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OPNAVINST 6700.2
AFR 160-29
MCO 5420.18A**

Organization and Functions

Joint Field Operating Agencies of the Office of The Surgeon General of the Army

**Headquarters
Departments of the Army,
the Navy, the Air Force,
and the Marine Corps
Washington, DC
16 August 1988**

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SUMMARY of CHANGE

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Joint Field Operating Agencies of the Office of The Surgeon General of the Army

This revision --

- o Consolidates AR 10-64, AR 10-65/OPNAVINST 6700.1/AFR167-4/MCO 5420.18, AR 10-66, AR 10-68, and AR 10-76.
- o Deletes extraneous material from chapter 8, Armed Forces Institute of Pathology, to conform with AR 310-9 guidelines governing AR 10-series regulations.
- o Includes organization and functions of the Armed Forces Medical Intelligence Center.

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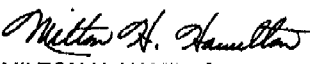
Organization and Functions

Joint Field Operating Agencies of the Office of The Surgeon General of the Army

By Order of the Secretary of the Army:

CARL E. VUONO
*General, United States Army
Chief of Staff*

Official:


MILTON H. HAMILTON
*Administrative Assistant to the
Secretary of the Army*

By Order of the Secretary of the Navy:

C. A. H. TROST
*Admiral, United States Navy
Chief of Naval Operations*

J. R. DALRYMPLE
*Rear Admiral, United States Navy
Assistant Vice Chief of Naval Operations*

J. I. HUDSON
*Lieutenant General, United States Marine
Corps
Deputy Chief of Staff for Manpower*

By Order of the Secretary of the Air Force:

LARRY D. WELCH
*General, USAF
Chief of Staff*

WILLIAM O. NATIONS
*Colonel, USAF
Director of Information Management
and Administration*

A. M. GRAY
*General, United States Marine Corps
Commandant of the Marine Corps*

History. This UPDATE printing publishes a revision that is effective 16 September 1988. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This revision consolidates several regulations. It prescribes the missions, functions, and command and staff relationships of the Armed Forces Medical Intelligence Center, the Armed Services Blood Program Office, the Department of Defense Medical Standardization Board, the Armed Forces Epidemiological Board, the Joint Army-Air Force Medical Library, the Armed Forces Pest Management Board, and the Armed Forces Institute of Pathology. It also identifies the relationship of The Surgeon General of the Army to these field operating agencies.

Applicability. This regulation applies to all medical services and includes those of the Active Military Services, the National Guard, and the Reserves.

Proponent and exception authority. Not applicable

Impact on New Manning System This

regulation does not contain information that affects the New Manning System.

Army management control process. Not Applicable

Committee Continuance Approval. The DA Committee Management Officer concurs in the continuance of the Department of Defense Medical Standardization Board that was established by Department of Defense Directive (DODD) 5154.18, 18 April 1962, and implemented by AR 10-65, 15 July 1980; the Armed Forces Epidemiological Board, which was established by DODD 5154.8, 8 October 1953, and implemented by AR 10-66, 15 May 1980; and the Armed Forces Pest Management Board, which was established by DODD 5154.12, 17 November 1956, and implemented by AR 10-76, 15 September 1980.

Supplementation. Supplementation of this regulation and the establishment of forms other than DA forms is prohibited without prior approval from The Surgeon General, HQDA (DASG-HCD), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy

interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is The Surgeon General of the Army. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) or related form to HQDA (DASG-HCD), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

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Glossary

Chapter 1 General

1-1. Purpose

This regulation—

a. Establishes the relationship of The Surgeon General (TSG) to the following joint field operating agencies (FOAs):

- (1) Armed Forces Medical Intelligence Center (AFMIC).
- (2) Armed Services Blood Program Office (ASBPO).
- (3) Department of Defense Medical Standardization Board (DMSB).
- (4) Armed Forces Epidemiological Board (AFEB).
- (5) Joint Army-Air Force Medical Library (AAFJML).
- (6) Armed Forces Pest Management Board (AFPMB).
- (7) Armed Forces Institute of Pathology (AFIP).

b. Outlines the missions, functions, and relationships of these FOAs.

1-2. References

Required and related publications are listed in Appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and terms used in this regulation are defined in the glossary.

1-4. Policy

TSG, as a member of the Army Staff, establishes policy in certain functional areas based on recommendations from the Office of The Surgeon General (OTSG) FOAs.

Chapter 2 Armed Forces Medical Intelligence Center

2-1. Mission

The AFMIC will—

a. Act as the sole source of medical intelligence for the Department of Defense (DOD) and other Federal agencies as required.

b. For the aforementioned agencies—

- (1) Produce foreign medical scientific and technical intelligence (S&TI).
- (2) Produce general medical intelligence (GMI) studies and reports.
- (3) Produce foreign biological warfare (BW) studies and reports.
- (4) Administer all aspects of the Foreign Medical Materiel Exploitation Program.
- (5) Provide “quick response” foreign medical intelligence support.

2-2. Functions

a. The functions of the AFMIC are to—

(1) Develop and maintain DOD data bases on foreign GMI and medical S&TI and a DOD data base on foreign BW S&TI, in accordance with DODD 7750.5.

(2) Produce finished intelligence in response to Defense Intelligence Agency validated consumer requirements.

(3) Produce the “AFMIC Weekly Wire,” a timely analysis of current foreign medical and BW data.

(4) Provide briefings as required.

(5) Administer the acquisition, exploitation, and disposition of foreign medical materiel.

b. The Director, AFMIC, will—

(1) Provide the Interdepartmental Advisory Panel with—

(*a.*) An annual program review and a semiannual program process review.

(*b.*) Copies of inspection reports rendered by the Department of the Army Inspector General, Department of the Army Deputy Chief of Staff for Intelligence (DCSINT), or Department of the Army Surgeon General (DASG).

(2) Maintain a host/tenant service support agreement between the

Director, AFMIC, and the Commander, U.S. Army Garrison, Fort Detrick, MD, for base operations support.

2-3. Relationships

a. The AFMIC is a joint agency of the DOD, subject to the authority, direction, and control of the Secretary of Defense. Management authority is delegated to the Secretary of the Army (SA), who as Executive Agent, exercises this authority through the DCSINT and TSG.

b. The SA will program, budget, and finance all costs of operation, to include manpower control and utilization, personnel, security, space, supplies, and other related administrative provisions and services. The SA may redelegate this authority in connection with these responsibilities within the command structure of the DA. Military pay and allowances and permanent change of station (PCS) costs are provided by the respective military departments.

c. Operational management and structure of the AFMIC are detailed within and governed by DOD 6420.1-R.

Chapter 3 Armed Services Blood Program Office

3-1. Mission

The ASBPO will coordinate the blood programs of the military departments and unified commands.

