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FEB 26 2008

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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UNDER SECRETARIES OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
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DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, PROGRAM ANALYSIS AND EVALUATION
DIRECTOR, NET ASSESSMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Establishing an Armed Forces Health Surveillance Center

Health surveillance is critical to medical readiness and Force Health Protection, yet the Department of Defense (DoD) lacks both an enterprise system and a central organization to unify surveillance efforts across our Military Health System. The Armed Forces Health Surveillance Center (AFHSC) will fill this gap and serve as the single source for DoD-level health surveillance information. The attachment describes key characteristics of the AFHSC and the essential first steps to establish it.

In accordance with DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002, this memorandum designates the Secretary of the Army as the DoD Executive Agent for the AFHSC, which includes the Defense Medical Surveillance System and the DoD Serum Repository. Also in accordance with DoD Directive 5101.1, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) through the Assistant Secretary of Defense (Health Affairs), shall exercise functional oversight of the Secretary of the Army as the DoD Executive Agent. Oversight of the AFHSC will come from the DoD Executive Agent and an advisory Board of Governors representing interested DoD components.



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OSD 02140-08

2/28/2008 8:25:45 AM

The USD(P&R), with the Director, Administration and Management, shall administratively update DoD Directive 6490.02E, "Comprehensive Health Surveillance," October 21, 2004, to reflect this change. The actions and guidance outlined in the attachment are effective immediately.

A handwritten signature in black ink, appearing to read "Gordon England". The signature is written in a cursive style with a long horizontal stroke at the end.

Attachment:
As stated

Establishing an Armed Forces Health Surveillance Center

I. Guiding Principles

- Health surveillance is critical to medical readiness and Force Health Protection (FHP). The Department of Defense (DoD) needs a central organization to unify surveillance efforts across the Military Health System (MHS).
- The Armed Forces Health Surveillance Center (AFHSC) will serve as the single source for DoD-level health surveillance information. There must be a process to validate methods and results and to assure consensus within DoD that data, and caveats that explain any limitations or uncertainty in the results, are intelligible to DoD leaders, Congress, and the public.
- The Center will need to acquire and integrate population, health event, and exposure data from across the Services; analyze and interpret the data; and produce actionable recommendations, information, and reports to DoD leaders. The Center's products must support and inform active military operations, medical readiness, FHP policy development, and research activities, while aligning with national health strategies.
- To facilitate this work, the Center will need to normalize surveillance data collection and handling, establish standardized surveillance methods, and clearly delineate the roles and mutually supporting relationships among all MHS health surveillance activities.
- The Assistant Secretary of Defense (Health Affairs) (ASD (HA)), through the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) (DASD (FHP&R)), will provide policy guidance.
- The Secretary of the Army will serve as the DoD Executive Agent (EA) for the AFHSC, which includes the Defense Medical Surveillance System and the DoD Serum Repository.
- The AFHSC includes an advisory Board of Governors. The membership of the Board of Governors is the same as that of the Force Health Protection Council, chartered by ASD (HA), and consists of:
 - Deputy Assistant Secretary of Defense Force Health Protection & Readiness
 - Deputy Surgeon General, Army
 - Deputy Surgeon General, Navy
 - Deputy Surgeon General, Air Force

- Joint Staff Surgeon
 - Joint Forces Command Surgeon
 - Chief Medical Officer, U.S. Coast Guard/Director of Health And Safety
 - The Medical Officer, Marine Corps
 - Deputy Director, TRICARE Management Agency
 - Deputy Assistant Secretary of Defense, Health Budgets & Financial Programs
 - Deputy Assistant Secretary of Defense, Clinical and Program Policy
 - Chief Information Officer, HA/TMA
 - Representative, Deputy Under Secretary of Defense, Acquisition, Technology & Logistics (Installations & Environment)
 - Representative, Defense Logistics Agency
 - Principal Director, Office of the Secretary of Defense for Reserve Affairs (Manpower & Personnel)
- The Military Departments will comply with established health surveillance standards.

II. Conceptual Framework

- **VISION:** The AFHSC will provide relevant, timely, actionable, comprehensive health surveillance information and support to the Armed Forces on military and military-associated populations.
- **MISSION:** The AFHSC will promote, maintain, or enhance the health of military and military-associated populations.
- **SCOPE:** The population scope of the Center will include Service members, including active duty and Selected Reserves; separated Service members; government civilians (exposures and health events related to garrison or deployed activities); DoD contractors (exposures and health events in deployed settings); and family members and retirees (exposures and health events related to garrison or previous deployment and as pertains to public health, e.g., identifying disease outbreaks).
- Essential health surveillance functions of the AFHSC include:
 - Collecting, analyzing, interpreting, reporting, and archiving health surveillance data, including the maintenance of an integrated Armed Forces longitudinal health surveillance database and the DoD Serum Repository;
 - The Center will provide timely, actionable health surveillance information to commanders, policymakers, planners, healthcare providers, researchers and others on known, emerging, and potential health threats;

- Response functions are critical to health surveillance. Such functions cover a wide range of activities and will vary according to the public health situation and the capability of the primary (local) health authority. Typical response activities include: monitoring health event data streams in near-real-time for evidence of infectious disease outbreaks, coordinating investigations and assessments that cross Service lines, and augmenting outbreak investigations; and
 - The Center will serve as a primary proponent for health surveillance training and education.
- Data from centrally-accessible existing systems will be used whenever possible and the construction of new data systems should rarely be necessary.
 - All requests for analysis and reporting of DoD-level health surveillance data shall be coordinated with the Center.
 - The Center will require highly qualified epidemiologists with diverse backgrounds (public health, preventive medicine, veterinary services, environmental science, laboratory science, etc.). The Military Services will establish a career path for epidemiologists that recognizes the key contributions such professionals make and provide access to appropriate career-broadening opportunities (Masters and Doctorate in Philosophy programs, Epidemic Intelligence Service, etc.).

III. Next Steps

- The Under Secretary of Defense (Personnel & Readiness), with the Director, Administration and Management, shall administratively update DoD Directive 6490.02, "Comprehensive Health Surveillance," to codify the designation of the Secretary of the Army as the Executive Agent with a codified FHP Council serving as an advisory Board of Governors. A DoD Instruction detailing the functions and operations of the Center will follow.
- The Secretary of the Army, shall immediately establish the Provisional Operating Capability (POC) of the Center. The DoD EA shall further ensure that the Center POC aligns and integrates the current surveillance activities of the Army Medical Surveillance Activity and the DoD Global Emerging Infections Surveillance and Response System with surveillance activities of the DoD Deployment Health Support Directorate. The provisional components of the Center should be co-located to the greatest extent possible.
- Within 60 days of Deputy Secretary of Defense approval, the Board of Governors will recommend a provisional Director from Service nominees to the DoD EA.

- The provisional Director will prepare a plan to achieve an Initial Operating Capability (IOC) in FY08, in coordination with the Military Departments' medical departments and submit it to the Board of Governors for review within 120 days of the Director's appointment.
- The Center will carefully coordinate with Service health surveillance centers concerning roles and missions and will establish capabilities that are appropriate for centralization.
- The Military Departments must support the DoD EA by jointly resourcing the Center. Service-specific resources supporting health and medical surveillance shall be sustained at levels in place as of October 1, 2006, and will subsequently be used to achieve full initial operating capability of the Center in Fiscal Year 2008. This will allow the Center, in collaboration with the Services, to determine the best alignment of health surveillance activities, tasks, and resources across the MHS.