

CHARTER

ARMED FORCES EPIDEMIOLOGICAL BOARD

A. OFFICIAL DESIGNATION

The Armed Forces Epidemiological Board; hereinafter referred to as "the Board."

B. OBJECTIVE AND SCOPE OF ACTIVITY

The Board serves as a continuing scientific advisory body to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) and the Surgeons General of the Military Departments, providing timely scientific and professional advice and guidance in matters pertaining to operational programs, policy development, research programs, and requirements for the prevention of disease and injury and promotion of health.

C. MEMBERS AND COMMITTEE OFFICERS

1. COMPOSITION AND TERMS OF MEMBERSHIP

a. The Board shall be composed of approximately 15 - 20 members selected on the basis of their nationally recognized competence in the fields allied to the functions of the Board. Members shall be nominated by the Surgeons General of the Military Departments and appointed by the ASD(HA). Members of the Board normally shall be appointed as consultants and serve as Special Government Employees of the Department of Defense unless at the time of appointment to the Board they are full-time officers or employees of the Federal Government.

b. The term of office for members shall be two years, with individual terms staggered in order to assure continuity. A member may be appointed to a full two-year term or to complete an unexpired term, and may be re-appointed to another term with concurrence of the ASD(HA), except that no member may serve more than two full terms in succession. A former member, having served two full terms in succession, may be reappointed to the Board after an interval of not less than two years following termination of his/her last appointment. The members shall elect from among themselves a president who shall serve in this capacity for a period of two years. The president may, by reelection, serve a second term, but shall not exceed two successive terms.

c. The Board shall be assisted by an Executive Secretary and such other qualified military and civilian personnel as may be required in the administration of the activities of the Board. The Executive Secretary shall be a person who, with the concurrence of the ASD(HA), is designated by the Secretary of the Army for a four-year

appointment. Ordinarily, this position should be rotated among the Services.

2. SUBCOMMITTEES

Subcommittees, either continuing or ad hoc, shall be established as needed as the working groups of the Board to assist the Board in the performance of its functions.

a. Subcommittees shall conform to the provision of P.L. 92-463, "The Federal Advisory Committee Act," DoD Directive 5105.4, the "DoD Federal Advisory Committee Management Program," and other implementing OMB, GSA, and DoD directives which govern the operations of the Board and shall receive support, function and report through the Board. They shall meet as often as necessary consistent with the needs of the Armed Forces.

b. Subcommittee members shall be Board members whose major interests and expertise fall within the scope of concern of a particular subcommittee. The president of the Board shall appoint members and designate one of them to serve as the Director of a continuing subcommittee or the chairperson an ad hoc subcommittee. When necessary, each subcommittee may request the advice of non-voting consultants in order to enable it to carry on its work while providing the requisite balance in viewpoints through breadth of expertise. The AFEB Executive Secretary may use AFEB funds to pay the expenses including the travel expenses of such consultants when necessary.

c. Three formal, continuing subcommittees shall hereby be chartered with the Board. These shall be as follows:

i) The Subcommittee on Disease Control shall function as a subcommittee of the Board with specific emphasis on operational programs, policy development, research programs, and needs for disease control in the Armed Forces. This group of disease specialists shall constitute the working arm of the Board in the area of disease control. It shall meet as necessary with the approval of the Board for the purpose of providing the latest scientific evaluations and recommendations concerning immunizations, chemoprophylaxis and therapy, as well as disease surveillance, prevention and control. The duties of this subcommittee are entirely within the duties of the parent Board and all members of the subcommittee are members of the parent Board.

ii) The Subcommittee on Occupational and Environmental Health shall function as a subcommittee of the Board with specific emphasis on operational programs, policy development, and research needs for the protection of the environment from adverse effects of military activities and protection of Department of Defense personnel from disease and injury associated with their duties. This group of environmental and occupational-health specialists shall constitute the working arm of the Board in the area of occupational and environmental health. It shall meet, as necessary, with the approval of the Board for the purpose of providing the latest scientific evaluations and recommendations concerning protection of both the environment and DoD personnel

in all activities of the Armed Forces. The duties of this subcommittee are entirely within the duties of the parent Board and all members of the subcommittee are members of the parent Board.