3-2. Functions

The functions of the ASBPO are to—

a. Monitor the implementation of Armed Services Blood Program policies established by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

b. Maintain and issue plans to coordinate the collection, processing, distribution, and management of blood and blood components of the military departments and unified commands.

c. Coordinate plans, policies, and procedures with the military departments and unified commands.

d. Coordinate plans and actions that have military operational impact with the Office of the Joint Chiefs of Staff.

e. Prescribe information requirements as needed to ensure an effective blood program.

f. Advise the Defense Logistics Agency (DLA) on—

(1) Procurement of blood products.

(2) Mobilization and industrial mobilization needs for natural and synthetic plasma expanders.

g. Develop, recommend, and monitor coordinated policies to—

(1) Collect, procure, process, store, issue, and manage whole blood products.

(2) Determine acceptability, issue, and use of blood products and synthetic or other nonhuman plasma volume expanders.

h. Request emergency and mobilization military needs for whole blood products from the military departments and unified commands; determine total DOD requirements.

i. Approve publications on blood banking that will be used as minimum standards by the military departments.

j. Coordinate with the DMSB on essential characteristics of blood bank equipment and reagents.

k. Act on overseas requests from theater commanders for whole blood products and on continental United States (CONUS) requests that exceed the resources of the military departments.

l. When authorized by ASD(HA), request that DLA use standby contracts to procure blood products from civilian sources. This will occur when military department needs exceed internal blood collections and processing.

m. Coordinate research and development (R&D) needs of the Armed Services Blood Program. Submit these needs through the ASD(HA) to the Director of Defense Research and Engineering (DDRE).

n. Coordinate technical aspects of blood research programs when requested by the DDRE.

3-3. Relationships

a. The ASBPO is a joint DOD FOA subject to the authority, direction, and control of the Secretary of Defense, under operational control of the Joint Chiefs of Staff. Management authority is delegated to the SA who, as Executive Agent, exercises this authority through TSG. Staff supervision is provided by the Director, Health Care Operations, OTSG.

b. The Director, ASBPO, is selected by agreement among TSGs of the Army, Navy, and Air Force and appointed by the ASD(HA). Officers of the ASBPO will be designated as deputy directors.

c. The ASD(HA) provides policy guidance for the Armed Services Blood Program.

d. The SA, in Support of the Armed Services Blood Support Program, will—

(1) Provide administrative support for the internal administration and operation of the ASBPO.

(2) Program, budget, and finance all ASBPO operating costs. This does not include the pay, allowances, and PCS travel of military members and assigned staff. These funds are provided by the respective military departments.

(3) Upon mobilization, fund for blood product procurement from civilian sources, including the cost of transportation to the Armed Services Whole Blood Processing Laboratory. This procurement may be made when military needs exceed supply.

e. The Director, ASBPO, will communicate directly with Government and civilian agencies on matters involving blood and related items.

Chapter 4 Department of Defense Medical Standardization Board

4-1. General

a. Establishment: See the committee continuance approval on the title page.

b. The purpose of the DMSB is to—

(1) Improve the medical readiness posture of the military services.

(2) Support more efficient health care, conserve resources, and improve operational flexibility, interoperability, and the readiness posture.

(3) Jointly coordinate the clinical, technical, and logistical aspects of medical materiel and standardize medical materiel for use by all military services both for war reserve and peacetime operating stock.

(4) Achieve maximum standardization of DOD Deployable Medical Systems (DEPMEDS) within the military services consistent with each Service's mission(s) and with exceptions made for ship- and aircraft-configured systems.

(5) Promote and stimulate the coordination, exchange, and critical evaluation of information to achieve objectives.

(6) Provide a forum to discuss and resolve differences.

(7) Maximize use of standardized service and DOD materiel from various commodity managers, where practicable, in support of DEPMEDS.

c. Composition, direction and control, and administrative support:

(1) Membership. The DMSB will consist of at least one medical department officer at or equivalent to the Army rank of brigadier general or above from each of the military services. The chairperson will be selected by TSGs and the Chief of Staff, Headquarters, U.S. Marine Corps. The chairperson position will rotate every 2 years among the military services without regard to seniority.

(2) Observers. The ASD(HA) and the Director of DLA will each designate a representative to take part in all DMSB meetings as an

observer. The chairperson may invite others to attend meetings as appropriate to the subjects to be discussed.

(3) Staff.

(a) The DMSB staff will operate on a full-time basis and be composed of one Medical Corps officer, at or equivalent to Army colonel; one Dental Corps officer, at or equivalent to Army colonel; and such other military and civilian personnel as required to support and accomplish its mission. Military personnel will be provided the medical services on a mutually agreed basis.

(b) The DMSB will designate the colonel or equivalent Medical Corps officer as the Staff Director. The Dental Corps officer will act as deputy to the Staff Director in directing staff efforts and assume responsibilities of the Staff Director when required. The Staff Director position and Deputy Staff Director position will rotate among the services every 4 years.

(c) The Staff Director will—

1. Conduct the clinical and administrative affairs of the DMSB.

2. Provide the administrative support to all coordinating groups.

(d) For purposes of administration, all personnel, while assigned to the staff, will report to the Staff Director through the staff organization.

(e) The DMSB staff will perform the prescribed functions and develop and maintain DMSB staff instructions that outline specific responsibilities and operating procedures. This should ensure the capability to support the DMSB mission. These staff instructions must be coordinated with each military service and approved by the ASD(HA).

(4) The DMSB will establish joint military services coordinating groups, as necessary, to accomplish its mission. These groups will include the Joint Services Deployable Medical Systems Coordinating Group (JSDMSCG), Joint Services Medical Logistics Coordinating Group (JSMLCG), Joint Services Dental Materiel Coordinating Group (JSDMCG), Joint Services Clinical Review Group (JSCRG), Joint Services Nursing Advisory Group (JSNAG), and Joint Services Pharmaceutical Advisory Group (JSPAG). The coordinating groups will function in accordance with directions issued by the DMSB. All coordinating groups will report to the DMSB through the Staff Director.

(5) Meetings of the DMSB will be conducted at the call of the chairperson, but no less frequently than quarterly. Each military service will have one vote on all pertinent matters. Minutes of each meeting will be furnished to TSGs, the Commandant of the Marine Corps, and all observers.

(6) The DMSB will—

(a) Direct the development of DEPMEDS standardization to the maximum extent consistent with the distinct missions of the military services.

(b) Provide clinical advice on the allocation and priorities of critical medical materiel assets.

(c) Direct development and modifications of computer models for joint military service medical requirements and capabilities.

(d) Direct the standardization of medical materiel by the military services for war reserve materiel and peacetime operating stocks.

(e) Develop lists of suitable substitutes of interchangeable items of medical materiel.

