preserve[s] the force and capabilities that are needed to protect the country and fulfill the missions of the Department of Defense."
8/11/2011	Joint Operations Joint Publication 3-0	This "is the keystone document of the joint operations series. It provides the doctrinal foundation and fundamental principles that guide the Armed Forces of the United States in joint operations across the range of military operations."
8/11/2011	Joint Operation Planning Joint Publication 5-0	This "reflects current guidance for planning military operations and, as a keystone publication, forms the core of joint doctrine for joint operation planning throughout the range of military operations."
6/24/2011	Interorganizational Coordination During Joint Operations Joint Publication 3-08	This "provides joint doctrine for the coordination of military operations with US Government agencies; state, local, and tribal governments; intergovernmental organizations, nongovernmental organizations, and the private sector."
3/1/2011	National Defense Budget Estimates FY 2012	This outlines the National Defense Budget Estimates for FY 2012. This includes an overview, base budget and war funding, legislative authorization, and outlay trends/program changes, among others.
2/22/2011	Health Service Delivery Concept of Operations	This Concept of Operations (CONOPS) is a "strategic document which defines the capabilities required to deliver health services as prescribed by the MHS mission at military treatment facilities and through industry health partners." The CONOPS "provides the framework necessary to support rigorous assessment and analysis of health service delivery to identify capability gaps, unnecessary redundancy and inefficiencies."
2/8/2011	National Military Strategy of the United States of America: Redefining America's Military Leadership	This is intended to provide "the ways and means by which our military will advance our enduring national interests articulated in the 2010 National Security Strategy and to accomplish the defense objectives in the 2010 Quadrennial Defense Review." In consultation with the geographic and functional Combatant Commanders and the Joint Chiefs of Staff, the Chairman of the Joint Chiefs of Staff prepared this document to provide his "best military advice." The Goldwater-Nichols Reorganization Act of 1986 charges the Chairman of the Joint Chiefs of Staff with the responsibility of assisting the President and Secretary of Defense in providing strategic direction for the Armed Forces.
5/13/2010	Administration, Operation, and Logistic Support of T-AH 19 Mercy Class Hospital Ship OPNAVINST 5440.75B	This "define[s] the organizational structure of the T-AH 19 Mercy class hospital ships in full and reduced operating status (FOS/ROS), and prescribe[s] unique command relationships and responsibilities required for the administration, operation, and logistic support of these ships."
2/18/2010	The Joint Operating Environment (JOE) 2010	"The Joint Operating Environment is intended to inform joint concept development and experimentation throughout the Department of Defense. It provides a perspective on future trends, shocks, contexts, and implications for future joint force commanders and other leaders and professionals in the national security field. This document is speculative in nature and does not suppose[d] to predict what will happen in the next twenty-five years. Rather, it is intended to serve as a starting point for discussions about the future security environment at the operational level of war." The JOE "seeks to provide the Joint Force an intellectual foundation upon which we will construct the concepts to guide our future force development." The document looks out over the next 25 years and imagines what the pertinent threats and the international security environment will look like, to help guide DoD decisions. The 2010 JOE finds that "the next quarter century will challenge U.S. joint forces with threats and opportunities ranging from regular and irregular wars in remote lands, to relief and reconstruction in crisis zones, to cooperative engagement in the global commons" and that over the next quarter century the "U.S. military forces will be continually engaged in some dynamic combination of combat, security, engagement, and relief and reconstruction."
2/1/2010	Quadrennial Defense Review (QDR)	This "report and the preceding months of deliberation served two purposes: first, to establish the Department's key priority objectives, providing context and recommendations regarding capability development and investment portfolios; and second, to communicate the Secretary's intent for the next several years of the Department's work. The QDR thus serves as a critical capstone document, shaping how the Department of Defense will support America's men and women in uniform today, and building the policy and programmatic foundation for security in the years to come."

