

The Appendices

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Appendix 1

The Funding of the Board

THE RESEARCH ACTIVITIES OF THE ORIGINAL BOARD

The fiscal and administrative responsibilities for the activities of the Board and its Commissions were assigned to the Department of the Army. No funds, however, were directly assigned to support the research that was conducted or sponsored by the various Commissions. Initially, funds to support Commission research were channeled through the Surgeon General of the Army and designated for AFEB research activities; these allocations were not in competition with other Army funds. In 1958, the Army's Research and Development Command was established. Budgeted funds to support the Command activities were requested through standard budgetary channels, and they were authorized by Congress. After the funds were allocated by the Office of the Budget, they were channeled through the Department of Defense to the Research and Development Command. In 1983, the funding for research and development for all three services was consolidated and made the administrative responsibility of the Department of the Army.

The Board was expected to, and did, take into consideration (*a*) research that was being conducted by governmental and nongovernmental agencies on similar problems, (*b*) the propriety of the methods of research that were recommended to be employed by the military, and (*c*) the pertinent practices that were emphasized by the military departments in the preventive medicine program. Intramural research activities that were performed by scientists within the military had a direct bearing on the contracts and grants awarded to fund the research that the Board and its Commissions sponsored. Duplication was avoided, unless confirmation or extension of data was needed. Commission grants and contracts were subject to the Board's approval. These were not rubber-stamp approvals, since the competition was quite keen. The contract was awarded by the Research and Development Command and operated under the usual contractual system. Grants usually extended from three to five years, depending upon the quality of the research and the nature and extent of the problem. Projects were modified, extended, or terminated depending upon the military relevance of the work, the significance of the work, and its quality. Detailed written reports were submitted annually and included descriptions of the scientific methods used, results of the work performed, expenditures, and budgetary items.

Three or four times annually, the Commission Directors met with the full Board, usually at the Walter Reed Army Institutes of Research. High-level government and military officers often attended the Board meetings, including the respective Surgeons General or their designated deputies and the Deputy Secretary of Defense for Health Affairs. The Preventive Medicine Officers of the Army, Navy, and Air Force reported on the prevalence of illness among military personnel. This arrangement permitted the Commission Directors to present detailed reports of research that was in progress or that had been completed under their aegis. Discussion concerned the quality of the work, its relevance to immediate health problems, and the prevention of illness. The military representatives and the civilian scientists involved engaged in frank discussions in the give-and-take atmosphere of the meetings.

The following tables, which are reprinted from a report prepared by Stanhope Bayne-Jones in January 1946, clearly demonstrate that the Board expended the military's funds carefully and wisely:

Shown in the following Tables are the contract figures and expenditures for work conducted by the AEB and Commissions for the fiscal years 1943, 1944, 1945 and 1946:

Status of Expenditures under Research Contracts for
Commissions Under Army Epidemiological Boards

Fiscal Year 1943

Contractor	Amount of Contract	Expenditures through 30 November 1945
University of Chicago	43,800.00	41,096.45 (Final)(W-709-MD-293)
Yale University	56,155.00	31,192.34 (Final)(W-709-MD-294)
University of Michigan	54,687.00	31,111.55 (Final)(W-709-MD-295)
University of Pennsylvania	44,140.00	25,145.59 (Final)(W-709-MD-296)
Johns Hopkins University	22,300.00	19,286.34 (Final)(W-709-MD-297)
Yale University	18,000.00	17,820.81 (Final)(W-709-MD-298)
New York University	18,100.00	9,092.07 (Final)(W-709-MD-299)
Columbia University	18,500.00	1,714.09 (Final)(W-709-MD-303)
Rockefeller Foundation	25,000.00	735.98 (Final)(W-709-MD-312)
Totals	300,682.00	177,395.22

NEPHTUNE FOGELBERG, Major, MAC, Assistant Director, Fiscal Division, December, 1945

Fiscal Year 1944

Contractor	Amount of Contract	Expenditures through 30 November 1945
Boston University	30,000.00	15,968.63 (Final)(W-709-MD-469)
University of Chicago	58,588.00	54,503.32 (Final)(W-709-MD-471)
Johns Hopkins University	25,000.00	21,165.03 (Final)(W-709-MD-472)
The Regents of the University of Michigan	50,000.00	36,598.31 (Final)(W-49-007-MD-3)
New York University	21,380.00	15,565.27 (Final)(W-709-MD-467)
The Rockefeller Foundation	15,000.00	6,920.02 (Final)(W-709-MD-470)
University of Pennsylvania	30,000.00	30,000.00 (Final)(W-709-MD-468)
Yale University	96,000.00	76,617.20 (Final)(W-709-MD-464)
Yale University	30,000.00	20,867.08 (Final)(W-709-MD-465)
Yale University	44,000.00	35,270.17 (Final)(W-709-MD-466)
Dept. of Commerce National Bureau of Standards	(None)	1,429.18 (Final)
Totals	399,968.00	314,904.21

NEPHTUNE FOGELBERG, Major, MAC, Assistant Director, Fiscal Division, December, 1945

Status of Expenditures, continued:

Fiscal Year 1945

Contractor	Amount of Contract	Expenditures through 31 December 1945
Boston University	21,000.00	12,519.67 (Final) (W-49-007-MD-52)
University of Chicago	76,834.00	63,772.20 (W-49-007-MD-50)
Johns Hopkins University	25,000.00	18,937.06 (W-49-007-MD-55)
Regents of the University of Michigan	60,000.00	36,390.40 (W-49-007-MD-53)
New York University	26,170.00	23,160.57 (W-49-007-MD-57)
New York University	25,000.00	176.41 (W-49-007-MD-38)
University of Pennsylvania	95,000.00	80,848.78 (W-49-007-MD-54)
Yale University	136,000.00	127,551.31 (W-49-007-MD-49)
Yale University	71,000.00	46,183.02 (W-49-007-MD-51)
Yale University	67,000.00	64,613.87 (W-49-007-MD-56)
Totals	603,004.00	474,153.29

A. II. LAWRENCE, Captain, MAC, Acting Director, fiscal Division, 5 January 1945

Fiscal Year 1946

Contractor	Amount of Contract	Expenditures through 30 November 1945
Boston University	23,000.00	1,229.23 (W-49-007-MD-308)
University of Chicago	53,750.00	8,005.48 (W-49-007-MD-309)
Johns Hopkins University	10,000.00	3,185.89 (W-49-007-MD-310)
The Regents of the University of Michigan	54,170.00	847.49 (W-49-007-MD-311)
New York University	19,800.00	1,634.52 (W-49-007-MD-312)
New York University	10,000.00	0 (W-49-007-MD-313)
University of Pennsylvania	109,000.00	15,667.30 (W-49-007-MD-314)
Yale University	86,200.00	32,977.19 (W-49-007-MD-315)
Yale University	13,154.00	1,472.68 (W-49-007-MD-316)
Yale University	83,000.00	11,948.48 (W-49-007-MD-317)
Totals	462,074.00	76,968.26

NEPHTUNE FOGELBERG, Major, MAC, Asst. Director, Fiscal Division, 5 December 1945

The presidents of the AFEB, because of their continuing obligations to the academic institutions that they served, often required office-staff support; this was accomplished through the medium of an Army contract. In addition to a full-time secretary, part-time professional staff were needed periodically to conduct the work of an academic department in a university medical school or hospital. These funds were applied for through the Medical Research and Development Command. This type of stipend to the Office of the President of the AFEB ceased in 1973 after the AFEB was reorganized and its Commissions were abolished.

ORGANIZATIONAL AND FUNCTIONAL PROBLEMS CAUSED BY FISCAL CONSTRAINTS

A near crisis caused by fiscal limitations, which was of considerable importance to the AFEB, occurred in late January 1976. Lt. Colonel Duane Erickson, Executive Secretary of the AFEB, informed me that the planned 12-13 February meeting of the Board would have to be cancelled. This information had come from the Office of the Surgeon General. Colonel Erickson had previously talked with Dr. Lennette, who was then President of the Board, who had accepted this decision and concurred that the meeting would have to be cancelled.

This action alarmed me for several reasons. The principal one was, simply, that Board members were already restive. The activities and responsibilities of the AFEB as an advisory group had obviously waned since the Commission system had been abolished. To cancel a meeting for lack of funds at this time might well have conveyed to Board members that their advisory services were no longer perceived as important. This cancellation might have seemed to be a passive suggestion from the military that the Board would soon fade or be phased out. At least, these were the ominous thoughts that crossed my mind.

I immediately called Ed Lennette and asked for his approval of a plan that I had, which would allow the meeting to proceed. He gave his full assent for me to carry through and to negotiate in any way possible with Lt. General Richard Taylor, the Surgeon General of the Army. I simply proposed to General Taylor that all Board members coming from within five hundred miles of Washington would defray their own travel expenses, and that none of us accept an honorarium, only per diem reimbursement for the actual costs of living during the meeting. Should this plan not be acceptable to General Taylor, I told him, other appropriate funds would be found to meet the expense of the meeting. He immediately took action, approved the plan, and located funds to allow the meeting to proceed. Without this support, it is highly likely that the AFEB would have terminated at this point. Members of the Board needed to be made aware that their services were definitely of significant importance to the military, and would be adequately supported.

THE BOARD'S INTERACTION WITH THE MEDICAL RESEARCH AND DEVELOPMENT COMMAND AND THE MILITARY SERVICES ON THE BUDGETS FOR MILITARY PREVENTIVE MEDICINE

At each of its meetings, the AFEB heard presentations from the Commander of the Medical Research and Development Command and the military service representatives regarding budget forecasts and constraints. Because of congressional budgetary decisions, there were often questions of whether the services could or could not conduct their assigned missions with the available funds.

In 1979, Dr. Herschel Griffin, President of the Board, appointed an ad hoc group to consider the matter of adequate funding for research programs in the field of infectious diseases of military significance. Drs. Benenson, Jordan, Rammelkamp, and I served on this study group. The resolution that we formulated

was approved by the Board and submitted to the appropriate authorities, dated 9 October 1979, and follows:

MEMORANDUM FOR:

The Assistant Secretary of Defense (Health Affairs)
The Surgeon General, Department of the Army
The Surgeon General, Department of the Navy
The Surgeon General, Department of the Air Force

SUBJECT: Resolution on Funding for Infectious Disease Research Programs of Military Significance

The Armed Forces Epidemiological Board (AFEB), in the meeting held 27–28 September 1979, reviewed a letter from the Surgeon General of the Navy expressing concern over recent reductions in funds for medical research of military importance. The AFEB shares this concern over these reductions in research funds and hereby resolves that:

Whereas: Epidemics of infectious disease have been the concomitant of war throughout history, have often accompanied recent U.S. military actions and must be expected in future wars. They have often been, and may again be, the deciding factor in the outcome of numerous battles and campaigns. While advances in medical science had materially reduced the impact of infectious disease in the Vietnam action, the world experience in the control of disease in the last decade indicates a very serious deterioration, rather than improvement, in the control of several diseases of great potential military importance.

Whereas: The battle against malaria, carried out under the aegis of the World Health Organization, with the goal of world-wide eradication, proceeded with success until mosquitoes became resistant to the insecticides on which the program was based. Then the malaria parasites themselves became resistant to chloroquine and the related drugs which had been developed because of the great problem of malaria during World War II. As a consequence there has been a disastrous resurgence of malaria and fatality therefrom in most tropical areas—especially in Asia and South America. Insecticide resistance has been present for some time in African mosquitoes and now drug resistant parasites have also emerged. The present lack of an effective chemoprophylactic drug assures that military operations of any magnitude out of CONUS or Europe will be associated with a serious loss of manpower.