(f) Ensure item entry of all newly standardized medical materiel items into the DOD supply system.

(g) Ensure the retention or deletion of standardized medical items in the DOD supply system.

(h) Determine items for which sources of supply will be limited to selected producers that meet military service clinical needs and designate the acceptable sources of supply.

(i) Operate a single point of contact for, and maintain liaison between, DLA and other Government agencies in all clinical and technical matters involving medical materiel.

(j) Provide advice to DLA to assist it in carrying out the technical medical materiel functions assigned to it.

(k) Evaluate and approve or disapprove requests for waivers and deviations from essential characteristics. No item of medical materiel that deviates from its established essential characteristics may be procured without prior approval of the DMSB. This restriction does

not apply to items stocked by the DLA's Medical Stockage Program.

(l) Provide a forum for the timely exchange of information with the military medical community for R&D projects of medical materiel interest. Thus, essential characteristics for the resultant items can be developed and integrated into the medical supply system without delay.

(m) Monitor completely all actions of the Directorate of Medical Materiel, Defense Personnel Support Center (DPSC), DLA, on Type I complaints, and review Type II and Type III complaints (as defined by DLA Reg 4155.28) on the basis of information copies unless additional features are required.

(n) Provide all standardized recommendations on DEPMEDS to TSGs of the military departments and the Commandant of the Marine Corps for military service approval.

(o) Consider all recommendations on the clinical and technical aspects of medical materiel under authority delegated by TSGs of the military departments for approval.

(p) Be the preparing activity for medical standardization documents and all other medically related items. The DPSC will act as agent for the DMSB in preparing standardization documents.

(q) Ensure that specifications covering medical materiel conform with essential characteristics.

(r) Forward military service-approved, standardized, DEPMEDS to the ASD(HA) for approval.

(s) Submit to the DOD Health Council, for resolution, any issue that the military services cannot agree on.

(t) Ensure that only shelters approved by the Joint Committee on Tactical Shelters (DOD Instruction 4500.37) will be included in, or used with, any deployable medical system (DMS).

(u) Direct, review, and approve all actions taken by the DMSB staff.

(v) Perform additional duties and responsibilities as assigned by the ASD(HA).

(7) Heads of the military services, or their designees, will—

(a) Acquire only those deployable medical systems submitted by the DMSB and approved by the ASD(HA).

(b) Make maximum use of the standardized DOD materiel available from various commodity managers.

(c) Ensure that any DMS required to be operational during the period before sealift can be effected will be pre-positioned at or near the point of intended use.

(d) Provide pay, allowance, and PCS travel for military personnel assigned to the DMSB staff.

(8) The SA, or designee, will—

(a) Provide administrative support for the internal administration and operation of the DMSB, including—

1. Civilian personnel requirements.
2. Civilian personnel and security administration.
3. Inspections.
4. Space.
5. Facilities.
6. Supplies.
7. Other administrative provisions and services.

(b) Program, budget, and finance all costs of operations of the DMSB and its staff to include civilian pay and allowances. Pay, allowances, and PCS travel costs for military members are provided by the respective military departments.

(c) Use Federal, Defense, and Department of the Army (DA) regulations and procedures to provide support to the DMSB.

4-2. DMSB staff

a. Mission. The DMSB staff, working with each military service, provides effective management of the clinical and technical aspects of medical materiel and the DEPMEDS. The staff will, through cooperative efforts with the Federal Government and industrial organizations concerned with medical materiel, control costs and maintain the quality of products furnished to the military services.

b. Functions. The DMSB staff will—

(1) Provide joint plans, coordination, and guidance for DEPMEDS in executing directions received from the DMSB.

(2) In conjunction with the joint services coordinating groups, develop and execute plans of action to accomplish milestones established by the DMSB by working with the medical and nonmedical organizations and agencies.

(3) Act as liaison through direct communication with the Academy of Health Sciences, U.S. Army, and joint services coordinating groups to develop the data base and health care modeling for DEPMEDS.

(4) Act for the DMSB as the DEPMEDS data file manager.

(5) Act as a focal point for joint military service consideration of reviews or changes to functional modules of the DEPMEDS. Ensure that recommended changes are reviewed, as appropriate, for clinical, logistical, and other military considerations. Ensure that a consensus recommendation is prepared in coordination with the joint services coordinating groups for review and approval in accordance with ASD(HA) policy. The Staff Director may call joint meetings of the coordinating groups, as necessary, for this purpose.

(6) In conjunction with the joint military services coordinating groups, prepare and maintain the consolidated DEPMEDS Standardization Status Matrix Chart and applicable detailed justification data.

(7) Maintain the matrix of DOD field medical facilities and a comparison of their associated materiel and cost.

(8) Manage the clinical and technical aspects of all classes of medical materiel as they relate to the introduction into, retention within, and deletion from the DOD supply system.

(9) Prepare essential characteristics for each item of medical materiel to be standardized in the DOD supply system; forward this information to the DPSC, Directorate of Medical Materiel (DPSC/R), the agent for the DMSB that prepares standardization documents. Ensure the essential characteristics accurately describe the item required by the military services.

(10) Ensure that essential characteristics of standard medical items comply with applicable Federal regulations and standards, unless specifically exempted because of military requirements. Ensure that applicable international standardization agreements are incorporated into the essential characteristics. The essential characteristics will be identified as pertaining to the applicable international standardization agreement.

(11) Review specifications and purchase descriptions and drawings prepared by DPSC/R to ensure conformance with established essential characteristics.

(12) Render clinical and technical judgement to approve or deny requests from DPSC/R for waivers and deviations of essential characteristics.

(13) Ensure that staff actions are properly coordinated with the military medical services and, when appropriate, DPSC/R and documented in such a way that a clear history can be readily constructed.

(14) Keep informed on the latest developments and technology relative to medical materiel through review of military medical materiel R&D, literature, attendance at appropriate meetings and conferences, and visits to other Government agencies and production facilities of industry.

(15) Identify, evaluate, and recommend replacement items for items being deleted.

(16) Identify, evaluate, and recommend substitute items for standard items.

(17) Develop and maintain lists of suitable substitute or interchangeable items of medical materiel for mobilization purposes.

(18) Develop and maintain lists of significant mobilization medical materiel items (D-day, and so forth).

(19) Determine items for which sources of supply will be limited to selected producers to meet military service clinical and logistics support requirements and designate the acceptable sources of supply.

(20) Evaluate and adjudicate all DPSC/R actions pertaining to Type I complaints. Further liaison with the Food and Drug Administration, the manufacturer, and other medical agencies is authorized to broaden awareness of possible medical hazards.

(21) Evaluate medical materiel complaints submitted by military

department field activities. Revise essential characteristics on the basis of the complaint analysis to reduce or eliminate recurrence of the cause of the complaint. Review Type II and Type III complaints on the basis of the information copies unless additional facts are required.