TABLE B-2: KEY GUIDANCE AND OTHER RELATED DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
12/2009	Money as a Weapons System Afghanistan: Commander's Emergency Response Program (CERP) Standard Operating Procedures (SOP) U.S. Forces-Afghanistan (USFOR-A) Pub 1-06	"The purpose of the CERP program is to enable commanders to respond to urgent humanitarian relief and reconstruction requirements within their Area of Responsibility (AOR) by carrying out programs that will immediately assist the indigenous population. "Urgent" is defined as any chronic or acute inadequacy of an essential good or service that, in the judgment of the local commander, calls for immediate action. CERP is intended for projects that can be sustained by the local population or government and cost less than \$500k per project. Projects equal to or greater than \$500K are expected to be relatively few in number. Commanders are required to verify that local, national, donor nation, non-governmental organizations or other aid or reconstruction resources are not reasonably available before using CERP funds."
Summer 2009	Guide to Nongovernmental Organizations for the Military: A primer for the military private, voluntary, and nongovernmental organizations operating in humanitarian emergencies globally CDHAM/USUHS and OSD/ASD-HA/IHD	This "is about nongovernmental organizations (NGOs), often referred to as private voluntary organizations (PVOs), nonprofits, charities, and (humanitarian) aid organizations. Its aim is to orient the military with NGOs: their operations, strengths, limitations, budgets, practices, and other characteristics that make them unique actors in a large and dynamic humanitarian community."
4/2009	Commander's Guide to Money as a Weapons System: Tactics, Techniques, and Procedures Center for Army Lessons Learned (CALL) Handbook 9.27	This CALL handbook "assists company-, battalion-, and brigade-level officers and noncommissioned officers to effectively use money as a weapons system on the counterinsurgency (COIN) battlefield. Coalition money is defeating COIN targets without creating collateral damage, by motivating antigovernment forces to cease lethal and nonlethal operations, by creating and providing jobs along with other forms of financial assistance to the indigenous population, and by restoring or creating vital infrastructure. Money also funds other tools of war."
3/17/2009	Foreign Humanitarian Assistance Joint Publication 3-29	This publication "provides joint doctrine for planning, executing, and assessing foreign humanitarian assistance operations."
1/15/2009	Capstone Concept for Joint Operations, Version 3.1	This document "describes in broad terms the vision of how the joint force circa 2016-2028 will operate in response to a wide variety of security challenges." Among the proposals, joint force commanders will combine and "adapt some combination of four basic categories of military activity -- combat, security, engagement, and relief and reconstruction -- in accordance with the unique requirements of each operational situation." This will assist in "(1) establishing a common framework for military professionals for thinking about future joint operations, (2) visualizing future joint operations for policymakers and others with an interest in the employment of military force, (3) establishing a conceptual foundation for subordinate joint and Service concepts, and (4) motivating and guiding the study, experimentation and evaluation of joint concepts and capabilities."
1/13/2009	U.S. Government Counterinsurgency Guide U.S. Government Interagency COIN Initiative	The guide describes the U.S. government rationale and approach for engagement in counterinsurgency (COIN) activities and references the concept of "human security" as an important component of COIN. Public health measures are included among the key human security components that should be considered in U.S. government COIN activities.
1/2009	Quadrennial Roles and Missions Review Report	This report was mandated by Congress in the 2008 National Defense Authorization Act. This report was the first review conducted with the intention of establishing a framework for performing roles and missions analysis on a recurring basis. The six Core DoD Mission Areas addressed in the report are: Homeland Defense and Civil Support (HD/CS), Deterrence Operations, Major Combat Operations (MCOs), Irregular Warfare; Military Support to Stabilization Security; Transition, and Reconstruction Operations; and Military Contribution to Cooperative Security.
08/18/2009	Biological Threat Reduction Program Strategic Planning Guidance and Program Objectives Memorandum for the ASD for Nuclear and Chemical and Biological Defense Programs	This memorandum provides strategic planning guidance and discrete program objectives for the Biological Threat Reduction (BTR) Program. This is an overarching document that establishes general program requirements. Specific policy guidance for each country and functional areas in the BTR Program will be issued separately. Specific policy guidance may also define special sustainment considerations or other unique situations as necessary. ⁴
10/2008	Stability Operations US Army FM 3-07	This document updates the Army's doctrine on stability operations. It references the role of stability operations within the U.S. military's "full-spectrum" efforts. Public safety and welfare activities, of which public health programs are part, are cited in the guidance as important components of stability operations and contributors to stability.
9/19/2008	Military Contribution to Cooperative Security Joint Operating Concept, Version 1.0	This report describes how future geographic combatant commanders and other joint force commanders are expected to contribute to cooperative security in support of strategic objectives.