Whereas: Schistosomiasis has increased, rather than lessened, as a threat to military personnel in field operations because of the construction of extensive hydroelectric reservoirs in Africa, Asia, and Mid-East and South America. No drug is available which will prevent infection; no vaccine has reached the point of human testing; treatment methods are in dire need of improvement.

Whereas: While old viral diseases like dengue in tropical areas and the encephalitides to which our troops have been exposed in eastern Asia and in tropical forests anywhere continue to pose unresolved problems, new ominous diseases have emerged such as Bolivian hemorrhagic fever and Argentinian hemorrhagic fever in South America, and Lassa fever, Ebola virus disease and Rift Valley fever on the continent of Africa. These are highly fatal diseases which can be expected among our forces if we dispatch troops to the infected areas, boundaries of which have not been clearly defined. Our defenses against these new diseases are currently non-existent.

Whereas: Although tropical diseases are of growing concern to civilian agencies, and the National Institute of Allergy and Infectious Diseases has long supported research in this area, funds available to NIH for this purpose have been limited because of the priority assigned to diseases important in the United States. A recent analysis of support of tropical disease research by all federal agencies showed that the studies supported by DoD and DHEW are complementary, with minimal duplication. For example, with particular reference to malaria, almost the only support for research and development of chemoprophylactic and chemotherapeutic drugs is that currently funded by the Army. Aggregations of military personnel in the recruitment process have always been associated with epidemics of disease which exist in but constitute only a minor problem to the civilian population such as meningitis, influenza, and "childhood diseases," field operations have been associated with diarrheal disease, often militarily disastrous. While these matters are subjects of concern to civilian medicine, they are largely considered to be only of importance to pediatricians and are seldom studied with reference to the rapid mobilization and crowding of masses of susceptibles.

Therefore, be it hereby resolved: The Armed Forces Epidemiological Board strongly urges that DoD take all efforts to provide a realistic increase in the funds available for intensive research activities, in-house and by contract,

to seek early solutions of these problems so that military operations can be carried out anywhere on the globe without the need to anticipate a serious loss of fighting strength from diseases which might be preventable.

Herschel E. Griffin, M.D.
President

AFEB SUPPORT OF BUDGETS AND FINANCIAL REQUESTS FOR MEDICAL RESEARCH

At least once annually during AFEB meetings, the Commander of the Medical Research and Development Command advised the Board on fiscal matters and described in broad, as well as in specific, terms the funds that were available to the Command for conducting medical research. This was always an important discussion, since many of the Committees' and the Board's scientific capabilities were directly related to the availability of funds. Throughout its history, the Board has been called upon, in its advisory role, to render helpful advice and to testify before various committees when support was needed to justify budgetary requests and expenditures. Brig. General Garrison Rapmund transmitted the following letter, dated 10 December 1980, to me:

Dear Ted,

On 19 September 1980, you wrote offering the assistance of the Board to Army Medical Research. This was in follow-up to my presentation to the Board at Parson's Island outlining budgetary problems. The Board's assistance is needed and I am grateful for this assistance.

Since September, there has been much activity. I am happy to report that the Joint Conference of House and Senate Appropriation Committees has fully restored specific reductions proposed by the House in infectious disease (\$3.0 million), surgery (\$3.0 million) and dental research (\$0.23 million). Restoration of non-specific reductions in Army R&D was less complete, so some decrements will occur to the Army Medical R&D program from the original FY-81 Presidential submission. The net effect for FY-81 is likely to be a continuation of the austerity funding of medical research which we experienced in M-80. But, the worst case impact I presented to the Board seems to have been averted.

The House-passed Defense Appropriate Bill directed the Secretary of Defense to conduct a study of consolidation of medical research activities in the Department of Defense (Encl 1). This study is proceeding now under the overall supervision of the Principal Deputy Under Secretary of Defense for Research and Engineering, Dr. Walter LaBerge. The study is examining options for change to the management structure which guides DOD medical research. A report will be submitted to Congress in January. I am confident a copy of the report can be shared promptly with the Board.

As you can see from Enclosure 1, some familiar concerns continue to influence the Congress. There are misconceptions about our program that must be corrected. There are misconceptions about how biomedical science is conducted that also must be corrected. We do our best to communicate with Congress on both counts. But, that is not enough. Others who are informed, who have national and international scientific reputations, who are known and respected by the Congress must validate what we report to the Congress. Certainly the members of the AFEB fit this description. Therefore, over the coming months, I shall be forwarding to you material describing our program, DOD issue papers, interagency correspondence, GAO and other survey and investigation reports, and other material which I believe will place Board members in the strongest position to make their views known.

The next meeting of the Board in February in Bethesda is an opportunity to take stock. I look forward to seeing you then. With warm personal regards.

Sincerely,

Garrison Rapmund
Brigadier General, MC
Assistant Surgeon General for Research and Development

Not long thereafter, General Rapmund, by then a Major General and Commander of the Research and Development Command, faced even more serious—and almost incapacitating—budgetary cuts that would have seriously crippled the Research and Development programs. Dr. William D. Tigertt (a Brigadier General, retired, and a former Board member) and I joined General Rapmund in testifying before a DoD budget committee meeting at the Pentagon. We presented a historical perspective of the military medical research program that had been of inestimable value to each of the services. We discussed how Medical Research **and** Development had directly influenced military operations during wartime. Malaria, dengue fever, meningococcal infections, schistosomiasis, other parasitic diseases, and dysenteric disorders were put in their proper perspective. This testimony helped not only prevent further budget cuts, but it also helped to restore prior reductions in the budgets. **As** we left the meeting, the chairman of the budget committee simply said, "We will work with you." A day or so later, General Rapmund called me to express his thanks and remarked that all the funds had been restored to his budget for the coming year.

Appendix 2

Memoir

by

Joseph Stokes, Jr., M.D.

Dr. Joe Stokes wrote a memoir for his family and he sent a copy of it to me to include in the AFEB archives. In his letter to me, dated 14 January 1972, he wrote, "This experience happened to be of far greater importance to the men [in] all the services than to those in the Army alone. If [Secretary of War] Henry Stimson had not supported this approach, it is my feeling that almost all of the work of the Army Epidemiological Board during World War II would, so to speak, have gone 'down the drain.' After writing this brief report, I checked it carefully with Aims McGuinness, who, as you recollect, assisted B. J. in the administration of the Board, and he has said that he can corroborate all of the details. . . ." The following, which I have edited slightly, is an excerpt from Dr. Stokes's memoir:

An exceptional opportunity arose early in the conflict as the result of two personal contacts. First, my brother and his wife, Dr. and Mrs. S. Emlen Stokes, were long-time friends of Mr. Henry L. Stimson, the Secretary of War, through their common membership in the Ausable Club, located in the highest mountains of the Adirondacks. Henry Stimson had cut out mountain trails and had spent many of his summers exploring the natural wilderness. Second, Dr. Philip Stimson of New York, who was first cousin to Secretary of War Stimson, had been interested in the Philadelphia studies on measles. Dr. Stimson suggested that his cousin Henry Stimson discuss with me both the extremely high rates of disease casualties in World War I and the possibility of controlling infectious diseases, particularly among recruits in boot camps, where high rates of infection had previously occurred. [NOTE: Joe Stokes was at that time the Director of the Commission of Measles and Mumps. T.E.W.] Dr. Philip Stimson had suggested to the Secretary of War that epidemic diseases should be attacked as early as possible and that a discussion of the Philadelphia studies and developing concepts be held soon. Mr. Henry Stimson quickly agreed, and a meeting was scheduled in his Washington, D.C., office. That meeting, a free discussion among Secretary Stimson, General George Marshall, and me, was not, in itself, a historic occasion, but the lives of thousands of GIs were probably saved as its result.

Simply through controlling or preventing epidemic diseases, huge numbers of casualties were prevented. The introduction to so astonishing an outcome lay in Secretary Stimson's parting remark to me after General Marshall had returned to his office (which was immediately adjacent to the secretary's). Mr. Stimson said, in effect, "If you feel that anything medically serious is occurring that apparently could be remedied, and yet the remedy appears to be completely blocked, please do not hesitate to call me directly by telephone or send me a letter marked 'Personal and Confidential', and you shall hear from me." At the time, I thought this was just a courteous comment made in appreciation for my visit to Washington, and could foresee no need for me to implement it. Such, however, was far from the case.

An impasse had been slowly developing in the Preventive Medicine Service that brought Mr. Stimson's request forcibly to mind. James C. Magee, the Surgeon General of the Army, had demonstrated a certain lack of astuteness in the earliest months of the war by allowing his Office (and the entire Medical Service of the Army) to be placed under the command of General Somervell in the Services of Supply. Consequently, Surgeon General Magee had no direct line of communication to General Marshall. Many requests for changes or additions of personnel thus tended to

founder on General Sommervel's desk, often with greatly delayed action. This tendency became increasingly acute when various Commissions of the Board lost some of their vital researchers. They were being drafted into the regular armed forces and effective research teams were being split up. Able investigators such as Aims McGuinness, Sydney Gellis, John Dingle, and Albert Sabin were in danger of being separated from the Epidemiological Board; more importantly, the research studies that they and others did (that had saved, and would save, thousands of lives and many thousands more of casualties from infectious diseases) would be interrupted, if not lost entirely.

I recalled Henry Stimson's courteous request when it became clear to me (as Director) that the Commission on Measles and Mumps would probably lose the services of Aims McGuinness. This reminder was greatly accentuated by several compelling circumstances. It had become apparent that, because of the Army's inept policy, such able men as McGuinness were being wooed away by the other services and that our strong research teams were being broken up. McGuinness had been approached to join those in charge of the U.S. Navy's blood banking program at Bethesda. I also learned that Colonel Simmons, Colonel Bayne-Jones, and Dr. Francis Blake, President of the Board, had all failed in their efforts to have these scientists assigned to the Epidemiological Board as uniformed officers in the Army Medical Corps. The situation for the various Commissions and for the entire Board was desperate. Colonel Simmons, Colonel Bayne-Jones, and Dr. Blake all agreed with me that an approach to Secretary Stimson could do no harm and was a chance worth taking.

I therefore placed a call to Secretary Stimson. Purely by chance, it was on the morning that the Army had first landed in north Africa. The call occurred late in the morning and Stimson's private secretary said that he, himself, had not yet been able to speak with Mr. Stimson. I told the private secretary the purpose of my call and, most surprisingly, I received a call back in two hours. Secretary Stimson had already made an appointment for Dr. Blake and me to meet with General Miller White, who was in charge of all Army personnel matters, at the Pentagon on the following Monday morning.

General White was all we could possibly have hoped for. He listened carefully to our joint presentation, which was made principally by Dr. Blake. He quickly agreed that our request, that Medical Officers be assigned to the Board to work on the Commissions, was appropriate, and should and would be implemented immediately. He was upset that the prevention of epidemic diseases had been so endangered, and said that the complement of twenty-five medical officers would be assigned as quickly as possible to the Board to continue the research work of the Commissions.