(22) Render clinical advice on the allocation and priorities of critical medical materiel assets.

(23) Perform a continuing review of the standard items to identify the candidates for deletion and furnish rationale for proposed actions.

(24) Exchange timely information with the military medical R&D community for projects of medical materiel interests.

(25) Coordinate development and modification of computer models for joint military service medical requirements and capabilities.

(26) Prepare all recommendations on the clinical and technical aspects of medical materiel for approval by DMSB as delegated by TSGs.

(27) Conduct special studies and projects relevant to medical materiel as required.

(28) Refer to the chairperson of the DMSB any matter that cannot be properly resolved.

4-3. Joint Services Deployable Medical Systems Coordinating Group

a. Mission. The JSDMSCG provides a mechanism to achieve maximum commonality of medical and nonmedical materiel in a field environment to—

- (1) Improve operational readiness.
- (2) Reduce duplication.
- (3) Conserve resources.
- (4) Improve operational flexibility.
- (5) Provide health care more efficiently.
- (6) Reduce logistics complexity.

b. Organization and management.

(1) *Membership.* The JSDMSCG membership will consist of the project manager/system coordinator of DEPMEDS for each military service. The Staff Director of the DMSB and a designated representative of the ASD(HA) and DLA will take part as observers. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individuals.

(2) *Chair.* The Assistant Staff Director, DEPMEDS/Project Coordinator, will serve as chairperson.

(3) *Meetings.* The JSDMSCG meetings will be conducted at the call of the chairperson at least quarterly. Each military service will have one vote on all pertinent matters.

(4) *Administrative support.* The Staff Director of DMSB will provide administrative support to the JSDMSCG. This includes preparation of minutes of meetings and their distribution to members.

c. Functions. The primary functions of the JSDMSCG is to facilitate joint service commonality and maximum standardization of DEPMEDS. The JSDMSCG will—

(1) Identify and promote new initiatives to keep abreast of changing technology and military requirements.

(2) Coordinate the selection of all medical materiel and nonmedical materiel including shelters, utility systems, communication networks, laundries, food preparation and service, and vehicles that are used to operate DEPMEDS. Only rigid-wall shelters approved by the Joint Committee on Tactical Shelters will be selected as components of DEPMEDS.

(3) Refer to the chairperson of the DMSB any matter that cannot be promptly resolved.

(4) Present minutes of each JSDMSCG meeting to the DMSB for approval following review and comment by the Staff Director.

4-4. Joint Services Medical Logistics Coordinating Group

a. Mission. The JSMLCG provides a forum to establish joint military service consensus and unified positions on the logistics aspects of medical materiel.

b. Organization and management.

(1) *Membership.* The JSMLCG membership will consist of medical logistics chiefs of the military services; the Director of Medical Materiel, DSPC; and the Staff Director of the DMSB. A designated representative of the ASD(HA) will take part as an observer. Each medical logistics chief will be responsible for presenting the position of his or her military service on each subject to be considered. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individuals.

(2) *Chair.* The chairperson will be selected by the members. This position will be rotated every 2 years.

(3) *Meetings.* The JSMLCG will meet at the call of the chairperson at least quarterly.

(4) *Administrative support.* The Staff Director of DMSB will provide administrative support to JSMLCG, including preparation of minutes of meetings and their distribution to members.

c. Functions. The primary responsibility of the JSMLCG is the development of a joint military service consensus on logistics aspects of medical materiel. The JSMLCG will—

(1) Ensure that complete logistical analysis has been accomplished for all medical materiel identified for use in DEPMEDS.

(2) Monitor the actions of the DMSB staff in standardizing materiel for war reserve materiel and peacetime operating stocks.

(3) Refer to the chairperson of the DMSB any matter being considered that cannot be promptly resolved.

(4) Present the minutes of each JSMLCG meeting to the DMSB for approval following review and comment by the Staff Director.

4-5. Joint Services Dental Materiel Coordinating Group

a. Mission. The JSDMCG serves as a forum to manage dental materiel used by the military services. It coordinates the identification of professional requirements with the necessary logistical support.

b. Organization and management.

(1) *Membership.* The JSDMCG membership will consist of the DMSB Deputy Staff Director and a senior Dental Corps representative from each military service. The Staff Director of the DMSB and a designated representative of the ASD(HA) will take part as observers. The DMSB Deputy Staff Director will serve as chairperson. The Dental Corps members will be appointed and authorized by TSGs to represent their branch in matters of dental materiel involving clinical requirements. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individual.

(2) *Meetings.* The JSDMCG will meet at the call of the chairperson at least quarterly.

(3) *Administration.* The Staff Director, DMSB, will provide administrative support to the JSDMCG.

c. Functions. The JSDMCG will—

(1) Recommend to the DMSB all items of dental materiel to be introduced into, retained in, and deleted from the DOD supply system.

(2) Recommend substitution relationships for dental materiel to provide maximum capability and flexibility.

(3) Coordinate the evaluation of dental materiel by the military services to increase efficiency and prevent duplication of effort.

(4) Recommend special military requirements involving restricted procurement to the DSMB.

(5) Advise the DMSB on—

(a) Development of essential characteristics that provide the level of performance required by the military services.

(b) Acceptability of waivers and deviations from this level.

(6) Refer to the chairperson of the DMSB matters being considered that cannot be promptly resolved.

(7) Present the minutes of each JSDMCG meeting to the DMSB for approval following review and comment by the Staff Director.

4-6. Joint Services Clinical Review Group

a. Mission. The JSCRG serves as a forum to establish joint military medical services consensus on clinical aspects of health care delivery in the DEPMEDS.

b. Organization and management.

(1) *Membership.* The JSCRG membership will consist of the Staff Director of the DMSB and a senior medical officer of each military service. A designated representative of the ASD(HA) will take part as an observer. The Staff Director will serve as chairperson. Each service member will be responsible for presenting the position of his or her military service on each subject to be considered. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individuals.

(2) *Meetings.* The JSCRG will meet at the call of the chairperson at least quarterly.

(3) *Administrative support.* The Staff Director of the DMSB will provide administrative support to JSCRG, including preparation of minutes of meetings and their distribution.

c. Functions. The JSCRG will—

(1) Recommend to the DMSB all items of medical materiel of the DEPMEDS to be introduced into, retained in, and deleted from the DOD supply system.

(2) Advise the DMSB on means to achieve maximum commonality of medical materiel in DEPMEDS.

(3) Recommend to the JSDMSCG clinical requirements to be incorporated into the DEPMEDS.

(4) Recommend to the DMSB the appropriate D-day significant requirements.

(5) Review the DEPMEDS clinical data base to ensure compatibility with field operation of the systems for each of the military services.