TABLE B-2: KEY GUIDANCE AND OTHER RELATED DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
7/8/2008	Civil-Military Operations Joint Publication 3-57	This publication “provides joint doctrine for the planning and conduct of civil-military operations (CMO) by joint forces, the use of civil affairs forces, the conduct of civil affairs operations, and the coordination with other capabilities contributing to the execution of CMO to achieve unified action.”
6/2008	National Defense Strategy	“The National Defense Strategy (NDS) serves as the Department’s capstone document in the long-term effort [to provide national security]. It flows from the [National Security Strategy] NSS and informs the National Military Strategy. It also provides a framework for other DoD strategic guidance, specifically on campaign and contingency planning, force development, and intelligence. ...It addresses how the U.S. Armed Forces will fight and win America’s wars and how we seek to work with and through partner nations to shape opportunities in the international environment to enhance security and avert conflict.”
4/21/2008	Guidance for the Employment of the Force As outlined in a primer from the Naval War College, NWC 2061B (6/1/2008)	The Guidance for the Employment of the Force (GEF) is not an unclassified document. This primer from the Naval War College provides an unclassified overview of the GEF. According to the <i>DSCA Campaign Support Plan 2010</i> , “the GEF is a strategic planning guidance” and identifies security cooperation focus areas for campaign planning. Furthermore, “the GEF end-states are strategic in nature and designed to support broader U.S. Government foreign policy. They usually reflect longer-term goals that cannot be achieved in the near or mid-term.” DSCA’s document goes on to state, “The GEF transitions DoD planning from a contingency-centric approach to a strategy-centric approach by initiating planning from the perspective of achieving broad theater or functional end states instead of from the context of particular contingencies. The centerpiece of the GEF is the requirement for Combatant Commanders to develop campaign plans that integrate and synchronize the “steady-state” activities and operations a Combatant Commander must perform to achieve the regional or functional end states specified in the GEF. The GEF’s emphasis on “steady-state” activities to achieve end states and objectives reflects the centrality of security cooperation activities in U.S. national strategic guidance documents. The GEF provides prioritization guidance to inform resource allocation by DoD components. It lists theater and functional end states in priority order to assist Combatant Commanders and others in determining how to apply resources.”
3/1/2008	Joint Strategic Capabilities Plan (JSCP) As outlined in a primer from the Naval War College, NWC 2061B (6/1/2008)	According to the <i>DSCA Campaign Support Plan 2010</i> , the JSCP, the GEF’s “companion document, provides the Chairman of the Joint Chiefs of Staff’s implementing guidance and formally tasks the development of specific campaign, campaign support, and contingency plans.”
2008	The Military Health System Strategic Plan: A Roadmap for Medical Transformation	This updated version of the military health system’s (MHS) joint strategic plan highlights the following vision: for the MHS to be: “the provider of premier care for our warriors and their families, An integrated team ready to go in harm’s way to meet our nation’s challenges at home or abroad, a leader in health education, training, research and technology, a bridge to peace through humanitarian support, and a nationally recognized leader in prevention and health promotion.”
11/2/2007	Procedures for Deployment Health Surveillance MCM-0028-07	This Joint Staff Memorandum establishes and standardizes health surveillance and readiness for all military deployments. It established a framework to “protect Service members from all health and environmental hazards associated with military service.” <i>Succeeds:</i> MCM-0006-02, “Updated Procedures for Deployment Health Surveillance and Readiness” (2002), and MCM-251-98, “Deployment Health Surveillance and Readiness” (1998).
12/2006	Military Support for Stabilization, Security, Transition, and Reconstruction Operations Joint Operating Concept (2.0)	The Joint Operating Concept (JOC) describes “how the future Joint Force Commander (JFC) will provide military support to stabilization, security, transition, and reconstruction operations within a military campaign in pursuit of national strategic objectives in the 2014-2026 time frame. This joint operating concept posits an operational level solution for a very challenging future military problem: how the Joint Force can more effectively prepare for and conduct stabilization, security, transition and reconstruction operations to assist government or regions under serious stress. Additionally, this JOC identifies the operational capabilities required for achieving military campaign objectives and effects in support of national strategic end-states.”
12/2006	Counterinsurgency Field Manual FM 3-24/MCWP 3-33.5	This U.S. Army/Marine Corps field manual “takes a general approach to counterinsurgency operations. ... This manual therefore addresses the common characteristics of insurgencies. It strives to provide those conducting counterinsurgency campaigns with a solid foundation for understanding and addressing specific insurgencies. A counterinsurgency campaign is, as described in this manual, a mix of offensive, defensive, and stability operations conducted along multiple lines of operations. It requires Soldiers and Marines to employ a mix of familiar combat tasks and skills more often associated with nonmilitary agencies. The balance between them depends on the local situation.”
10/31/2006	Health Service Support Joint Publication 4-02	This publication “provides doctrine for the planning and execution of force health protection and health service support at the operational level, throughout the range of military operations.”
5/12/2006	Military Support for Stability, Security, Transition and Reconstruction Operations CJCS Notice 3245.01	“This notice designates the Joint Staff office of primary responsibility for matters pertaining to stability operations, security assistance, technology transfer, and the Office of the Coordinator for Reconstruction and Stabilization (S/CRS); delineates Joint Staff directorates, Services, and combatant commands involvement in specific SSTR-related issues; and requires the Service Chiefs and combatant commanders to provide point-of-contact information for military officers assigned as coordinating authorities IAW DODD 3000.05, “Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations” (2005).