No word came during the next three weeks. Aims McGuinness regarded the situation as hopeless and proceeded to take steps to join the Navy to work with their blood program. On a gloomy Friday I called Dr. Blake concerning this strange silence, and he promised to call General Miller White that day about the lack of action. To be on the safe side, I also called from Philadelphia. General White was in high dudgeon when he learned that the order that he had placed three weeks before had not yet been implemented. I had no doubt, from the tone of his voice, that he would conduct an immediate investigation and take appropriate action. Three days later, on the following Monday morning, an elated Aims McGuinness called to say "Congratulations! Three colonels have called me from Washington this morning, and I am to go down to the Army-Navy Club tonight, to be inducted tomorrow as a medical officer assigned to the Army Epidemiological Board."

This was the type of quiet direct statesmanship for which Henry Stimson was so well known. I had the opportunity, after the war was over, to personally express my appreciation to him for this evidence of his wisdom. I tried to convey to him the broad significance (of which he already had some inkling) that our almost-chance meeting had had in conserving lives by preventing epidemics.

Colonel Simmons and Colonel Bayne-Jones had to guard repeatedly against the sniping that was directed at the Board's complement of medical officers. There continued to be fears that the Board might be partially or wholly abolished. In fact, Henry Stimson's original order continuously hung over the Office of the Surgeon General as a warning that something could be done at the highest level to preserve the Board—and to preserve the lives of many GIs.

The Commissions continued their work and no one, beyond those immediately involved, knew of the part that Henry Stimson had played. Most of the key scientists in the Commissions were inducted into the Army's Medical Corps and the work of the Commissions proceeded with renewed vigor and confidence.

Appendix 3

A List of the Board's Recommendations from 1955 through 1989

The following chronological list of the recommendations that were made by the Armed Forces Epidemiological Board from 1955 through 1989 was compiled by Executive Secretaries Colonel Robert R. Nikolewski, BSC, USAF, (from his 1985 White Paper) and Colonel Robert A. Wells, Ph.D., MSC, USA:

06/14/55	Recommendation with Respect to the Use of Hyperimmune Anti-rabies Serum
08/11 /55	Prophylaxis of Streptococcal Infections
05/24/58	AFEB Recommendations on Cutaneous Diseases
05/ 11/59	Prophylaxis of Streptococcal Infections
06/16/60	Armed Forces Epidemiological Board Recommendations on Griseofulvin
12/14/60	Use of Duck-Embryo Rabies Vaccine
12/19/60	Dosage of Gamma Globulin for Prophylaxis of Infectious Hepatitis
12/12/61	AFEB Recommendations on Adenovirus Vaccine
12/12/61	AFEB Recommendation on Influenza Immunization for Children
12/12/61	AFEB Recommendation on Influenza Immunization and Pregnancy
12/12/61	AFEB Recommendation on Influenza Vaccine Formula for FY 1963
12/15/61	AFEB Recommendations on the Use of Oral Poliovirus Vaccine in the Military Services
05/28/62	Revised AFEB Recommendation <i>o</i> is on the Use of Oral Poliovirus Vaccine in the Military Services
07/06/62	Drugs for Parasitic Infections
12/14/62	AFEB Recommendations on Influenza Vaccine Formula for FY 1964
12/26/62	Mineral Oil Adjuvant Vaccines
01/07/63	Amended AFER Recommendations on the Use of Oral Poliovirus Vaccine in the Military Services
05/10/63	AFEB Recommendations on Influenza Vaccine for FY 1964
06/12/63	AFEB Recommendations on Malaria
07/02/63	Instruction in Infectious Disease
11/22/63	AFEB Recommendation on Tuberculosis Control
12/11/63	Antimalarial Drug Research and Development

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12/11/63 Influenza Virus Vaccine to Be Used by the Military during FY 1965

12/11/63 Malaria Resistant Chloroquine and Other Synthetic Antimalarial Drugs

12/11/63 Safe Operation of Laser Systems

12/13/63 Use of Trivalent Oral Poliomyelitis Vaccine

12/16/63 Malaria Suppression Program

12/18/63 Medical Service Infectious Hepatitis Control

06/04/64 Emergency Supply of Marboran

06/04/64 Smallpox Vaccination during Pregnancy

06/04/64 Tetanus Immune Globulin (**Human**), Stocking of

06/04/64 Toxicology Program, U.S. Army Environmental Health Agency

06/04/64 Typhus Immunization of Military Dependents

06/04/64 Vaccinal Immune Globulin (Human)

06/04/64 Yellow Fever Vaccination

06/05/64 Insect Repellents, Coordinated Program For

06/11/64 Butazolidan, Toxic Properties of

06/26/64 Committee on Tuberculosis Control, Establishment of

07/31/64 Ad Hoc Committee on Q Fever Vaccine

02/17/64 Amended AFEB Recommendations on the Use of Oral Poliovirus Vaccine in the Military Service

12/18/64 Cyclic Recurrences of Epidemics of Meningococcal Infections, Study of

12/21/64 Tuberculin Testing of Personnel Serving in Potentially High Risk Environments Overseas

12/22/64 Study of Tuberculin Positive Filipino Recruits

12/23/64 Use of Live Adenovirus Vaccines

01/14/65 Influenza Virus Vaccine to Be Used by the Military during FY 1966

03/08/65 Influenza Virus Vaccine to Be Used by the Military during FY 1966

06/02/65 Acetone Killed and Dried (AKD) Typhoid Vaccine

06/02/65 Collection of Medical Information and Specimens

06/02/65 Dosage Schedule for Plague Vaccine

06/02/65 Hygienic Standards for Beryllium

06/02/65 Interim Use of Trivalent Inactivated Adenovirus Vaccine

06/02/65 Live Type 4 Adenovirus Vaccine

06/02/65 Live Measles Vaccine, Including the Newly Licensed "Further Attenuated" (Swarz) Live Measles Virus Vaccine, Use of

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Appendix 3

06/02/65	Meningococcal Field Research Laboratory
06/02/65	Mineral Oil Adjuvant Influenza Virus Vaccine, Use in the Military
06/02/65	Paratyphoid A and B Vaccines
06/02/65	Prevention of Scrub Typhus by Immunoprophylactic Measures
06/02/65	Prevention of Scrub Typhus by Repellent-Impregnated Uniforms
06/4/65	Intradermal Smallpox Vaccination by Jet Injector
06/28/65	Commercial Scale Development of Japanese B Encephalitis Vaccine
08/03/65	Malaria Prophylaxis
08/05/63	Drugs for Parasitic Infections
08/17/65	Combined Active-Passive Immunization with Absorbed Tetanus Toxoid and Tetanus Immune Globulin (Human)
12/09/65	Griseofulvin Tablets, Replacement of
12/10/65	Commission on Cutaneous Diseases Proffer of an Expert Team
12/10/65	Corticosteroid Cream for Personal Use on any Early Skin Lesion, Study of
12/10/65	Oral Griseofulvin Prophylaxis
12/17/65	Adenovirus Vaccine
12/17/65	Malaria
12/17/65	Proposal from the Commission on Enteric Infections for a Longitudinal Study of Diarrheal Disease among Military Personnel in Southeast Asia
12/17/65	Influenza Virus Vaccine
02/02/66	Influenza Virus Vaccine for FY 1967
05/27/66	Chemical Prophylaxis against Scrub Typhus in Southeast Asia
05/27/66	Live Oral Type 4 Adenovirus Vaccine, Administration of
05/27/66	M-1960 Uniform Repellent, Field-Testing Concerning Odor
05/27/66	Rocky Mountain Spotted Fever Vaccine, Efficacy of
05/27/66	Typhus Vaccine, Potency of
06/06/66	Blood Group Substances in Existing Vaccines
06/06/66	Pattern of Malaria in Vietnam
08/08/66	<i>Neisseria gonorrhoeae</i> , Culture Medium [for]
09/27/66	Routine Typhoid Immunization Recommendation
09/28/66	Sunscreen Filter Chemically Induced in Normal Skin (Mixture of Dihydroxyacetone and a Naphthoquinone, Applied to the Skin)

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09/28/66	Dengue or Chikungunya Virus Infections; Recommendations
10/04/66	Sunscreen Filter Chemically Induced in Normal Skin (A Composition Containing Dihydroxyacetone and a Naphthoquinone Applied to the Skin)
12/08/66	Proposed Respiratory Disease Study
12/14/66	Aqueous Influenza Vaccine, Formula for
12/14/66	Guidelines, Use of Adenovirus Vaccine at Recruit Bases during This Fall and Winter
01/23/67	Plague Immunization Schedule
01/27/67	The Use of Gamma Globulin for Prophylaxis against Infectious Hepatitis
05/26/67	Booster Intervals for Diphtheria-Tetanus Toxoids
05/26/67	Booster Intervals for Typhoid Vaccine
05/26/67	Commission on Cutaneous Disease Proffer of an Expert Team
05/26/67	Court Case Concerning[A] Staphylococcal Infection [that] an Infant Acquired in [the] U.S. Naval Hospital, Charleston, South Carolina
05/26/67	Falciparum Malaria; Treatment Regimens [for]
05/26/67	Use of Antibacterial Soaps
05/26/67	Vivax Malaria; Prophylaxis and Treatment
09/14/67	Possible Danger of Moving Dengue Virus to Potentially Receptive Areas in the Pacific
11/29/67	Live Type 4 Adenovirus Vaccine, Use of
01/09/68	Procurement of Large Volumes of Unpassaged Dengue Viruses from Man
01/09/68	The Recent Human Disease Caused by Contact with African Green Monkeys in Germany
01/09/68	Yellow Fever Vaccine Free of Avian Lymphomatosis Virus
02/26/68	Aqueous Influenza Vaccine, Formula for FY 1969
05/23/68	Epidemiology of Recruit Infectious Diseases, Study at the Recruit Training Center, Orlando, Florida
05/24/68	Blood Donor Criteria—Malaria
05/24/68	Central Source for Meningococcal Typing Sera; Recommendation that Such be Made Available
05/24/68	Final Report, Dermatologic Team of the Commission on Cutaneous Diseases of the Armed Force Epidemiological Board to Vietnam, Harvey Blank, M.D.; Nando Zaias, M.D.; and David Taplin
05/24/68	Recommended Length of Boiling Time
05/24/68	Serological Test for Syphilis, Recommendation [for]
06/25/68	Recommendation Concerning Administration of Live Vaccines
07/19/68	Live Measles Virus Vaccine Booster Inoculation for Military Dependents Who Have Previously Received Inactivated Measles Virus Vaccine

08/08/68	Dose of Acetone-Killed and Dried Typhoid Vaccine
09/20/68	Revised Influenza Vaccination Recommendation, 1968–1969
12/04/68	Influenza Virus Vaccine
12/23/68	Amantadine Hydrochloride
02/26/69	Chloroquine [and] Primaquine Prophylaxis
05/27/69	Disinfection of Swimming Pool Water
06/03/69	Specifications for Tetanus Toxoids
06/03/69	Uniform Computer Reporting System on Disposition Diagnoses
01/08/70	Influenza Virus Vaccine Composition for Use in the Period 1970–1971
03/12/70	Malaria: Conclusions and Recommendations
06/02/70	Oral Polio Vaccine
06/02/70	Procurement and Use of Type 4 Adenovirus Vaccine
06/02/70	Research and Use of Meningococcal Vaccines
06/02/70	Research and Use of <i>Mycoplasma pneumoniae</i> Vaccines
06/02/70	Use of Adenovirus Vaccines and Need for Research
06/08/70	Disposition Diagnoses
06/08/70	Doxycycline Chemotherapy and Chemoprophylaxis of Rickettsial Diseases
06/20/70	Epidemic Typhus Vaccine for Military Use—Specifications for
08/12/70	Typhoid Vaccine, Acetone Inactivated Dried
12/04/70	Influenza Virus Vaccine Composition for Use in the Period 1971–1972
01/15/71	Hepatitis Associated Antigen
02/02/71	Vaccination of Air Force Personnel with Oral Live Type 4 Adenovirus Vaccine
02/23/71	Malaria: Conclusions and Recommendations
02/12/71	Malaria Prophylaxis
03/31/71	Influenza Virus Vaccine
05/27/71	Surveillance of <i>M. pneumoniae</i> Infection
05/28/71	E Strain Typhus Vaccine Acceptability Trials
05/28/71	Killed Epidemic Typhus Vaccine Procurement
05/28/71	Killed Q Fever Phase I Vaccine Acceptability Trials
05/28/72	Live Types 4 and 7 Adenovirus Vaccine