(6) Refer to the chairperson of the DMSB any matter that cannot be promptly resolved.

(7) Present the minutes of each JSCRG meeting to the DMSB for approval following review and comment by the Staff Director.

4-7. Joint Services Nursing Advisory Group

a. Mission. The JSNAG serves as a forum to establish joint military service consensus and unified positions on the nursing aspects of the DEPMEDS.

b. Organization and management.

(1) *Membership.* The JSNAG membership will consist of a senior Nurse Corps officer from each of the military services and the DMSB. A designated representative of the ASD(HA) will be an observer. Each member will be responsible for presenting the position of his or her military service on each subject to be considered. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individual.

(2) *Chair.* The chairperson will be selected by the members. This position will rotate every 2 years.

(3) *Meetings.* The JSNAG will meet at the call of the chairperson at least quarterly. The Staff Director of DMSB will provide administrative support to the JSNAG, including preparation of minutes of meetings and their distribution to members.

c. Functions. The JSNAG will—

(1) Advise the DMSB on means to achieve maximum commonality on nursing elements of the DEPMEDS.

(2) Review the DEPMEDS clinical data base to ensure compatibility of field nursing systems of each military service.

(3) Recommend to the DMSB, in coordination with the JSCRG, nursing requirements to be incorporated into the DMSB.

(4) Refer to the chairperson of the DMSB any matter that cannot be properly resolved.

(5) Present the minutes of each JSNAG meeting to the DMSB for approval following review and comment by the Staff Director.

4-8. Joint Services Pharmaceutical Advisory Group

a. Mission. The JSPAG serves as a forum to establish joint military service consensus and unified positions on professional or technical issues concerning the economic procurement, retention, and deletion of pharmaceuticals in the DOD supply system.

b. Organization and management.

(1) *Membership.* The JSPAG membership will consist of the DMSB Assistant Staff Director for War Reserve Material (WRM) and Pharmaceuticals, a representative from each of the military

services, DPSC, and the Food and Drug Administration. A designated representative of the ASD(HA) will be an observer. Each member will be responsible for presenting the position of his or her military service or Federal agency on each subject to be considered. The chairperson may invite other persons to attend meetings if the subjects to be discussed are of interest to the individuals.

(2) *Chair.* The DMSB Assistant Staff Director for WRM and Pharmaceuticals will serve as chairperson of the JSPAG.

(3) *Meetings.* The JSPAG will meet at the call of the chairperson at least quarterly. The Staff Director, DMSB, will provide administrative support to the JSPAG, including preparation of minutes of meetings and their distribution to members.

c. Functions. The JSPAG will—

(1) Recommend policies that will ensure the most economical method of procurement, retention, and deletion of pharmaceuticals being required for mobilization (D-day Significant). The D-day Significant List of 6505 items is composed of those pharmaceuticals required for mobilization. The D-day list is intended to be the basis from which drugs are selected for field sets, kits, outfits, authorized medical allowance lists, and tables of allowance.

(2) Establish and monitor timeframes for the completion of projects that will enhance the economic procurement and retention of pharmaceuticals.

(3) Review and recommend changes to the list of pharmaceuticals identified for use in the DEPMEDS or as being D-day Significant.

(4) Provide joint military coordination with military research agencies concerning pharmaceuticals developed for medical readiness.

(5) Seek consultation from within the military or outside civilian sources on technical problems related to the economic retention and storage of WRM pharmaceuticals (that is, the expansion of shelf life and the use of new packaging or delivery systems).

(6) Provide a forum for the discussion of other technical problems referred to the JSPAG from the Pharmaceuticals and Pharmaceutical Supplies Branch.

(7) Refer to the chairperson of the DMSB any matter that cannot be properly resolved.

(8) Present the minutes of each JSPAG meeting to the DMSB Director for approval following review and comment by the Staff Director.

Chapter 5 Armed Forces Epidemiological Board

5-1. Establishment

See the committee continuance approval on the title page.

5-2. AFEB purpose

The purpose of the AFEB is to serve as a continuing, scientific advisory body to the ASD(HA) and TSGs of the military departments by providing timely, scientific, and professional advice on operational programs, policy development, and research needs for the prevention of disease and injury and promotion of better health.

5-3. Composition and direction and control

a. Membership. The AFEB is composed of approximately 15 members selected on the basis of their nationally recognized competence in fields allied to the functions of the Board. Members are selected and nominated by TSGs and appointed by the SA. Members of the Board are normally appointed as consultants to TSG. They are further organized into formal continuing subcommittees as ad hoc subcommittees to consider specific medical problems. A president will be elected from within the membership for a 2-year term.

b. Staff. The AFEB is assisted by an Executive Secretary (an officer of the Army, Navy, or Air Force), selected on the basis of demonstrated professional and administrative ability in the fields allied to Board functions. The Executive Secretary is appointed by

the SA based on nominations by TSGs. The appointment is for a 4-year term and rotates among the military departments in the order of Army, Navy, and Air Force. The Executive Secretary is assisted by such military and civilian personnel as may be required in the administration of the activities of the Board.

c. Meetings. The AFEB meets as necessary to accomplish its mission with the provision that a minimum of one formal meeting be held annually. The Board normally meets triannually upon call of the president. Minutes of each formal meeting will be provided to the ASD(HA) and TSGs.

5-4. Functions

The principal functions of the AFEB are to—

a. Develop timely professional advice and recommendations on operational programs and policy development in the broad area of disease and injury prevention and health promotion. This includes—

(1) Applying new technological and epidemiological principles to the control of acute and chronic diseases.

(2) Environmental pollution control.

(3) Occupational health.

(4) Design of new systems of health maintenance.

b. Review preventive medicine programs of the military departments as required.

c. When necessary, recommend that standing or ad hoc subcommittees or panels be set up to advise on urgent medical problems.

d. Report findings and recommendations to the ASD(HA), TSGs, and other agencies when required.

e. Provide annual reports to the Executive Agent and committee management authorities.

5-5. Relationships and administrative support

a. The AFEB is a joint agency of the military departments, and is subject to the authority, direction, and control of the Secretary of Defense. Management authority is delegated to the SA. As Executive Agent, the SA exercises this authority through TSG.

b. The SA will program, budget, and finance all costs of operation, including manpower control and utilization, personnel, security, space, supplies, and other related administrative provisions and services. The SA may redelegate this authority in connection with these responsibilities within the command structure of DA. Military pay and allowances and PCS costs are provided by the respective military departments.

c. The AFEB is under staff supervision of the Chief, Medical Corps Affairs, OTSG. Operational direction and supervision is executed through the ASD(HA).

d. The president of the Board and the Executive Secretary may communicate directly with DOD agencies, the military departments, other Government and non-Government agencies, and consultants on matters of mutual interest or responsibility.

