



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
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IN REPLY REFER TO  
BUMEDINST 6400.10  
BUMED-M5  
23 Nov 2021

BUMED INSTRUCTION 6400.10

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY GLOBAL HEALTH ENGAGEMENT ACTIVITIES

Ref: (a) DoD Instruction 2000.30 of 12 July 2017  
(b) JP 3-20 of 23 May 17  
(c) NWP 4-02 of 28 Sep 19  
(d) OPNAVINST 3000.16  
(e) OPNAVINST 3000.15A  
(f) DoD Instruction 5132.14 of 14 January 2017  
(g) BUMEDINST 6440.5D  
(h) SECNAVINST 6000.6A

1. Purpose. To provide guidance and coordination for the Bureau of Medicine and Surgery (BUMED) Global Health Engagement (GHE) Program and BUMED support of GHE activities across all combatant commands (CCMD). Budget submitting office (BSO) 18 GHE activities enable partners to address shared security challenges and enhance the interoperability of partner nations (PN), allies, and organizations with the Joint Force. Additionally, this instruction establishes roles and responsibilities to provide ready and relevant capabilities for current and future GHE missions.

2. Cancellation. BUMEDINST 6000.17.

3. Scope and Applicability. This instruction applies to all BSO-18 activities.

4. Background

a. GHE and security operations are vital efforts to the Department of Defense (DoD) as outlined in references (a) and (b). DoD GHE activities augment, reconstitute, maintain, and improve DoD capabilities or capacities and those of PN armed forces or civilian health sectors to support these interests. While GHE activities are conducted primarily for routine shaping as part of theater campaign plans, GHE can be conducted in all phases of an operation and across the range of military operations.

b. Per reference (a), DoD GHE is the interaction between individuals or elements of the DoD and those of PN Armed Forces or civilian authorities, in coordination with other U.S. Government departments and agencies, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and achieve interoperability by operating

the full spectrum of health capabilities in military to military, military to civilian, or multilateral activities that support U.S. national security policy and defense security cooperation strategy. The U.S. Navy utilizes GHE as a tool to enhance force health protection (FHP), build PN capacity and interoperability, provide foreign humanitarian assistance, expand international chemical, biological, radiological, and nuclear response, and to support other security cooperation activities. Theater security cooperation activities meet CCMD and Navy component commands' (NCC) objectives. The spectrum of GHE capabilities include:

(1) FHP. Preventive medicine, public health, global bio-surveillance, medical research and development, and defense Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome Prevention Program.

(2) Building PN Capacity and Interoperability. Building coalition and PN medical capabilities (military and civilian), exercises for operational and contingency plans, subject matter expert exchanges, and international military education and training.

(3) Foreign Humanitarian Assistance. Humanitarian and civic assistance, disaster risk reduction, medical support to stability operations, and infectious disease outbreak response.

(4) Nuclear, Chemical, and Biological Defense Programs. Cooperative threat reduction, research and development on select agents, and Cooperative Biological Engagement Program.

c. A robust constellation of allies and partners remains a critical strategic advantage over competitors. The Navy regularly conducts GHE to support readiness, military operations, and expand collaboration and interoperability with these allies and partners per references (a) through (c). GHE efforts align with the Surgeon General of the Navy's vision and direction supporting Navy Medicine's (NAVMED) people, platforms, performance, and power priorities to provide well-trained medical experts, operating as high-performance teams to project medical power in support of naval superiority.

d. BUMED established the NAVMED global health engagement office (GHEO) in 2012 to provide a coherent approach that aligns with DoD GHE policy to support health-related security cooperation and provide guidance to subordinate commands.

e. NAVMED GHE activities must align with Navy readiness and production cycles, operations, frameworks, methodologies, and Fleet codified language including Navy integrated readiness and the optimized fleet response plan, per references (d) and (e).

f. Medical department officers who obtain the global health specialist (GHS) additional qualification designator serve as the foundation of the GHS program and enhance NAVMED operational forces through specific knowledge, skills, and abilities (KSA). GHS officers are eligible and capable for assignment at various positions including Navy health security cooperation officers, Navy GHE managers, Navy liaison officers to U.S. Government agencies, and leadership positions in the BUMED GHEO.

5. Policy. This instruction establishes policy, assigns responsibilities, and prescribes procedures for conducting GHE activities. BUMED GHEO provides guidance by assisting CCMD and NCC with maintaining and strengthening relationships with allies and partners indispensable in preserving an effective forward presence. GHE comprises health and medical-related actions and programs to promote and strengthen PN health systems in support of U.S. national security objectives. GHE activities must be integrated across all Navy and Marine Corps activities. BUMED must establish a GHEO Program, fund and maintain GHE positions, manage support agreements, and support CCMD with GHE activities.

6. Roles and Responsibilities

a. Deputy Chief, Operations, Plans, and Readiness must:

(1) Provide oversight, policies, and guidance to ensure execution, integration, and sustainment of GHE programs.