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05/28/71	<i>M. pneumoniae</i> Infection
05/28/71	Medical Surveillance of Personnel Exposed to Microwaves
05/28/71	Recommendations for Research on Biomedical Effects of Microwaves
05/28/71	Meningococcal Vaccine
05/28/71	Recommendation of Field Methods for Testing Free Chlorine Residuals in Potable Water
05/28/71	Recommendations on Other Respiratory Diseases
10/26/71	Investigation of Drug Abuse in Military Personnel
01/24/72	Influenza Virus Vaccine Composition for Use in the Period 1972–1973
02/23/72	Development of Improved Footwear
02/23/72	Spectinomycin (Trobicin, Upjohn) for the Treatment of Gonorrhea
02/24/72	Recommendation for Continued Support of Research on Tropical Diseases
02/24/72	TB MEDs, Need for Revision
04/24/72	Recommendation of the AFEB ad hoc Committee on Drug Abuse
05/10/72	Suggested Corrections, Additions and Revisions of TB MED 232
05/26/72	Group C Meningococcal Vaccine—Routine Year-round Use
05/30/72	Recommendations for the Treatment of Gonorrhea
05/31/72	Development and Production of Efficacious and Safe Vaccines
05/31/72	Immunization Against Rubella
05/31/72	Tetanus Prophylaxis in Wound Management
05/31/72	Yellow Fever Vaccine
06/07/72	Group C Meningococcal Vaccine—Routine Year-round Use
01/02/73	Influenza Virus Vaccine Composition for Use in the Period 1973–1974
01/23/73	Confidentiality of Venereal Disease Records in the Military Services
04/19/73	Reports of New Influenza V Strain
05/30/73	Periodic Medical Examinations
06/06/73	Influenza Vaccine Composition
09/18/73	Cholera Vaccination
09/18/73	Group C Meningococcal Vaccine
09/18/73	Integrated Training in Health and Environment
09/18/73	Live Types 4 and 7 Adenovirus Vaccines
09/18/73	Rubella Immunization Policy

05/18/73	Teaching of Tropical Medicine
05/26/73	DoD Directive 6200.1, 27 April 1973, Venereal Disease Control Program of the Armed Forces
10/12/73	Recommendation for Scheduling Dosage for Oral Poliovirus Vaccine in the Military Service
11/12/73	Procurement Standards Pertaining to Weight and Blood Pressure
12/26/73	Typhoid Immunization Requirements for Children
02/14/74	Influenza Virus Vaccine Composition for Use in the Period 1974-1975
12/01/74	Establishment of an Infectious Disease Investigation and Vaccine-Trial Capability
11/01/74	Health Maintenance and Prospective Medicine Programs in the Three Armed Services
11/01/74	Potential Disease Threat at Yuma Proving Ground
11/01/74	Refresher Training in Primary Medical Care
11/01/74	Teaching of Tropical Medicine
11/08/74	Acute Respiratory Disease Surveillance Programs in the Armed Forces
11/08/74	Modifications of Physical Standards in Recruitment for the All-Volunteer Forces
11/12/74	Influenza Vaccine Trial Protocols
75-1	Excessive Insecticide Contamination of the Environment
75-2	Cholera Vaccination
75-3	Booster Intervals for Diphtheria Tetanus Toxoids
75-4	Medical Facility Utilization within the Armed Forces
75-5	Influenza Virus Vaccine Composition for Use in the Military for the 1975-76 Season
75-6	Recommendation re: Chest X-ray Examinations for Recruits
75-7	Military Health Care Study
75-8	Nosocomial <i>Staphylococcus epidermidis</i> Infection
76-1	Influenza Vaccine Composition for the 1976-77 Season
76-2	Influenza Vaccine Composition for the 1976-77 Season
76-3	Report of the ad hoc Study Team for Review of the Scope of Periodic Physical Examinations in the Army
76-4	Recommendations of the ad hoc Study Team on Cholinesterase Inhibitors
76-5	Administration of Oral Polio Vaccine
76-6	Health Care Personnel with Hepatitis-Associated Antigenemia
76-7	Influenza Vaccine Composition for the 1976-77 Season
76-7S	Supplement to the Recommendation on Influenza Vaccine Composition for the 1976-77 Season
77-1	Recommendation on Influenza Immunizations for Feb-Mar 77 and for the 1977-78 Season

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- 77-2 Recommendation on Poliomyelitis Immunization for Armed Forces Personnel
- 77-3 Recommendations on Policy for Immunization against Smallpox
- 77-4 Recommended Purity Level Specifications for Tetanus Toxoid
- 77-5 Recommendation on Immunization of Military Recruits with Meningococcal Vaccine
- 77-6 Recommendations on Administration of Live Virus Vaccine to Female Recruits
- 78-1 Influenza Immunizations Against the Type A/(H₁N₁) Strain for the 1978-1979 Season
- 78-2 Recommendations on Influenza Vaccine Policy
- 78-3 Recommendations on Policy for Cutaneous Leishmaniasis
- 78-4 Recommendations on Policy for Asbestos-related Health Problems
- 78-5 Recommendation on Policy for Chest X-ray Examinations for Periodic Physical Examinations
- 78-6 Recommendations for the Operation of the Medical Examination Review Board
- 79-1 Influenza Vaccine Composition and Immunization Procedures for the 1979-1980 Season
- 79-2 Recommendations Concerning Protection of Armed Forces Personnel against Rubella and Rubeola
- 79-3 Recommendations on the Scope of Current Periodic Physical Examinations in the Armed Forces
- 79-4 Recommendations Concerning Protocol for "Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange"
- 80-1 Recommendation on Policy for Smallpox Immunization
- 80-2 Recommendations on Policy for Measles Immunization
- 80-3 Recommendations Concerning Review of a Proposed Protocol for a Malaria Prophylaxis Study
- 80-4 Recommendations on Policy for the Use of Amantadine for Protection of Armed Forces Personnel against Type A Influenza
- 80-5 Recommendation on Influenza Vaccine Policy for 1980-81
- 80-6 Typhoid Immunization Requirements for Dependents
- 81-1 Recommendations on a Proposed Clinical Protocol for an Efficacy Trial of Gonococcal Pilus Vaccine
- 81-2 Recommendation on Influenza Vaccine Dosage for 1981-82
- 81-3 Recommendation on Policy for Smallpox Immunization
- 81-4 Resolution Concerning Influenza Surveillance in the Armed Forces
- 81-5 Cholera Vaccine Use in the U.S. Armed Forces
- 81-6 Resolution Concerning the Continuation of the AFEB Task Force on Epidemiological Methods
- 81-7 Recommendations Regarding an Assessment of Population-Based Forecasting Models at the Office of Planning and Policy Analysis
- 81-8 Recommendations Concerning Tetanus/Diphtheria (td) and Plague Vaccine Dose Schedules in the Armed Forces

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- 82-1 Recommendations Concerning the Use of Hepatitis B Virus Vaccine in the Armed Forces
- 82-2 Recommendation on Influenza Vaccine Use for 1982-1983
- 82-3 AFEB Resolutions Concerning Epidemiological Methods in the Health Care Delivery System
- 82-4 Resolution Supporting the NCI Follow-up Study on a Potentially Hyperimmunized Population
- 82-5 Armed Forces Epidemiological Board (AFEB) Recommendations Regarding Potentially Hyperimmunized Individuals
- 82-6 Armed Forces Epidemiological Board (AFEB) Recommendations on the Use of Antibiotics for Early Treatment of Rickettsial and Diarrheal Disease among Rapid Deployment Joint Task Force (RDJTF) Personnel
- 82-7 Armed Forces Epidemiological Board (AFEB) Recommendations Regarding Continued Vaccination against Smallpox in the Armed Forces
- 82-8 Recommendations Regarding Use of Quadrivalent Polysaccharide Meningococcal Vaccine
- 82-Y Armed Forces Epidemiological Board (AFEB) Recommendation Concerning the Immunization Schedules in the Armed Forces
- 82-10 AFEB Recommendations Regarding Plague Vaccine and Tetanus-Diphtheria Toxoids Dose Schedules
- 82-11 Armed Forces Epidemiological Board (AFEB) Recommendations Concerning the Immunization Requirements for Recruit and Active Duty Personnel during Pregnancy
- 82-12 Armed Forces Epidemiological Board (AFEB) Recommendations Regarding Collaborative Efforts between the Military Medical Services and the Centers for Disease Control with Respect to Penicillinase Producing *Neisseria gonorrhoeae* (PPNG) Isolates and Epidemiologic Data
- 87-1 AFEB Recommendation for the Influenza Vaccine Composition, 1983-1984
- 83-2 Doxycycline Chemoprophylaxis against Leptospirosis
- 83-3 Recommendations on Epidemiological Methods in the Military Medical Health Care Delivery Systems
- 83-4 Utilization of 1983-1984 Influenza Vaccine
- 83-5 Review of Routine Chest X-ray Examinations for Recruits and Officer Candidates
- 83-6 Utilization of 1982-1983 and 1983-1984 Influenza Vaccine
- 83-7 Penicillin Prophylaxis Regarding Streptococcal Disease in Navy and Marine Corps Recruit Facilities
- 83-8 Malaria Chemoprophylaxis for Air Force Personnel
- 84-1 Smallpox Immunization of Military Personnel
- 84-2 Rubella Prevention and Control
- 84-3 Armed Forces Epidemiological Board Review of the U.S. Navy Asbestos Medical Surveillance Program (AMSP)
- 84-4 Composition and Dosage of the 1984-1985 Influenza Vaccine
- 84-5 Meningococcal Typing Surveillance of U.S. Navy Recruit Personnel
- 84-6 Hepatitis B Vaccine Use in the U.S. Disciplinary Barracks and Personnel Assigned to Korea