Chapter 6 Joint Army-Air Force Medical Library

6-1. Mission

The mission of the Joint Medical Library is to provide biomedical and technical reference, educational, and research material and services in support of the medical and military missions of the Army and Air Force surgeons general.

6-2. Functions

The principal functions of the Joint Medical Library are to—

a. Acquire, maintain, and circulate a collection of professional journal titles, textbooks, and documents in biomedical and allied sciences.

b. Catalog, classify, and arrange the library collections for ready access.

c. Respond promptly to general biomedical requests.

d. Produce indepth biomedical reference and research literature searches and bibliographies.

e. Provide demand search retrieval of the DIALOG, National Library of Medicine, and DTIC data bases. Searches are performed for DASG and Air Force Surgeon General (AFSG) staffs, as well as overseas Army and Air Force medical staffs.

f. Maintain a liaison and coordinate with non-DOD medical libraries for exchange of information and interlibrary loans.

g. Loan biomedical material to the staffs of the DASG and the AFSG.

h. Handle biomedical queries from other Government agencies and the civilian community.

i. Review and analyze medical journals, texts, and documents for possible application to studies and research projects of the medical staff.

j. Process interlibrary loan requests for all overseas Army and Air Force medical facilities.

k. Provide consultation and onsite visits to overseas and CONUS Army and Air Force medical library facilities.

l. Represent DASG and AFSG on military medical library matters at DA and Department of the Air Force level and in the civilian community.

6-3. Relationships

a. The AAFJML, a joint health service agency of the OTSG, is under staff supervision of the Chief, Medical Corps Affairs, OTSG.

b. The SA will program, budget, and finance all costs of operation, including manpower control and utilization, personnel, security, space, supplies, and other related administrative provisions and services. The SA may redelegate this authority in connection with these responsibilities within the command structure of the DA. Military pay and allowances and PCS costs are provided by the respective military departments.

c. The Administrative Medical Librarian—

(1) Is responsible to the DASG for all operations of the Joint Medical Library.

(2) Will maintain liaison and communicate directly with the AFSG to ensure the Interservice Support Agreement is carried out.

Chapter 7 Armed Forces Pest Management Board

7-1. Establishment

See the committee continuance approval on the title page.

7-2. AFPMB purpose

The purpose of the AFPMB is to recommend policy, provide scientific advice, and enhance coordination among the DOD components on all matters related to pest management.

7-3. Composition and direction and control

a. Membership. The AFPMB is organized into a council and a directorate. The council is a part-time coordination and advisory body of pest management and natural resource professionals. The 13-member council is composed of four members from each military department and one member from DLA. Equal representation for the AMEDD and the Chief of Engineers will be provided. Other DOD agencies and nondefense governmental agencies provide non-voting agency or liaison representation on the Board. A chairperson and vice chairperson will be selected from within the council membership for 2-year terms.

b. Staff. The AFPMB staff consists of an Executive Director, Assistant Executive Director, Research Liaison Officer (RLO), Contingency Liaison Officer, the Defense Pest Management Information Analysis Center personnel, and support personnel. Appointees for the Executive Director, Assistant Executive Director, and RLO will rotate among the military services.

c. Meetings. Meetings of the AFPMB will be held triannually. Minutes of each meeting will be provided to council representatives

and agency members. An executive summary of each meeting will be provided to the appropriate levels within each military service. Additional meetings of selected members will be conducted at the call of the chairperson to conduct research program reviews or to solve specific pest management problems.

7-4. Functions

The functions of the AFPMB are to—

a. Develop and recommend policy to the Assistant Secretary of Defense (Production and Logistics) (ASD(P&L)) for the DOD Pest Management Program as described in DODD 4150.7.

b. Serve as an advisory body to DOD components and provide timely scientific and professional pest management advice.

c. Function as a coordinating activity of DOD for pest management.

d. Approve any introduction, stockage, and deletion of pest management materiel in the DOD supply system under DODD 4150.7.

e. Operate the Defense Pest Management Information Analysis Center.

f. Coordinate and develop requirements for pest management related research, development, and testing within DOD; provide technical coordination for the annual review of U.S. Department of Agriculture pest management research of interest to the DOD; provide recommendations to the Under Secretary of Defense for Acquisition and to other agencies performing research, development, and testing for the DOD.

g. Communicate directly with the DOD components, liaison representatives to the Board, and State officials with pest management responsibilities on scientific and technical pest management matters.

h. Establish committees within the Board membership to facilitate performance of Board functions (DODD 5105.18).

i. Perform other functions as specified in DODD 4150.7.

7-5. Relationships and administrative support

a. The AFPMB is a joint agency of the military departments, subject to the authority, direction, and control of the Secretary of Defense. Administrative and logistic support is delegated to the SA. As Executive Agent the SA exercises this authority through TSG.

b. The SA will program, budget, and finance all costs of operation, including manpower control and utilization, personnel, security, space, supplies, and other related administrative provisions and services. The SA may redelegate this authority in connection with these responsibilities within the command structure of DA. Military personnel authorizations, pay and allowances, and PCS costs are provided by the respective military departments.

c. The AFPMB is under staff supervision of the Chief, Medical Corps Affairs, OTSG. Operational direction and supervision is executed through the ASD(P&L).

d. The Executive Director of the AFPMB will exercise direct supervision of the directorate staff. This includes responsibility for all administrative matters pertaining to the Board's activity, operations, and resources management.

e. Liaison and direct communication with Army and DOD elements and other Federal agencies in matters related to the AFPMB pest management mission is authorized and encouraged.

Chapter 8 Armed Forces Institute of Pathology

8-1. Mission

The mission of the AFIP is to—

a. Serve as a national and international resource supporting the military and civilian sectors in education, consultation, and research in medical, dental, and veterinary pathology.

b. Maintain a comprehensive collection of pathology specimens for study.

c. Provide a focus for information exchange between civilian and military medicine.

8-2. Organization, concept of operations, and relationships

a. AFIP is a tri-service organization subject to the authority, direction, and control of the Secretary of Defense. Management authority is delegated to the SA. As Executive Agent, the SA exercises this authority through TSG. AFIP is under staff supervision of the U.S. Army Surgeon General.

b. The SA will be responsible for the determination and provision of administrative support for the operation of AFIP, including budgeting, funding, fiscal control, manpower control and utilization, personnel administration, security administration, space, facilities, supplies, other administrative provisions and services, and related mobilization planning. The SA may redelegate his authority in connection with these responsibilities within the command structure of DA.

c. The Board of Governors will be responsible for the policy direction of the AFIP.

d. Under the policy direction of the Board of Governors, the Director will be responsible for the organization and effective operation of the AFIP.