iii) The Subcommittee on Health Maintenance and Promotion shall function as a subcommittee of the Board with specific emphasis on operational programs, policy development and research needs in those areas related to maintenance and promotion of health and particularly for meeting operational contingencies. This group of health maintenance and chronic disease control specialists shall constitute the working arm of the Board in the area of health maintenance systems and health promotion. It shall meet, providing the latest scientific evaluations and recommendations concerning: (1) the assessment of those physical, nutritional, behavioral, hereditary and other characteristics of individuals and populations which are associated with the development of chronic disease or disability; (2) those programs which can be implemented to prevent those events which result in lost duty time for Armed Forces personnel, and (3) those epidemiological and management techniques applicable to the design of the more efficient health services programs, particularly with regard to preparations for varied operational contingencies. The duties of this subcommittee are entirely within the duties of the parent Board and all members of the subcommittee are members of the parent Board.

d. When necessary, the Board shall establish formal ad hoc subcommittees to consider specific medical problems of an urgent nature requiring immediate attention and action. Each ad hoc subcommittee shall terminate within 12 months after establishment, or whenever its mission is completed, whichever occurs first.

D. PERIOD OF TIME REQUIRED

The Board shall be established as a continuing federal advisory committee subject to renewal every two years in accordance with public law.

E. OFFICIAL OR SPONSORING PROPONENT TO WHOM THE COMMITTEE REPORTS

The Assistant Secretary of Defense (Health Affairs) will sponsor and oversee the Board for the Secretary of Defense with the Secretary of the Army serving as Executive Agent. Subject to the provisions of P.L. 92-463, "The Federal Advisory Committee Act," DoD Directive 5105.4, the "DoD Federal Advisory Committee Management Program," and other implementing OMB, GSA, and DoD directives governing Federal Advisory Committees, the Board shall function as an advisory committee to the Department. The Assistant Secretary of Defense (Health Affairs) or the ASD(HA)'s representative, who shall be at least at the Senior Executive Service or General Officer level shall, be the Designated Federal Officer (DFO) or employee required by the Federal Advisory Committee Act to approve all meetings and agenda in advance and attend all meetings. The Designated Federal Officer (DFO) shall be authorized to adjourn any meeting when the DFO determines adjournment to be in the public interest. Reports, findings and

recommendations shall be made through the Executive Secretary to the Assistant Secretary of Defense (Health Affairs) and shall be shared by the ASD(HA) with the three Surgeons General. As appropriate, reports, findings and recommendations shall be made by the Assistant Secretary of Defense (Health Affairs) to the DoD agencies requesting the Board's assistance.

F. SUPPORT AGENCY

The Surgeon General, Department of the Army, shall be responsible for providing administrative support for operation of the Board. Administrative support is defined as budgeting, funding, fiscal control, manpower control and utilization, personnel administration, security administration, space, facilities, supplies and other administrative services.

G. DUTIES AND RESPONSIBILITIES

The Board shall meet on a periodic basis to consider medical issues as they may relate to operations, policy, and research and development, and include, but are not necessarily limited to, preventive medicine, occupational and environmental health, and health promotion programs. Applying technological and epidemiological principles, the Board shall prepare findings and make recommendations to the Assistant Secretary of Defense (Health Affairs) and the Surgeons General of the Military Departments. Requests from DoD agencies are to be made to the Assistant Secretary of Defense (Health Affairs) or the ASD(HA)'s designee who shall in turn seek input from the Surgeons General of the Military Services on those requests. The Surgeons General may also task the Board and will provide a copy of such tasking to the ASD(HA).

The Board is not authorized to advise on individual procurements. No matter shall be assigned to the Board for its consideration that would require any Member of the Board to participate personally and substantially in the conduct of any specific procurement or place him or her in the position of acting as a "procurement official," as that term is defined pursuant to law.

H. ESTIMATED ANNUAL OPERATING COSTS AND MAN-YEARS

The Board's annual operating cost for travel and meeting support is estimated to be \$200,000. The associated number of man-years is estimated to be 3.0 FTE (1 military and 2 civilian).

I. NUMBER OF MEETINGS

The Board shall meet as frequently as necessary to accomplish its mission with the provision that a minimum of one formal meeting be held annually. Subcommittees shall meet as often as is necessary. It is estimated that the Board will meet four times annually for two-day meetings, that the three continuing subcommittees will each meet twice

annually for one-day meetings, and that ad hoc subcommittees will meet four times annually for one-day meetings. The Board shall meet at such other times as may be called by the DFO.

J. TERMINATION DATE

As a continuing advisory committee, the Board is subject to renewal two (2) years from the date of this charter and every two years thereafter.

DATE CHARTER IS FILED: February 28, 2004