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- 84-7 Armed Forces Epidemiological Board Scientific Advisory Panel Nominations to the Navy Asbestos Medical Surveillance Program
- 85-1 Availability and Quality of Epidemiological Data Relevant to Readiness Related Issues Regarding the Incidence and Prevalence of Disease Worldwide
- 85-2 Epidemiological and Preventive Medicine Capabilities Regarding Potential Worldwide Trouble Spots
- 85-3 Medical Constraints and Consequences of Increasing Participation of Women in the Armed Forces
- 85-4 Disposition of Hepatitis B Carriers
- 85-5 Route of Administration and Dosage of the Currently Licensed Hepatitis B Vaccine
- 85-6 Minimization of Disease Risks and Disinfectant Use during Cardiopulmonary Resuscitation Training Utilizing Manikins
- 85-7 Interim Recommendations Concerning Chemoprophylaxis of Chloroquine Resistant *Plasmodium Falciparum* (CRPF) Malaria
- 85-8 Human T-Lymphotropic Virus Type III (HTLV-III) Antibody Positivity
- 85-9 Immunization of Asplenic Personnel
- 86-1 Spectinomycin-Resistant *Neisseria gonorrhoeae*
- 86-2 Composition and Dosage of the 1986-1987 Influenza Vaccine
- 86-3 Additional Study, B Component, Armed Forces Influenza Vaccine
- 86-4 Revised Recommendations Concerning Chemoprophylaxis of Chloroquine Resistant *Plasmodium Falciparum* (CRPF) Malaria
- 86-5 Recommendation on Japanese B Encephalitis Prevention
- 86-6 Federal Malaria Vaccine Programs
- 86-7 **Revised Influenza Vaccine for 1986-1987**
- 87-1 Recommendation on Japanese B Encephalitis Prevention
- 87-2 Recommendation on Tetanus Toxoid Purity
- 87-3 Recommendation for Deletion of the Med-E-Jet from the Federal Stock System and Its Non-use for Injections by the Military Services
- 87-4 Recommendations on Human Immunodeficiency Virus (HIV)
- 87-5 Recommendations on the Potential for Health Risks of the Bradley Fighting Vehicle (BFV)
- 87-6 Composition and Dosage of the 1987-1988 Influenza Vaccine
- 87-7 Ceftriazone Treatment of Gonorrhea
- 87-8 Recommendation on *Aedes albopictus*
- 87-9 Recommendations on Infections with Dysgonic Fermenter Type 2 in Splenectomized Individuals
- 87-10 Recommendations on Korean Hemorrhagic Fever

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- 88-1 Recommendation on Cardiovascular Screening of Soldiers Age Forty and Over
- 88-2 Recommendations on Human Immunodeficiency Virus (HIV) Infection
- 88-3 Recommendation on the Utilization of Hypodermic Jet Injector Guns for the Immunization of Military Personnel
- 88-4 Recommendations on Tuberculosis
- 88-6 Recommendations on Hepatitis B
- 89-1 Recommendation on the Disease and Environmental Alert Report Worldwide (DEAR WW)
- 89-1 Composition and Dosage of the 1989-1990 Influenza Vaccine
- 89-3 Recommendation on the Draft Technical Bulletin on Nonfragmentary Injuries behind Defeated Armor
- 89-4 Recommendation on Typhoid Fever Vaccine
- 89-5 Recommendation on the Composite Health Care System (CHCS)
- 89-6 Recommendation on the Reduced Dose Regimens for Recombinant Hepatitis B Vaccine
- 89-7 Recommendations on Mefloquine Chemoprophylaxis for Military Personnel
- 89-8 Recommendations on the Use of Zidovudine (AZT) in the Military

Appendix 4

**The Charters of the Armed Forces Epidemiological Board
and Its Predecessor Organizations**

THE 1940 CHARTER

**The Board for the Investigation and Control of Influenza
and Other Epidemic Diseases in the Army**

The initial authorization that established the Board for the Investigation and Control of Influenza and Other Epidemic Diseases in the Army, signed by A. P. Sullivan, Adjutant General, and dated 11 January 1941, appears on page 20 of this volume together with the original charter, dated 27 December 1940, and signed by General James C. Magee, The Surgeon General of the Army.

THE 1949 CHARTER

Armed Forces Epidemiological Board

SUBJECT: Armed Forces Epidemiological Board

TO The Secretary of the Army

THRU: Director of Logistics
General Staff, United States Army

1. Reference is made to memorandum dated 21 February 1949 from the Secretary of Defense to the Secretary of the Army and Comment No. 1, dated 2 March 1949 from the Director of Logistics to the Surgeon General, subject of each: Standardization of Preventive Medicine Practices and Procedures within the Armed Forces. Under this authority and with the concurrence of the Surgeons General of the Navy and the Air Force, paragraph (d) of the recommendations of the Committee on Medical and Hospital Services of the Armed Forces has been implemented and an Armed Forces Epidemiological Board hereby established.

2. The Armed Forces Epidemiological Board is organized as follows:
- a. **Name:** Armed Forces Epidemiological Board.

b. **Authority:** The authorization for establishment of the original Army Epidemiological Board was based upon approval of such a request by the Secretary of War on 11 January 1941. Authority for expansion into an Armed Forces Epidemiological Board is based upon Memorandum from the Secretary of Defense to the Secretary of the Army instructing that the present Army Epidemiological Board be expanded to reflect the needs of the three services in the fields of medical, operational, and research problems.

c. **Mission:** The Mission of the Armed Forces Epidemiological Board will be:

(1) To furnish advice to the Armed Forces in establishing uniform and effective epidemic prevention and control procedures.

(2) The provision within the National Military Establishment for specialized scientific advice, consultation, and active working participation with members of the Armed Forces Medical Departments in the study and solution of communicable disease and other preventive medicine problems.

d. **Administration:** The administration and policy of the Armed Forces Epidemiological Board will be effected by The Surgeon General of the Army as mutually agreed upon by the Surgeons General of the Army, Navy, and Air Force.

e. **The Board:** The Board will consist of nine civilians who are selected on the basis of national standing in fields allied to the function of the Armed Forces Epidemiological Board. Initially, appointments will be three each for a period of two, three, and four years. After a two-year period, one-third of the membership of the Board will be appointed. After the initial two- and three-year terms, appointments will be for a period of four years. The Board will select a President from its own membership. The members of the Board will be appointed as consultants to the three Surgeons General and will be selected from nominations made by the Armed Forces Medical Departments and with the final concurrence of the three Surgeons General.

f. **Commissions:** The Board will recommend to The Surgeon General of the Army the establishment of such commissions as it deems necessary from time to time, and for necessary periods, to assist it in accomplishing its stated mission. When scientifically competent committees and subcommittees of the National Research Council are available, these agencies will be used for advice rather than to establish separate commissions. The Board will select the members and designate the chairman of each commission to serve during the life of the commission or for two years, whichever is the shorter period.

g. **Consultant Status:** The Board and commissions will hold a minimum of one formal annual meeting and such additional meetings as are necessary. At the annual meeting of the Board, the Armed Forces requirements will be reviewed, reports will be received from all commission chairmen, a review of the past year's work and plans for future work in each particular field will be discussed and recommendations made. The President of the Board will report to the Surgeons General of the Army, Navy, and Air Force on matters pertaining to their services. The Surgeons General will take cognizance of these reports and determine the indicated action.

h. **Administrative Liaison:** The coordination of the activities of the Armed Forces Epidemiological Board and its commissions with the medical departments of the Armed Forces will be through an Army Medical Corps officer designated by The Surgeon General of the Army as the Administrator, Armed Forces Epidemiological Board.

i. **Funding:** The cost of routine administration of the Armed Forces Epidemiological Board will be financed by the United States Army Medical Department. The Surgeon General of the Navy and The Surgeon General of the Air Force will support The Surgeon General of the Army in budgetary presentations and appropriation hearings before reviewing authorities as such pertain to this joint Armed Forces organization. No travel, consultation, administrative work over and beyond routine or research projects are considered as routine administration. These may be undertaken on the basis of a specific request by one or more of the Services, and in these instances the requesting Service or Services will then finance the same. Routine administration costs are considered to be the cost of the annual meetings of the Board and Commissions and the necessary clerical assistance.

3. A list of the Board's membership is enclosed.

R. W. Bliss
Major General
The Surgeon General

THE 1953 CHARTER

The Armed Forces Epidemiological Board

The Armed Forces Epidemiological Board was established formally by Department of Defense Directive 5154-8, dated 8 October 1953, and follows:

SUBJECT: Armed Forces Epidemiological Board

I. INTRODUCTION

Pursuant to the authority vested in the Secretary of Defense by the National Security Act of 1947, as amended, there is hereby reconstituted within the Department of Defense the Armed Forces Epidemiological Board (hereinafter referred to as "The Board"). The Board shall function as a joint agency of the three Military Departments under the management control of the Secretary of the Army, subject to the authority, direction and control of the Secretary of Defense. The purpose of this Board is to provide the Military Departments with scientific and research assistance and advice on matters pertaining to problems in preventive medicine.

II. ORGANIZATION

A. The Board shall be composed of nine members, selected from civil life on the basis of their national standing in fields allied to the functions of the Board. Members of the Board shall be selected and appointed on a consultant basis by the Secretary of the Army, as management agent, based on nominations made by the three Surgeons General of the Military Departments. Each member shall be appointed for a period of four years. The members of the Board shall elect a President from among themselves who will serve in this capacity for a period of two years unless extended by re-election.

B. The Board may establish such commissions as it deems necessary from time to time to assist in the performance of its functions. Members of commissions shall be selected and appointed on a consultant basis by the Secretary of the Army, as management agent, based on nominations of the Board. Such members shall serve during the life of the commission or for two years, whichever is the shorter period. The Board shall designate one of the members of each commission to serve as its director.

C. The Board shall be assisted by an Executive Secretary and such qualified military and civilian personnel as may be required in the administration of the activities of the Board. The Executive Secretary shall be a medical corps officer of the Army, Navy or Air Force, selected on the basis of high professional qualifications and demonstrated medical administrative ability in fields allied to the functions of the Board. The Executive Secretary shall be appointed by the Secretary of the Army, subject to the approval of the Secretary of Defense, based on nominations received from the Army, Navy and Air Force. Normally, such appointment shall be for a period of four years and shall be made on a rotating basis in the order of Army, Navy and Air Force, provided that the Military Department next in line has an individual who meets the qualifications of the position and is acceptable to the nominating and approving authorities. The Executive Secretary shall be responsible to the Secretary of the Army, as management agent, on administrative matters and to the Board on professional matters.

III. FUNCTIONS AND RESPONSIBILITIES

A. Under established Department of Defense policies, the Board shall:

1. Serve as a consultant body to the Military Departments on technical aspects of the prevention and control of **disease and** injury.

2. Through research, field investigation and active working participation with members of the medical

services of the Military Departments, study communicable diseases and other preventive medicine problems, and based upon findings furnish the Military Departments with specialized scientific advice and recommendations.

B. The commissions shall assist the Board in the performance of its functions by undertaking studies, field and laboratory investigations, and make recommendations to the Board on such specific technical problems as are assigned.

C. In the investigation of preventive medicine problems of the Armed Forces, the Board shall take into consideration research conducted by other governmental and non-governmental agencies on similar problems, the propriety of methods of research recommended to be employed by the military medical services, and the pertinent practices employed by the Military Departments in the preventive medicine program.

D. It shall be the responsibility of the Board to make certain that the standards of ethics and scientific safeguards are maintained in the performance of these functions, particularly with respect to programs involving medical research and that such is consistent with the highest standards of military and civilian medicine, and further that unnecessary duplication of effort be avoided.

IV. ADMINISTRATION

A. The Secretary of the Army, as management agent, shall be responsible for the determination and provision, within the limits of resources available to the Department of the Army for such purposes of adequate administrative support required for the operation of the Board and its commissions. The term "administrative support," as used in this directive, is defined to include budgeting, funding, fiscal control, manpower control and utilization, personnel administration, security administration, space, facilities, supplies and other administrative services. The Secretary of the Army, as management agent, may redelegate his authority in connection with these responsibilities within the command structure of the Department of the Army.

B. The Assistant Secretary of Defense (Comptroller) shall arrange with the three Military Departments for the financing of the Board and its activities.

C. The Board shall meet as frequently as is necessary with the provision that a minimum of one formal meeting be held annually. At each annual meeting the Board will review and discuss any existing problems and requirements referred to it by the Military Departments which are related to its functions, evaluate the past year's work and activities of the Board and its commissions in each particular field and plan for future work. The President will report the findings of the Board to the three Military Departments.