8-3. Functions

The functions of the AFIP are to—

a. Maintain a consultation service for the diagnosis of pathologic tissue for DOD, other Federal agencies, and for civilian pathologists; serve as the chief reviewing authority on the diagnosis of pathologic tissue for the Army, Navy, and Air Force.

b. Conduct experimental, statistical, and morphological research in the broad field of pathology.

c. Provide instruction in advanced pathology and related subjects to the Armed Forces and, based on availability of facilities, to other qualified persons.

d. Train enlisted personnel of the Armed Forces in histopathologic techniques.

e. Collect medical materials, specimens, photographs, case records, and related data from geographic areas and sources worldwide for training of Armed Forces personnel.

f. Donate or loan duplicate pathologic, photographic, and other educational material to other Federal and non-Federal medical services, museums, medical schools, and scientific institutions.

g. Contract with the American Registry of Pathology for cooperative enterprises in medical research, consultation, and education between AFIP and the civilian medical profession, as appropriate.

h. Maintain a medical illustration service to support AFIP, the medical services of the Armed Forces, and other Federal agencies as specified in paragraph 8-4d(1).

i. Maintain the Armed Forces Medical Museum for research, instruction, and display.

j. Maintain reports and files on all accessioned cases that have historical, research, educational, or consultation value.

k. Maintain duplicated specimen slides and additional paraffin blocks and tissues of cases sent to the AFIP or to histopathology centers for reference and teaching purposes or discard after 5 years.

l. Maintain malpractice claim files as a consulting service to the Armed Forces.

(1) Armed Forces claims officers will provide, at the earliest possible time, one legible copy of each medical malpractice claim and related records to the AFIP Department of Legal Medicine.

(2) Claims officers will include a cover letter stating that consultation is requested, or that the file is for retention only.

8-4. Components

a. *AFIP Repository and Research Services.*

(1) *Mission.* The AFIP Repository and Research Services collects, controls, maintains, and uses pathological material and related

records to acquire and disseminate knowledge in the field of pathology. The AFIP repository consists of all accessioned cases. Individual cases of special interest, educational, or research value are subclassified into registries.

(2) *Functions.* The AFIP Repository and Research Services will—

(a) Serve as coordinator on all research matters that involve the AFIP Professional Research Program.

(b) Maintain liaison with Federal and other health agencies, universities, and institutions supporting or participating in the AFIP Research Program.

(c) Provide liaison with the American Registry of Pathology as a cooperative enterprise in medical research and education between the AFIP and the civilian medical profession on a national and international basis.

b. Armed Forces Medical Museum.

(1) *Mission.* The Armed Forces Medical Museum provides professional and public education. The museum locates, collects, preserves, displays, and makes available medical materials, artifacts, and data of lasting scientific and historical interest for study and research by the public and the AFIP staff.

(2) *Functions.* The museum will provide—

(a) Orientation, exhibits, technical advice, and guidance in museum technology.

(b) Research in biomedical science.

(c) Services available for studying, teaching, and displaying; such as—

1. Gross and microscopic specimens in the fields of medicine, dentistry, and veterinary medicine.

2. Exhibits on specific health topics or specific medical, dental, and veterinary subjects and organ system pathology and anatomy.

3. Human, animal, and embryologic specimens and models.

4. Historical collections of military and civilian medical, dental, and veterinary instruments and equipment.

c. Facilities for education and training. AFIP will maintain and operate a training aids library for loan to members of the Armed Forces medical services and the civilian medical profession and conduct an extensive training program for military and civilian personnel. The education program includes—

(1) *Residencies.* AFIP is accredited by the Counsel on Medical Education, American Medical Association, and the American Board of Pathology for residency training in forensic pathology, neuropathology, and dermatopathology. AFIP has a residency program in veterinary pathology to prepare qualified candidates for board certification by the American College of Veterinary Pathologists.

(2) *Master of Science Degree, Forensic Science.* AFIP and George Washington University offer a program leading to a Master

of Science degree in Forensic Science or a Master of Forensic Science degree.

(3) *Individual.* Individual training to meet the applicant's needs and qualifications is available at the AFIP in all fields of pathology.

(4) *Continuing medical education.* Postgraduate short courses accredited by the Accreditation Committee on Continuing Medical Education are given on pathology and other subjects.

d. Center for Medical Illustration (CMI).

(1) *Mission.* The CMI collects, prepares, prints, duplicates, exhibits, and files medical illustration material of importance to the Armed Forces. (See fig 8-1 for a sample of a required statement of release, granting permission to use written or oral material.) Though it exists primarily to support the AFIP consultation, education, and research programs, CMI facilities are available to Armed Forces medical services and to other Federal and civilian agencies and persons approved by the Director. AFIP procedures and policies and interagency support and user charges govern the use of CMI services.

(2) *Functions.* CMI will—

(a) Maintain an Armed Forces central file on pathological photographic negatives, color transparencies, and photomicrographics showing disease, wounds, and injuries of professional medical and military importance.

1. Material to be forwarded to the AFIP should be of pathological interest, educational value, specifically requested by the AFIP, or worthy of file retention.

2. Items for filing are to be forwarded to the Director, AFIP; ATTN: Associate Director, CMI; WASH DC 20306-6000.

3. Copies of illustration materials accessioned and indexed by the CMI Illustration Library Division may be obtained by sending requests to the Director, AFIP; ATTN: Associate Director, CMI; WASH DC 20306-6000. An AFIP accession number must be used as a reference.

(b) Maintain the capability for clinical photography, photomicrography, and medical arts for AFIP.

(c) Provide training in medical illustration and photographic techniques.

(d) Maintain the reproduction capability to print and publish texts and illustrations for AFIP.

(e) Make AFIP illustrative items available to Armed Forces facilities, other Federal agencies, and approved organizations and persons.

(f) Design, construct, display, and maintain medical and scientific exhibits for all DOD components and other AFIP-approved activities for showing at regional, national, and international medical forums. Medical and/or scientific exhibits must be requested and approved through established military department channels.

The U.S. (Army) (Navy) (Air Force) has communicated to me its request to use my picture, pictorial record, and/or voice in connection with educational and/or informational processes made or produced for DOD.

I hereby waive all rights of privacy that I may have either at common law or by statute and, further, I hereby grant full permission to the U.S. Government and any of its branches to use any pictures and spoken material whenever and however they deem necessary. This voluntary service will not be made the basis of a future claim against the Government for compensation.

(Signature)

(Date)

In witness whereof I have hereon set my hand and seal this _____ day of _____ 19____.

(Name)

(Address)

(Signature)

(If the signature cannot be obtained, make an explanatory notation on the statement's reverse side.)

Figure 8-1. Sample format for a statement of release

Appendix A

Section I Required Publications

DLA Reg 4155.28

Reporting and Processing Medical Materiel Complaints. (Cited in para 4-1c(6)(m).) (This publication can be obtained from Headquarters, Defense Logistics Agency, ATTN: DLA-XPD, Cameron Station, Alexandria, VA 22304-6100.)