(2) Support the GHEO with GHS assignments to ensure proper implementation and integration of the office within assigned areas of responsibility.

(3) Support integration of future human resource needs and human resource gaps across BSO-18 activities, units, and operational activities.

(4) Provide subject matter expert to support GHE issue identification and resolution within assigned areas of responsibility.

(5) Support GHE resource and requirement sponsors with program objective memorandum development and submission.

(6) Designate Assistant Deputy Chief, Medical Plans and Chief Medical Officer (BUMED-M5B) as the leader with oversight of BUMED GHEO and GHE efforts.

(7) Support BUMED efforts to develop reimbursable and non-reimbursable support agreements to support GHE personnel.

(8) Provide strategic guidance in development of the GHE strategic 5-year program plan as described in subparagraph 6d(2).

b. Office of the Corps Chiefs (BUMED-M00C) must support the Director, GHE (BUMED-M52) with GHE-related efforts as described in subparagraph 6d(1).

c. BUMED-M5B must:

(1) Exercise leadership and facilitate activities to generate and sustain GHE activities across BUMED.

(2) Endorse GHE strategic 5-year program plan per subparagraph 6d(2) and monitor to ensure overall program success based on approved strategy and programmatic plan.

d. BUMED-M52 must:

(1) In collaboration with Medical Resources, Plans and Policy, Office of Chief of Naval Operations (OPNAV-N931), engage and synchronize with designated stakeholders from the joint environment, interagency, non-governmental organizations, international community, allies, PNs, and host nations to support maritime, expeditionary forces, and advance the national security strategy, per references (a) through (c), and (f).

(2) Develop a GHE strategic 5-year program plan and facilitate identification, rationalization, and approval of resourced positions to advise leadership on GHE policy matters and in the preparation, development, and alignment of GHE efforts.

(3) Establish a GHE program to assess training opportunities for naval medical personnel to enhance medical and non-medical skills in unfamiliar, austere, or resource-constrained environments.

(4) Serve as the GHS program manager and as community director of the Navy GHS additional qualification designator (68M) application process.

(5) Provide administrative oversight to ensure the GHS program includes training to support GHE partnerships and health-related security cooperation efforts.

(6) In collaboration with Deputy Chief, Total Force, develop and align strategy to identify, train and equip personnel to engage in GHE following defined readiness constructs in Navy integrated readiness and the optimized fleet response plan.

(7) Provide Deputy Chief, Resources and Requirements as resource and requirements sponsors with program objective memorandum development and submission, using DoD planning and analytical processes.

(8) Support the planning and execution of GHE operational and tactical level activities through the NCC to conduct GHE missions in support of readiness, military operations, and partnerships.

(9) Include planning within the GHE strategic 5-year program plan to coordinate communication of CCMD needs and assessments to ensure all GHE efforts are supported.

(10) Coordinate with Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Support Command to ensure GHS officers are identified with sustainment of KSA to support GHE activities.

(11) Collaborate with Director, Plans (BUMED-M55) in sourcing personnel, per reference (g), to implement task-organized units, when officially requested.

(12) Establish relationships and collaborations with DoD and U.S. Government agencies to improve global rapid FHP and response by facilitating rapid information sharing on known, emerging, and novel infectious diseases.

(13) Provide GHE subject matter expert consultation during military operations when assets may be deployed over vast distances, in multiple domains, or on a wide array of platforms.

(14) Assist GHE personnel assigned or deployed overseas, in consultation with the U.S. Embassy chief of mission or defense attaché, and establish support agreements between BUMED and the CCMD, as needed, to ensure the full operating capability of naval GHE efforts.

(15) Host quarterly GHE operational readiness meetings to provide support, synchronize collaborative efforts, and gather lessons learned.

(16) Administer and maintain assessment, monitoring, and evaluation tools to ensure initial assessment, performance management, monitoring, and evaluation standards are shaped by the goals and objectives within the theater campaign, and that security cooperation initial design document standards are followed.

(17) In collaboration with BUMED-M3 and BUMED-M5, coordinate with U.S. Fleet Forces Command to fill requests for personnel and assistance to strengthen the capabilities of U.S. Government departments and agencies to prepare for and conduct GHE activities, per reference (h).

(18) Track lessons learned for GHE missions to ensure effective knowledge capture, transfer, and dissemination of meaningful clinical, leadership, deployment, and medical planning among military healthcare personnel.

e. Echelon 3 commanders must:

(1) Coordinate with BUMED strategy management office and appropriate echelon 3 commands when supporting GHE strategy.

(2) Manage sourcing of assigned GHE missions in the formation of task organized units.

(3) Monitor and support KSA, training, and readiness of GHE managers and GHS officers, as applicable, to the GHE missions, roles, and responsibilities.

(4) Support BUMED-M52 and BUMED-M55 with GHE mission planning, coordination, and assessment.

7. 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 Department of the Navy 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 Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M5 will review this instruction annually around 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.



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