D. The Executive Secretary shall supervise the administrative staff of the Board, provide such other assistance and services as the Board and its commissions may require and perform such other pertinent duties as may be specified from time to time by the Secretary of the Army, as management agent, and by the Board.

V. RELATIONSHIPS

A. The President, the Board, its commissions, and the Executive Secretary are authorized to communicate directly with other agencies of the Department of Defense and the Military Departments and appropriate subdivisions thereof, concerning any matter within its jurisdiction and in which there exists a mutual interest or responsibility.

B. The Board and its commissions shall coordinate their efforts with all agencies within and outside the Department of Defense which have a mutual interest or responsibility with respect to any of its programs.

VI. MEMORANDA SUPERSEDED

This directive supersedes that portion of Secretary of Defense memorandum, dated 21 February 1949, Subject: "Standardization of Preventive Medicine Practices and Procedures within the Armed Forces," which pertains

to the Armed Forces Epidemiological Board and the letter from the Surgeon General of the Army to the Secretary of the Army, dated 29 November 1949, which established the Armed Forces Epidemiological Board.

THE ORGANIZATION OF THE COMMISSIONS OF THE AFEB

A. MEMBERSHIP OF COMMISSIONS

1. *Members*

Members of a commission are nominated to the Board by the director on the basis of the competences required to carry out the mission of the commission. The number of members of a commission will depend upon its work, but in general will be not more than 10. After approval by the Board, members will be appointed as consultants to The Surgeon General of the Army, and may be employed as consultants by any of the three Surgeons General. Ordinarily a secret security clearance will be requested (see Chapter V).

2. *Associate Members*

Associate members may be nominated to the President of the Board by the director and appointed with the approval of the President. Such members may represent special fields of research, or geographical or organizational areas which the director wishes to include in order to provide broad advice and prompt assistance when problems arise.

3. *Responsible Investigator*

Scientists doing research under contracts sponsored by a commission are designated as responsible investigators under the commission. They may or may not be members or associate members of the commission.

B. TERMS AND METHODS OF APPOINTMENT

1. *Full Members*

Full members of a commission are appointed to two-year terms by The Surgeon General, Department of the Army, upon the recommendation of the Armed Forces Epidemiological Board. There is no limit to the number of terms that a member may serve. The director is designated by the Board. The director selects, with or without the advice of other commission members, the persons who are to be nominated for commission membership and submits their names to the Board for approval, usually at the Spring Meeting.

2. *Associate Members*

Associate members are appointed by a commission director, with the concurrence of the President of the Board, and are formally notified by the Office of the Executive Secretary. Terms are for two years, ending 30 June of the appropriate year, and there is no limit to the number of terms an associate member may serve. Appointments to committees, task groups, etc., are made by commission directors with the concurrence and approval of the President of the Board.

3. *Responsible Investigators*

Responsible investigators hold appointments for the duration of their contracts. The status of responsible investigator is for an indefinite period, ending when the commission-sponsored research is terminated, or sooner if either party wishes to withdraw from the arrangement.

C. MEETINGS

1. *Commissions*

Commissions will hold at least one meeting each year. At this meeting the progress made by its investigators should be reviewed, the future work of the commission outlined, and an estimate made of the funds necessary to support these endeavors. The representatives from the Armed Forces should be requested to present current problems that come within the competency of the commission. Recommendations may be prepared for submission to the Board. Commissions will hold such additional meetings each year as are deemed necessary.

2. *Ad Hoc Committees*

Ad hoc committees can be formed within a commission to deal with specific problems, or from the membership of two or more commissions to deal with broader problems. Committees of some permanency

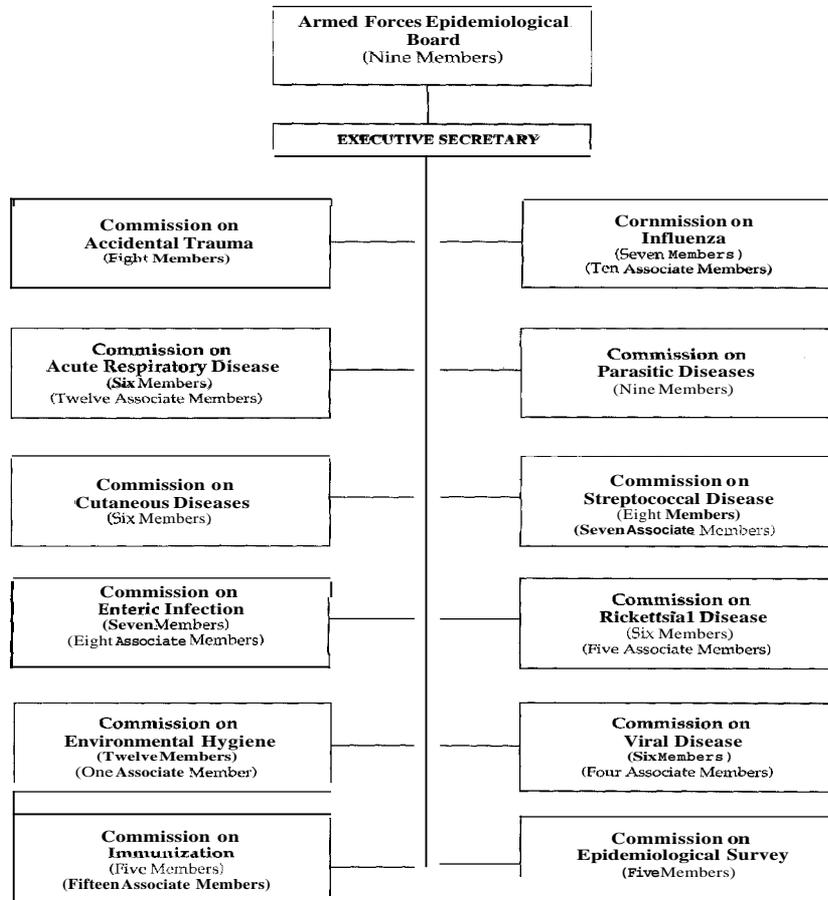
and joint committees should be approved by the President of the Board. As many meetings may be held as are deemed necessary to accomplish their mission. The chairmen of such committees can call such meetings after notifying the directors of the commissions concerned. However, if such meetings involve travel orders or other expenses, the approval of the President of the Board must be obtained in advance, and the Executive Secretary notified so that appropriate orders may be issued, service representatives notified and other necessary meeting arrangements made. A commission director is normally afforded membership, *ex officio*, in such a committee.

3. Field Teams

The Board may at any time, when requested to assist the Armed Forces in a specific situation, organize a team for field investigation. Such investigations may last from one day to ninety days or more, depending entirely on the problem.

Melvin A. Casberg, M.D.
 Assistant Secretary of Defense
 (Health and Medical)

DEPARTMENT OF DEFENSE
ARMED FORCES EPIDEMIOLOGICAL BOARD
 ORGANIZATIONAL CHART



THE 1974 CHARTER

The Board, Commissions, and Committees of the Armed Forces Epidemiological Board

OTSG Memorandum No. 15-22, 9 January 1974

This memorandum supersedes OTSG Memorandum 15-22, 10 May 1970

1. REFERENCES

- a. Public Law 92-463, 6 October 1972
- b. Executive Order 11686, 7 October 1972
- c. CSR 10-32, "Organization and Functions, Office of The Surgeon General"

2. BACKGROUND

a. In accordance with references a and b, the Charter for the Armed Forces Epidemiological Board filed 8 January 1973 (See Appendix):

(1) Reconstituted the Armed Forces Epidemiological Board as a joint agency of the Military Departments with the Secretary of the Army as Executive Agent (Sec D).

(2) Defined the purpose of the Board to serve "asa continuing scientific advisory body to the Surgeons General of the military departments to provide them with scientific and professional advice and guidance in matters pertaining to operational programs, policies, procedures, and research needs in the prevention of disease and injury and promotion of better health" (Sec B).

(3) Provided that the Board will be composed of not less than 9 nor more than 13 principal members who will be selected and nominated by the Surgeons General of the Military Departments and appointed by the Secretary of the Army. They will be appointed on a consultant basis by the Secretary of the Army (Sec E).

(4) Provided that when necessary, the Board shall recommend the establishment of subcommittees called commissions. Members of Commissions shall be appointed on a consultant basis by the Secretary of the Army based on recommendations of the Board and nominated by the Surgeons General (Sec H [1]).

(5) Provided that when required, the Board shall recommend establishment of informal ad hoc Study Teams to advise on immediate medical problems of a crisis or urgent nature (Sec H [2]).

(6) Provided that the Army Medical Department is responsible for providing necessary support for the Board.

b. Reference 1c designated the Directorate of Health Care Operations, that it provide administrative support and staff direction of the Armed Forces Epidemiological Board.

3. PURPOSE

This memorandum:

- a. Defines the specific areas of responsibility of the staff elements of DASG having staff supervision over all duties and responsibilities of The Surgeon General relative to the Board.
- b. Clarifies the channels of communication between The Surgeon General and the Board.

4. RESPONSIBILITIES

a. Chief, Health and Environment Division:

(1) Has primary staff responsibility for TSG in all matters relative to the Armed Forces Epidemiological Board. These responsibilities include, but are not limited to:

(a) Coordination between TSG and the AFEB on all communications that relate to requests for professional advice and recommendations concerning operational programs and policy development in the area of disease and injury prevention and health promotion to include application of epidemiological principles to the control of acute and chronic diseases, environmental pollution control, and occupational health and the

design of new systems of health maintenance.

(b) Nomination of Board members

(c) Nomination and appointment of Executive Secretary

(2) Serves as point of contact in keeping the Board current on health and environment programs

(3) [E]nsures that all staff actions are fully coordinated within DASG and other appropriate staff or command activities before transmittal to the AFEB through the Executive Secretary.

Appendix to the Charter
The Armed Forces Epidemiological Board

A. DESIGNATION

The official designation of this committee is the Armed Forces Epidemiological Board, hereinafter referred to as "the Board."

B. OBJECTIVES AND SCOPE

The Board serves as a continuing scientific advisory body to the Surgeons General of the military departments to provide them with scientific and professional advice and guidance in matters pertaining to operational programs, policies, procedures, and research needs in the prevention of disease and injury, and the promotion of better health.

C. DURATION

The period of time necessary for the Board to carry out its activities is two years. Should the requirement for the Board continue beyond that period, rechartering of the Board will be accomplished in accordance with the provisions of Public Law 92-463, "Federal Advisory Committee Act," 6 October 1972, E.O. 11686 and implementing OMB and DoD Regulations.

D. RESPONSIBLE AGENCY

The Board shall function as a joint agency of the three military departments with the Secretary of the Army as Executive Agent. The Surgeon General of the Army or his representative is the designated Federal employee who shall approve all meetings and agendas in advance, be in attendance [at] all meetings, and is authorized to adjourn any meeting when he determines adjournment to be in the public interest. The reports of the Board shall be made to the Surgeons General. An Annual Report shall be submitted to the Executive Agent.

E. COMPOSITION

1. The Board shall be composed of not less than nine nor more than thirteen Principal Members selected from civil life on the basis of their nationally recognized competence in fields allied to the functions of the Board. Principal Members of the Board shall be selected and nominated by the Surgeons General of the military departments and appointed by the Secretary of the Army. Principal Members of the Board shall, in addition, be appointed on a consultant basis by the Secretary of the Army.