DODD 4150.7

DOD Pest Management Program. (Cited in para 7-4a, d, and i .) (This publication can be obtained from the Naval Publications and Forms Center, Code 3015, 5108 Tabor Avenue, Philadelphia, PA 19120-5099, using DD Form 1425 (Specifications and Standards Requisition).)

DODD 5105.18

DOD Committee Management Program. (Cited in para 7-3h.) (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 7750.5

Management and Control of Information Requirements. (Cited in para 2-2a(1).)(To obtain this publication, see the DODD 4150.7 entry above.)

DOD Instruction 4500.37

Management of the DOD Intermodal Container System. (Cited in para 4-1c(6)(t).)(To obtain this publication, see the DODD 4150.7 entry above.)

DOD 6420.1-R

Organization and Functions of the Armed Forces Medical Intelligence Center (AFMIC). (Cited in para 2-3c.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 10-86

United States Army Intelligence Agency.

AR 381-19

Intelligence Dissemination and Production Support.

AR 381-26

Army Foreign Materiel Exploitation Program.

CSR 10-32

Office of the Surgeon General.

DIAM 75-1

(C) Scientific and Technical Intelligence Production (U).

DODD 5154.8

Armed Forces Epidemiological Board. (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 5154.24

Armed Forces Institute of Pathology. (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 6050.10

The Armed Forces Pest Management Board. (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 6420.1

Armed Forces Medical Intelligence Center. (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 6430.2

DOD Medical Standardization Board. (To obtain this publication, see the DODD 4150.7 entry above.)

DODD 6480.5

Military Blood Program. (To obtain this publication, see the DODD 4150.7 entry above.)

Glossary

Section I Abbreviations

AAFJML

Joint Army-Air Force Medical Library

AFEB

Armed Forces Epidemiological Board

AFIP

Armed Forces Institute of Pathology

AFMIC

Armed Forces Medical Intelligence Center

AFPMB

Armed Forces Pest Management Board

AFSG

Air Force Surgeon General

ASBPO

Armed Services Blood Program Office

ASD(HA)

Assistant Secretary of Defense (Health Affairs)

ASD(P&L)

Assistant Secretary of Defense (Production and Logistics)

BW

biological warfare

CMI

Center for Medical Illustration

CONUS

continental United States

DA

Department of the Army

DASG

Department of the Army Surgeon General

DCSINT

Deputy Chief of Staff for Intelligence

D-day

deployment day

DDRE

Director of Defense Research and Engineering

DEPMEDS

DOD Deployable Medical Systems

DLA

Defense Logistics Agency

DMS

deployable medical systems

DMSB

Department of Defense Medical Standardization Board

DOD

Department of Defense

DODD

Department of Defense Directive

DPSC

Defense Personnel Support Center

FCH

fixed contingency hospital

FOA

field operating agency

GMI

general medical intelligence

JSCRG

Joint Services Clinical Review Group

JSDMCG

Joint Services Dental Materiel Coordinating Group

JSDMSCG

Joint Services Deployable Medical Systems Coordinating Group

JSMLOG

Joint Services Medical Logistics Coordinating Group

JSNAG

Joint Services Nursing Advisory Group

JSPAG

Joint Services Pharmaceutical Advisory Group

MTF

medical treatment facility

OTSG

Office of The Surgeon General

PCS

permanent change of station

R&D

research and development

RLO

Research Liaison Officer

SA

Secretary of the Army

S&TI

scientific and technical intelligence

TSG

The Surgeon General of the Army

TSGs

the surgeons general of the military departments

WRM

War Reserve Materiel

Section II Terms

DOD Deployable Medical Systems

A facility capable of being located in a desired or required area of operation during a contingency, war, or national emergency. These systems are composed of fixed contingency hospitals (FCHs) and other than FCHs that are not operated during peacetime.

Finished intelligence study

The final published form of information after raw intelligence data have been analyzed, evaluated, and collated.

Fixed contingency hospital

An FCH is an inactive or partially inactive medical treatment facility (MTF) housed in a fixed structure such as a hospital or other suitable building located in a required area of operations. FCHs are equipped to provide medical treatment only during wartime, a major contingency, or an emergency. An FCH may be either U.S. owned or provided by a host nation.

Fixed contingency hospitals, other than

MTFs designed for field operations and developed in consideration of the distinct missions of the military services. These types of MTFs fall into two categories:

a. Partially relocatable MTFs. MTFs designed to use the mobile core functions of the relocatable MTF, such as surgery, x ray, and laboratory. Ancillary and operating support functions, such as wards, laundry, and food service, will be satisfied by use of fixed structures.

b. Relocatable MTFs. MTFs designed especially for mobility. Mobility is a quality or capability that permits these MTFs to move from place to place while retaining the ability to fulfill their primary mission for the military services.

Functional module

A medical element intended to provide a single function within a DOD Deployable Medical System; for example, x ray, laboratory, and operating room.

Item entry

The process of—

a. Evaluating new or improved items of medical materiel for entry into the DOD supply system.

b. Preparing and updating essential characteristics. Characteristics are mandatory qualities required of an item to accomplish a specified professional, therapeutic, military, or technical function.

c. Submitting completed action documentation (item review reports to the DPSC to catalog and obtain a national stock number).

Medical intelligence

That category of intelligence concerned with

factors affecting man's efficiency, capability, and well-being.

a. General Medical Intelligence. Intelligence on health and sanitation, epidemiology, environmental factors, and military and civilian medical care capabilities.

b. Medical Scientific and Technical Intelligence. Intelligence concerning all basic and applied biomedical phenomena of military importance, including biological, chemical, psychological, and biophysical.

Medical materiel

All items of medical, dental, and veterinary equipment and supplies.

Medical materiel set

An assembly of medical and nonmedical materiel designed to make health care delivery easier under a variety of field conditions.

Military services

The Army, the Navy, the Air Force, and the Marine Corps.

Quick response task

An intelligence production task requiring no more than 5 working days to complete.

Standardization of deployable medical systems

The systematic development of DMS on a line-by-line basis. This ensures that components are standardized to the maximum extent possible. Deviations are documented and based only on the distinct missions or logistical and support restrictions, or both, of the military services.

Standardized

To be uniform on a basis of national stock number or authorized substitutes.

Standardized medical materiel

The end product of the medical item entry process.

Support equipment

Major nonmedical items that are required to support functional medical modules; for example, trucks, generators, and shelters.

Weekly wire

An electronically transmitted intelligence product that disseminates concise, timely, and current intelligence of military significance on a weekly basis.

Section III

Special Abbreviations and Terms

There are no special terms.

Unclassified

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