



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6200.17A
BUMED-M3/5
7 Mar 2011

BUMED INSTRUCTION 6200.17A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: PUBLIC HEALTH EMERGENCY OFFICERS

Ref: (a) DoDINST 6200.03 of March 5, 2010
(b) OPNAVINST 3440.17
(c) CNIINST 3440.17
(d) BUMEDINST 3440.10
(e) BUMEDINST 6220.12B

1. Purpose. To provide policy, guidance, operational structure, and assignment of responsibilities for development of a comprehensive, Public Health Emergency Officer (PHEO) program at Navy Medicine (NAVMED) Regions and medical treatment facilities (MTFs).

2. Cancellation. BUMEDINST 6200.17.

3. Scope. This instruction applies to Bureau of Medicine and Surgery (BUMED) Headquarters and NAVMED Regions 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. Implementation. Due to the impact of this instruction on MTF personnel and training, implementation is understood to be phased.

5. 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.

6. Discussion

a. This instruction defines the responsibilities of BUMED Headquarters, NAVMED Region Commanders, and their subordinate MTFs 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 MTF resources. Extensive Federal, State, local, other Service, 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 these agencies and departments prior to an emergency is critical to ensure civil authorities are prepared for, and responsive to, Military Commander requests for support.

7. Responsibilities

a. BUMED

(1) Deputy Chief, Total Force (BUMED-M1) is responsible for the execution of resource requirements for PHEO program manning at NAVMED Regions and MTFs.

(2) Deputy Chief, Medical Operations/Future Operations (BUMED-M3/5) is 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.

(3) Deputy Chief, Resources Management/Comptroller (BUMED-M8) is responsible for the consolidation of NAVMED Region resource shortfalls and requirements submissions related to PHEO program execution.

(4) BUMED will appoint a Supervisory PHEO for program, planning, coordination, and oversight.

b. NAVMED Regions. NAVMED Region Commanders are 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) Consolidating and submitting to BUMED-M8 NAVMED Region PHEO program resource requirements and shortfalls.

c. Navy Medical Support Command (NMSC). NMSC is responsible for PHEO program management support through the Navy and Marine Corps Public Health Center and PHEO training through Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E).

d. MTFs. MTF commanders, commanding officers, and officers in charge are responsible for providing to Navy and Marine Corps Installations the public health emergency management PHEO support listed in reference (a) and in Section 3 of enclosure (1) to reference (c). Specific responsibilities include:

(1) Recommend a MTF 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 full-time equivalent (FTE).

(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 health care 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 (HIPAA). This is in addition to a Medical Event Report submission, if required by reference (e).

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

8. 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 (NIMS), National Response Framework (NRF)).

7 Mar 2011

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

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

9. PHEO Training. BUMED-M3/5/PHEO Program Manager 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 (AQD) as approved by the Commander, Navy Personnel Command (COMNAVPERS).

10. Action. All NAVMED Regions and their subordinate activities shall develop PHEO capabilities that fulfill the public health emergency support requirements of Navy or Marine Corps Region and Installation Emergency Management Programs.

11. Reports. The public health reporting requirements for this instruction are established by reference (a). Medical Event Reports, when required, are assigned NAVMED 6220-3 by reference (e).


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