



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6200.17B
BUMED-N4
18 May 2023

BUMED INSTRUCTION 6200.17B

From: Chief, Bureau of Medicine and Surgery

Subj: PUBLIC HEALTH EMERGENCY OFFICERS

Ref: (a) DoD Instruction 6200.03 of 28 March 2019
(b) OPNAVINST 3440.17A
(c) BUMEDINST 3440.10B
(d) BUMEDINST 6220.12C

1. Purpose. To provide policy, guidance, operational structure, and assignment of responsibilities for development of a comprehensive, Public Health Emergency Officer (PHEO) Program at Naval Medical Forces Atlantic, Naval Medical Forces Pacific, Naval Medical Forces Support Command and Navy Medicine Readiness and Training Commands (NAVMEDREAD-TRNCMD). This instruction is a complete revision and should be reviewed in its entirety. The changes in subparagraphs 1a through 1b have been implemented.

a. The major changes to the prior instruction include reporting requirements.

b. PHEOs and APHEOs will now report to the Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and NAVMEDREADTRNCMD commanders instead of the military medical treatment facility commanders.

2. Cancellation. BUMEDINST 6200.17A.

3. Scope and Applicability. This instruction applies to Bureau of Medicine and Surgery (BUMED) headquarters and Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and their subordinate commands. This instruction does not apply to mobile, expeditionary, afloat, or other deployable medical forces or personnel when in a deployed status.

4. Definition. For the purposes of this instruction, the term “installation may refer to a single installation or multiple installations under a single military commander, so as to include designated sub-regions where they may exist.

5. Discussion

a. This instruction defines the responsibilities of BUMED headquarters, Navy Medicine (NAVMED) region commanders, and their subordinate NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs to establish, implement, and sustain PHEO capabilities, detailed in reference (a), that support public health emergency management as described in references (b) through (d). The NAVMED PHEO Program will employ a tiered implementation approach to develop and sustain the appropriate level of PHEO capabilities available to support commanders of Navy or Marine Corps regions and installations. Not all Navy or Marine Corps regions and installations will require the same level of PHEO capabilities for their installation emergency management programs.

b. Response to a public health emergency aboard an installation may exceed the consequence management capabilities of organic installation, region, and supporting NAVMEDREADTRNCMD resources. Extensive Federal, State, local, Defense Health Agency, host nation, or private support may be required to effectively respond to and recover from a public health emergency. Close and continual PHEO liaison with the Federal, State, local, and Defense Health Agency departments prior to an emergency is critical to ensure civil authorities are prepared for, and responsive to, military commander requests for support.

6. Responsibilities

a. Chief, BUMED (BUMED-N00). Will appoint a supervisory PHEO for program, planning, coordination, and oversight.

b. Director, Manpower & Personnel (BUMED-N1). Responsible for the execution of resource requirements for PHEO program manning at NAVMED regions and MTFs.

c. Director, Support and Logistics (BUMED-N4). Responsible for PHEO program planning, coordination, oversight and management as part of its overall responsibility, assigned by reference (d), as program manager for NAVMED's Force Health Protection Emergency Management Program.

d. Director, Requirements, Resource, and Force Structure (BUMED-N8). Responsible for the consolidation of NAVMED region resource shortfalls and requirements submissions related to PHEO program execution.

e. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific. Responsible for ensuring that supported Navy and Marine Corps region and installation commanders are assigned PHEOs who possess the competencies described in reference (a). Specific responsibilities include:

- (1) Implementing PHEO Program requirements established by BUMED.

(2) Identifying and recommending medical department staff to supported Navy and Marine Corps region commanders for assignment as region PHEOs and alternate PHEOs.

(3) Appointing a PHEO for program planning, coordination, oversight, and reach-back support within their areas of responsibility. The NAVMED region PHEO will coordinate with the region PHEOs to ensure installation PHEO support requirements are met.

(4) Consolidate NAVMED region PHEO Program resource requirements and shortfalls and submit to BUMED-N8.

f. Commander, Naval Medical Forces Support Command. Responsible for PHEO program management support and PHEO training through Defense Medical Readiness and Training Institute.

g. Commanders and Commanding Officers, NAVMEDREADTRNCMDs. Responsible for providing to Navy and Marine Corps installations the public health emergency management PHEO support listed in reference (a) and reference (c), enclosure (1), section 3. Specific responsibilities include:

(1) Recommend a NAVMEDREADTRNCMD and a NAVMEDREADTRN UNIT PHEO and alternate PHEO(s) for additional duty assignment as public health emergency advisors to its supported Navy and Marine Corps installations.

(2) Provide the PHEO and alternate PHEO sufficient command support and resources to accomplish their mission. The total time allotment for PHEO duties is approximately 0.5 to 1.0 full-time equivalent as required based on or upon the magnitude of the public health emergency.

(3) Ensure PHEOs and alternate PHEOs are trained to meet and sustain the competencies described in reference (a) and any supplemental guidance issued by the BUMED PHEO program manager.

(4) Direct every healthcare provider, pharmacist, and laboratorian to report promptly to the appropriate PHEO any circumstance suggesting a public health emergency (e.g., any diagnosed illness or health condition; prescription rates, types, or trends; and presumptive or confirmed laboratory diagnostic results) as defined by reference (a). Release of public health information shall be consistent with the Health Insurance Portability and Accountability Act. This is in addition to a medical event report submission, if required by reference (d).

(5) Participate in installation exercises that test public health emergency response capabilities.

7. PHEO and Alternate PHEO Qualifications

a. Per reference (a), the PHEO must be a clinician, either a uniformed services officer or Department of Defense civilian employee, who is a Navy Medical Department member and can diagnose, treat, and prescribe treatment for illness and injury. Alternate PHEOs are not required to be clinicians, (examples include environmental health officers and public health nurses).

b. PHEO and alternate PHEO qualifications must include:

(1) Experience and training in functions essential to effective public health emergency management (e.g., National Incident Management System, National Response Framework).

(2) A Master of Public Health degree (or equivalent degree) or 4 years of experience in public health, preventive medicine, or environmental health.

(3) Currently hold an active security clearance at the Secret level or higher, with an adjudicated investigation.

8. PHEO Training. BUMED-N4 will identify training requirements of NAVMED personnel to support the PHEO competencies established by reference (a). PHEOs and alternate PHEOs will be awarded an additional qualification designator as approved by the Commander, Navy Personnel Command.

9. Action. All NAVMED regions and their subordinate activities must develop PHEO capabilities that fulfill the public health emergency support requirements of Navy or Marine Corps region and installation emergency management programs.

10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

11. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N4 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40, Review of Instruction. This instruction will be in effect for 10 years,

unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Information Management Control. The reports required in subparagraph 6e(4) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>