TABLE B-2: KEY GUIDANCE AND OTHER RELATED DOCUMENTS RELEVANT TO DOD'S GLOBAL HEALTH-RELATED ACTIVITIES

Year	Title	Description
2/1/2006	National Military Strategic Plan for the War on Terrorism (NMSP-WOT)	"The NMSP-WOT outlines the Department's strategic planning and provides strategic guidance for military activities and operations in the GWOT. The document guides the planning and actions of the Combatant Commands, the Military Departments, Combat Support Agencies and Field Support Activities of the United States to protect and defend the homeland, attack terrorists and their capacity to operate effectively at home and abroad, and support mainstream efforts to reject violent extremism."
10/3/2003	Security Assistance Management Manual DoD 5105.38-M	This DSCA manual "provides guidance for the administration and implementation of Security Assistance and related activities." <i>Cancel:</i> DoD 5105.38-M, "Security Assistance Management Manual" (1988); <i>Reissued:</i> under the authority of DoDD 5105.65, "Defense Security Cooperation Agency" (2000)
6/16/1995	Joint Doctrine for Military Operations Other Than War Joint Publication 3-07	This publication "explains how military operations other than war (MOOTW) differ from large-scale sustained combat operations. It addresses purpose, principles, types of operations and planning considerations. A doctrinal basis is provided for related joint tactics, techniques, and procedures (JTTP) publications which address specific types of MOOTW."
12/30/1994	Peace Operations FM 100-23	This Army field manual (FM) "provides guidance for the full range of peace operations, to include support to diplomacy (peacemaking, peace building, and preventive diplomacy), peacekeeping (PK), and peace enforcement (PE). It addresses the environment of peace operations, related concepts, principles, and fundamentals, to include planning, operational considerations, training, and supporting functions."
Non-DoD Documents		
7/31/2012	National Strategy for Biosurveillance	"The National Strategy for Biosurveillance sets forth the United States Government approach to strengthen our national biosurveillance enterprise and describes a core set of functions critical to this Strategy's success. The approach builds on existing biosurveillance concepts and capabilities in seeking to enable more rapid detection, knowledge, and characterization of human, animal, or plant disease activity to enhance incident situational awareness. At the same time, this Strategy outlines an approach that is more selective and deliberate in its intent. The Strategy defines biosurveillance as the process of gathering, integrating, interpreting, and communicating essential information related to all-hazards threats or disease activity affecting human, animal, or plant health to achieve early detection and warning, contribute to overall situational awareness of the health aspects of an incident, and to enable better decisionmaking at all levels."
7/21/2011	Policy Guidance for DoD Overseas Humanitarian Assistance Program (HAP) A Mandatory Reference for ADS Chapter 201	"This message provides and refines policy guidance for DoD humanitarian assistance (HA) funded with the overseas humanitarian disaster and civic aid (OHDACA) appropriation[s]. These programs are under the joint oversight of the Deputy Assistant Secretary of Defense for Partnership Strategy & Stability Operations (PS&SO) and the Defense Security Cooperation Agency (DSCA). Humanitarian civic assistance, disaster response rules/procedures, and humanitarian mine action are addressed under separate cover."
6/28/2011	National Strategy for Counterterrorism	This document outlines the U.S. strategy for combating terrorism. The strategy "maintains our focus on pressuring al-Qa'ida's core while emphasizing the need to build foreign partnerships and capacity and to strengthen our resilience. At the same time, our strategy augments our focus on confronting the al-Qa'ida-linked threats that continue to emerge from beyond its core safe haven in South Asia."
5/1/2010	National Security Strategy	This document outlines the National Security Strategy that begins with "a commitment to build a stronger foundation for American leadership" in an interconnected world. As part of its focus on international issues the strategy states, "We must focus American engagement on strengthening international institutions and galvanizing the collective action that can serve common interests such as combating violent extremism; stopping the spread of nuclear weapons and securing nuclear materials; achieving balanced and sustainable economic growth; and forging cooperative solutions to the threat of climate change, armed conflict, and pandemic disease."
11/23/2009	National Strategy for Countering Biological Threats	This strategy "provides a framework for future United States Government planning efforts that supports the overall National Biodefense Strategy." It addresses achieving the goal of protecting against the misuse of the life sciences to develop or use biological agents to cause harm. Among the objectives of the Strategy is promoting global health security. It is "targeted to reduce biological threats by: (1) improving global access to the life sciences to combat infectious disease regardless of its cause; (2) establishing and reinforcing norms against the misuse of the life sciences; and (3) instituting a suite of coordinated activities that collectively will help influence, identify, inhibit, and/or interdict those who seek to misuse the life sciences."

SOURCES

¹ USC Title 10.

² Department of Defense (DoD), "DoD Issuances," June 5, 2011, available at: http://www.dtic.mil/whs/directives/corres/writing/DoD_Issuances.ppt (accessed July 25, 2011).

³ DoD, "DoD Website for DoD Issuances," website, <http://www.dtic.mil/whs/directives/>.

⁴ No internet-accessible copy is available for this reference.



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