2. Term of office shall be two years, with terms staggered so that the appointments of one-half of the Board shall expire each year. A Principal Member may be appointed to a full two-year term, or to complete an unexpired term, and may be reappointed to succeed himself, except that no Principal Member may serve more than two full terms in succession. A former Principal Member may be reappointed to the Board after an interval of not less than two years following completion of his last appointment.

3. The Principal Members of the Board shall elect from among themselves a President who shall serve in this capacity for a period of two years, unless extended by reelection, but not to exceed two successive terms.

F. SUPPORT

The Army Medical Department is responsible for providing necessary support to the Board

G. EXECUTIVE SECRETARY

1. The Board shall be assisted by an Executive Secretary and such other qualified military and civilian personnel as may be required in administration of the activities of the Board. The Executive Secretary shall be an officer

of the Army, Navy, or Air Force, a full-time salaried government employee selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions. The Executive Secretary shall be appointed by the Secretary of the Army based on nominations of the Surgeons General. Normally the appointment shall rotate among the three military departments in the order Army, Navy, and Air Force.

2. The Executive Secretary shall have authority to adjourn any meeting of the Board, its commissions, and ad hoc Study Teams when it is considered to be in the public interest. He shall be assisted by an Administrative Assistant and necessary clerical support. The Army Medical Department shall provide office space and operational funds for salaries, travel, supplies, office, and related expenses.

H. DUTIES

The Board shall assist the three Surgeons General by providing timely professional advice and recommendations concerning operational programs and policy development in the broad area of disease and injury prevention and health promotion to include application of new technological and epidemiological principles to the control of acute and chronic diseases, environmental pollution control, occupational health, and the design of new systems of health maintenance. The Board shall review preventive medicine programs of the military departments as required.

1. Commissions. When necessary, the Board shall recommend the establishment of standing subcommittees, hereinafter called Commissions. The Commissions shall be chartered in accordance with the provisions of PL 92463, E.O. 11686 and implementing OMB and DoD Regulations. In addition, members of the Commissions shall be appointed on a consultant basis by the Secretary of the Army based on recommendation of the Board and nominated by the Surgeons General. The Board shall designate one of the members of each Commission to serve as its Director.

2. Ad Hoc Study Teams. When required, the Board shall recommend establishment of such informal ad hoc subcommittees or panels, hereinafter called ad hoc Study Teams, to advise on immediate medical problems of a crisis or urgent nature. Such ad hoc Study Teams shall terminate when no longer required, but in no case longer than twelve months. Upon nomination by the three Surgeons General and approval by the Secretary of the Army, each member of an ad hoc Study Team shall be appointed to associate membership of the Board.

I. ESTIMATED COSTS

The estimated annual operating cost of the Board is as follows:

1. Office of the Executive Secretary
Man-years: Military 1; Civilian 3
Budget: \$32,000 (civilians only)
2. Board (and Study Teams)
Budget: \$25,000 (two 2-day meetings of the Board and five 4-member ad hoc Study Teams)

J. MEETINGS

The Board shall meet at least once annually for an expected two-day period. Commissions, if established, shall also meet at least once annually. Study Teams shall meet as needed.

K. TERMINATION DATE

The Board shall terminate 5 January 1975 or when its mission is completed, whichever is sooner, or unless prior approval for its continuation is obtained.

L. DATE FILED

8 January 1973

FOR THE SURGEON GENERAL:

Gerald D. Allgood
Lt. Colonel, MSC
Assistant Executive Officer

THE 1975 CHARTER

Armed Forces Epidemiological Board

(Reprinted from *Federal Register*, Vol. 40, No. 7, Friday, 10 January 1975)

Establishment, Organization, and Functions

In accordance with the provisions of Pub. L. 92-463, Federal Advisory Committee Act, notice is hereby given that the Armed Forces Epidemiological Board has been found to be in the public interest in connection with the performance of duties imposed on the Department of Defense by law.

The charter for the Armed Forces Epidemiological Board is as follows:

1. OFFICIAL DESIGNATION

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

2. OBJECTIVES AND SCOPE

The Board serves as a continuing scientific advisory body to the Surgeons General of the military departments to provide them with scientific and professional advice and guidance in matters pertaining to operational programs, policies, procedures, and research needs in the prevention of disease and injury and [the] promotion of better health.

3. DURATION AND OPERATION

The Board is established for a period of two years or when its objectives have been attained, whichever is sooner, unless prior approval is received for continuation. The Board will operate in accordance with the provisions of Pub. L. 92-463, EO 11769, and OMB, DoD, and DA regulations governing Federal Advisory Committees.

4. RESPONSIBLE AGENCY

The Board shall function as a joint agency of the three military departments with the Secretary of the Army as Executive Agent and under the management control of the Surgeon General, Department of the Army. The Reports of the Board shall be made to the Surgeon General. An Annual Report shall be submitted to the Executive Agent.

5. SUPPORT AGENCY

The Army Medical Department is responsible for providing necessary support to the Board. The Executive Secretary shall be assisted by an Administrative Assistant and necessary clerical support. The Army Medical Department shall provide office space and operational funds for salaries, travel, supplies, office, and related expenses.

6. COMPOSITION

a. The Board shall be composed of not less than nine nor more than thirteen Principal Members selected from civilian life on the basis of their nationally recognized competence in fields allied to the functions of the Board. Principal Members of the Board shall be selected and nominated by the Surgeons General of the military departments and appointed by the Secretary of the Army. Principal Members of the Board shall, in addition, be appointed as consultants to The Surgeon General, Department of the Army.

b. The term of office for Principal Members shall be two years, with individual terms staggered in order to assure continuity. A Principal Member may be appointed to a full two year term, or to complete an unexpired term, and may be reappointed for a second term, except that no Principal Member may serve more than two full

terms in succession. A former Principal Member, having served two terms in succession, may be reappointed to the Board after an interval of not less than two years following termination of his last appointment.

c. The Principal Members of the Board 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.

d. 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 an active-duty officer of the Army, Navy, or Air Force, selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions. The Executive Secretary shall be appointed by the Secretary of the Army based on nominations by the three Surgeons General. Normally the appointment shall rotate among the three military departments in the order: Army, Navy, and Air Force.

e. A full-time employee or officer of the Federal Government will be designated who will attend each meeting and has the authority to adjourn any meeting which he determines not to be in the public interest.

7. DUTIES

The Board shall assist the three Surgeons General by providing timely professional advice and recommendations concerning operational programs and policy development in the broad area[s] of disease and injury prevention and health maintenance, to include application of new technological and epidemiological principles to the control of acute and chronic diseases, environmental pollution control, occupational health, and the design of new systems of health maintenance. The Board shall review preventive medicine programs of the military departments as required.

a. Commissions. To assist the Board in the performance of its functions and provide augmentation with nationally recognized experts in the scientific specialties represented in each of these broad areas of concern to the Board, three formal standing subgroups, hereinafter called Commissions, shall hereby be chartered with the Board. These shall be designated as follows:

- (1) Commission on Disease Control
- (2) Commission on Environmental Quality
- (3) Commission on Health Maintenance Systems

The Surgeon General of the Army or his representative is the designated Federal Employee who shall approve all meetings and agendas in advance and attend all meetings. He is authorized to adjourn any meeting when he determines adjournment to be in the public interest. The reports of Commissions shall be made to the Board. The Commissions shall terminate or be renewed coincident with the Board, based upon recommendations from the three Surgeons General. Other Commissions may be established as necessary, in accordance with the provisions of Pub. L. 92463, EO 11769, and implementing OMB, DoD, and DA regulations. Members of the Commissions shall be appointed by The Surgeon General, Department of the Army, as management agent of the Secretary of the Army, based on nominations by the Board and the Surgeons General. The term of office shall be two years. No Commission member shall serve more than two successive terms. The Board shall designate one of the members of each Commission to serve as its Director. Commission members shall be appointed as consultants to The Surgeon General, Department of the Army.

(a) *Commission on Disease Control.* Objectives, scope, and duties: The Commission on Disease Control shall function as an advisory body to the Board and the Surgeons General, providing timely professional advice and recommendations regarding operational programs and policy on disease control problems in the Armed Forces. This group of infectious disease specialists will 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.

(b) *Commission on Environmental Quality.* Objectives, scope, and duties: The Commission on Environmental Quality shall function as an advisory body to the Board and the Surgeons General providing timely professional advice and recommendations for the protection of the environment from adverse effects of military activities and the protection of members of the Armed Forces from disease and injury associated with their military duties. This group of environmental- and occupational-health specialists will constitute the working arm of the Board in the area of environmental quality. It shall meet as necessary with the approval of the Board

for [the] purpose of providing the latest scientific evaluations and recommendations concerning [the] protection of both the environment and military personnel in all activities of the Armed Forces.

(c) *Commission on Health Maintenance Systems*. Objectives, scope and duties: The Commission on Health Maintenance **Systems** shall function as an **advisory** body to the Board and the Surgeons General providing timely professional advice and recommendations regarding operational programs and policy in those areas relating to maintenance of health in the Armed Forces. This group of health-maintenance and chronic-disease-control specialists will constitute the working arm of the Board in the area of health maintenance systems. It shall meet as necessary, with the approval of the Board, for the purpose of providing the latest scientific evaluations and recommendations concerning 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, and those programs which can be implemented to prevent those events which result in lost duty-time for Armed Forces personnel.

b. Ad Hoc Study Teams. When necessary, the Board shall recommend the establishment of temporary, informal ad hoc subcommittees or panels, hereinafter called ad hoc Study Teams, to advise on immediate medical problems of a crisis or urgent nature. Each ad hoc Study Team shall terminate within twelve months after [its] establishment, or whenever its mission is completed, whichever occurs first. Members shall be nationally recognized experts in those specialties pertinent to matters to be considered by the Team, and shall be appointed by The Surgeon General, Department of the Army, based on nominations by the Board and the Surgeons General. The Team Chairman shall be designated by the Board.

8. COSTS

The estimated annual operating cost of the Board is as follows:

a. Office of the Executive Secretary:

Man-years:

Military—1

Civilian—2

Budget:

\$29,000 (civilians only)

b. Board (including Commission and ad hoc Study Teams):

Budget:

\$40,000 (two 2-day meetings of the Board, three 1-day meetings of each Commission, and two 1-day meetings of ad hoc Study Teams)

9. MEETINGS

The Board shall meet at least once annually for an expected two-day period. Commissions and ad hoc Study Teams shall meet as needed. It is estimated that the Board will meet twice annually for 2-day meetings, that each of the 3 Commissions will meet annually for 1-day meetings, and that an ad hoc Study Team will meet twice annually for 1-day meetings.

10. TERMINATION DATE

5 January 1977

11. DATE CHARTER FILED

9 January 1975

Maurice W. Roche
Directorate for Correspondence and Directives
OASD (Comptroller)

THE 1978 CHARTER

Department of Defense Directive 5154.8

Date: 6 November 1978

Subject: **Armed Forces Epidemiological Board**

References:

- (a) DoD Directive 5154.8, "Armed Forces Epidemiological Board," 8 October 1953 (hereby cancelled)
- (b) Public Law 92463, "The Federal Advisory Committee Act," 6 October 1972
- (c) Executive Order 12013, "Advisory Committee Functions," 1 December 1977
- (d) DoD Directive 500.19, "Policies for the Management and Control of Information Requirements," 12 March 1976

A. REISSUANCE AND PURPOSE

This Directive:

1. Reissues reference (a) to (a) establish the Armed Forces Epidemiological Board (hereafter referred to as the "Board"), pursuant to the authority of the Secretary of Defense (10 U.S.C. 125 and 133); and (b) continue the Board in consonance with present rules, regulations, and practices concerning Federal Advisory Committees; and
2. Establishes the Office of the Executive Secretary for managing and administering the activities of the Board.

B. APPLICABILITY

The provisions of this Directive apply to the Office of the Secretary of Defense and the Military Departments.

c. POLICY

1. The Secretary of the Army, subject to the authority, direction, and control of the Secretary of Defense, shall **serve as** Executive Agent, and the Surgeon General, United States Army, shall **exercise** management control of the Board. The Board shall function as a joint entity of the Military Departments, subject to the provisions of references (b) through (d).
2. The Board shall serve as a continuing scientific advisory body to the Assistant Secretary of Defense (Health Affairs) and the Surgeons General of the Military Departments, providing them with timely, scientific, and professional advice in matters pertaining to operational programs, policy development, and research needs for the prevention of disease and injury and the promotion of health.

D. DURATION

The Board, as a continuing advisory committee, shall be subject to renewal every 2 years in accordance with Public Law 92463 (reference [b]).

E. ORGANIZATION AND MANAGEMENT

1. The Board shall be comprised of a maximum of **13** members, selected on the basis of their nationally recognized competence in fields allied to the functions of the Board, nominated by the Surgeons General of the Military Departments, and appointed by the Secretary of the Army.
 - a. Members of the Board normally shall be appointed as consultants *to* the Surgeon General, Department of the Army, unless at the time of appointment to the Board the individual already holds an appointment as a consultant to the commander of a medical center or to the surgeon of a major headquarters, which may be continued.

b. Members may be employed as consultants on a "without compensation" or a "when actually employed" basis by each of the Military Departments. A security clearance of SECRET shall be requested for Board members.

(1) A full term of office for members shall be 2 years, with individual terms staggered in order to assure continuity. A member may be appointed to a full 2-year term, or to complete an unexpired term, and may be reappointed for a second term, except that no member may serve more than 4 years in succession. A former member, having served 4 years in succession, may be reappointed to the Board after an interval of not less than 2 years following termination of the last employment.

(2) The members of the Board shall elect from among themselves a President who shall serve in this capacity for a period of 2 years or the elected member's remaining term of office, whichever is less. The President may, by reelection, serve a second term if eligible under paragraph E.1.b.(1), but shall not exceed two successive terms.

2. When necessary, subcommittees, either continuing or ad hoc, shall be established as the working groups of the Board to assist the Board in the performance of its functions.

a. Subcommittees shall (1) conform to the provisions of Public Law 92-463 (reference [b]) and implementing OMB and DoD issuances which govern the operations of the Board, and (2) receive support from and report through the Board. They shall meet as often as is necessary to serve the needs of the Armed Forces.

b. Subcommittee members shall be Board members whose major interest and expertise fall within the scope of concern of the particular subcommittee to which they are appointed. The President of the Board shall appoint members to subcommittees and designate one of them to serve as the director of continuing subcommittees and chairpersons of ad hoc subcommittees. Board members may be appointed members of more than one subcommittee.

c. When necessary, a subcommittee may request the advice of a number of nonvoting consultants in order to enable it to carry on its work while providing the requisite balance in viewpoints represented and breadth of expertise. Consultants used repeatedly may be appointed consultants to the Surgeon General, Department of the Army; others may be utilized as temporary consultants on a "when actually employed" basis by service contract. Qualified active duty military and civil service scientists, as well as nongovernmental civilian experts, may be utilized as consultants.

d. Ad hoc subcommittees may be established to obtain the advice of nationally eminent specialists whose expertise is needed for the consideration of specific medical problems requiring immediate attention and action. Each ad hoc subcommittee shall terminate within 12 months after establishment, or when its mission is completed, whichever occurs first.

3. The Board shall be assisted by an Executive Secretary who shall be an officer of the Army, Navy, or Air Force, selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions.

a. The Executive Secretary shall be appointed by the Secretary of the Army, based on nominations by the Surgeons General of the Military Departments. Normally, the appointment shall be for a period of 4 years and shall rotate among the Military Departments in the order of Army, Navy, and Air Force, provided that the Military Department next in rotation has an individual available who satisfies the qualifications for the position and is acceptable to the nominating and appointing authorities and to the Board.

b. The Executive Secretary shall be assisted by military and civilian personnel as may be required in the administration of the activities of the Board.

4. The Surgeon General of the Army, or a representative, is designated the official required by the Federal Advisory Committee Act (Public Law 92-463, reference [b]) to (a) approve all board and subcommittee meetings and agenda in advance; (b) attend all meetings; and (c) adjourn any meeting when it is determined to be in the public interest.

F. RESPONSIBILITIES AND FUNCTIONS

1. *Administrative support.* The Surgeon General, United States Army, as management agent, shall be responsible for providing administrative support for operation of the Board. This support includes funding, fiscal control, manpower control and utilization, personnel administration, security administration, space, facilities, supplies and other administrative services.

2. *Research Progress Briefing.* Representatives of the Military Departments shall conduct an annual review to keep

the Board informed of the military research progress in the field of infectious diseases.

3. *Duties.* The Board shall assist the Military Departments by providing timely, scientific, and professional advice and recommendations concerning operational programs, policy development, and research needs for the (a) prevention of disease and injury; (b) promotion of health by the application of new technological and epidemiological principles to the control of acute and chronic diseases, (c) protection of the environment, (d) improvement of occupational health programs, and (e) design of new system of health maintenance.

a. The Board shall review preventive medicine programs of the Military Departments as appropriate.

b. Written requests for assistance, advice, or guidance may be presented to the Board by representatives of the Office of the Secretary of Defense or of the Surgeons General during formal Board meetings or at any time a problem requires consideration.

4. *Meetings.* The Board shall meet as frequently as is necessary to accomplish its mission with at least one formal meeting annually. Subcommittees shall meet as frequently as necessary with the approval of the designated Federal official and the Board. All meetings shall be held in conformance with Public Law 92-463 (reference [b]) and E.O. 12013 (reference [c]).

5. *Reports.* The President shall report the Board's findings and recommendations through the Executive Secretary to the Assistant Secretary of Defense (Health Affairs), The Surgeons General, and other agencies requesting the Board's assistance.

a. All subcommittee reports shall be issued to the Board through the Executive Secretary. These reports subsequently may be the basis for recommendations from the Board to the ASD(HA), The Surgeons General, or others.

b. Annual reports to the Executive Agent and Committee Management authorities shall be submitted by the Executive Secretary.

c. Such reports are exempt from licensing and approval pursuant to subsection VII.C., enclosure 3, DoD Directive 5000.19 (reference [d]).

6. *Office of the Executive Secretary*

a. The Office of the Executive Secretary is hereby established under the provisions of this Directive, and shall provide the channels through which the Armed Forces may obtain scientific and professional advice from civilian experts in matters related to the prevention of disease and injury and the promotion of health.

b. The Executive Secretary shall:

(1) Provide information and assistance as Board members may require in their Board activities and may serve as the liaison or point of contact between the Board and other agencies.

(2) Prepare reports, minutes, recommendations and records, and maintain the official files of all Board activities, costs, and closed meetings, in accordance with Public Law 90-463 and implementing directives and Executive Order 12013 (references [b] and [c]) governing the operation of Federal Advisory Committees.

(3) Ensure that all Board activities comply with the Federal Advisory Committee Act and Executive Order 12013 (references [b] and [c]).

7. *Subcommittees.* Three formal, continuing subcommittees shall be chartered with the Board. The Executive Secretary, in response to specific written requests for assistance, shall coordinate the organization and utilization of these subcommittees, as follows:

a. *The Subcommittee on Disease Control* shall:

(1) Function as an advisory body to the Military Departments through the Board, providing timely, professional advice and recommendations regarding operational programs, policy development, and research needs for disease control problems in the Armed Forces.

(2) Constitute the working arm of the Board in the area of disease control, and

(3) Meet as necessary with the approval of the designated Federal official and the Board for the purpose of providing evaluations and recommendations concerning immunizations, chemoprophylaxis and therapy, as well as disease surveillance, prevention, and control.

b. *The Subcommittee on Environmental Quality* shall:

(1) Function as an advisory body to the Military Departments through the Board, providing timely professional advice and recommendations regarding 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.

- (2) Constitute the working arm of the Board in the area of environmental quality.
- (3) Meet as necessary with the approval of the designated Federal official and the Board for the purpose of providing scientific evaluations and recommendations concerning protection of both the environment and DoD personnel in all activities of the Armed Forces.

c. *The Subcommittee on Health Maintenance Systems* shall:

(1) Function as an advisory body to the Military Departments through the Board, providing timely professional advice and recommendations regarding operational programs, policy development and research needs in those areas related to maintenance of health, and particularly for meeting operational contingencies.

(2) Constitute the working arm of the Board in the area of health maintenance systems.

(3) Meet as necessary, with the approval of the designated Federal official and the Board, for the purpose of providing scientific evaluations and recommendations concerning:

(a) 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;

(b) Those programs which can be implemented to prevent or decrease lost duty time for Armed Forces personnel, and

(c) Those epidemiological and management techniques applicable to the design of more efficient health service programs, particularly with regard to preparations for various operational contingencies.

G. RELATIONSHIPS

On behalf of the Board, the President of the Board and the Executive Secretary are authorized to communicate directly with the agencies or the Department of Defense, the Military Departments, subdivisions thereof, other governmental and nongovernmental agencies, and consultants concerning matters in which there is a mutual interest or responsibility.

H. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward two copies of implementing regulations to the Assistant Secretary of Defense (Health Affairs) within 120 days.

C. W. Duncan, Jr.
Deputy Secretary of Defense

THE 1980 CHARTER

Organization and Functions Armed Forces Epidemiological Board

Headquarters
Department of the Army
Washington, DC
15 May 1980

A. OFFICIAL DESIGNATION

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

B. OBJECTIVES AND SCOPE

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

C. DURATION

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

D. RESPONSIBLE AGENCY

The Surgeon General, Department of the Army, will exercise management control of the Board subject to the authority, direction, and control of the Secretary of Defense with the Secretary of the Army serving as Executive Agent. Subject to the provisions of P.L. 92463, EO 11769 and GSA, DoD and DA directives governing Federal Advisory Committees, The Surgeon General of the Army, or his representative, shall be the designated federal officer or employee required by the Federal Advisory Committee Act to approve all meetings and agenda in advance and attend all meetings. He shall be authorized to adjourn any meeting when he determines adjournment to be in the public interest. The executive Secretary, or other official, may be designated as the representative of the Surgeon General. Reports, findings, and recommendations by the Board shall be made to the three Surgeons General, the Assistant Secretary of Defense (Health Affairs), and other DoD agencies requesting the Board's assistance.

E. SUPPORT AGENCY

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

F. DUTIES

The Board shall assist the three Surgeons General and the Assistant Secretary of Defense (Health Affairs) by providing timely scientific and professional advice and recommendations concerning operational programs, policy development and research needs for the prevention of disease and injury, and promotion of health by the application of new technological and epidemiological principles to the control of acute and chronic diseases, the protection of the environment, the improvement of occupational health programs, and the design of new

systems of health maintenance. The Board shall review preventive medicine programs of the military departments as required.

G. COST

The estimated annual operating costs are:

Man-years: Military 1, Civilian 2

Budget (travel, honoraria, and staff salaries) \$140,000

H. MEETINGS

The Board shall meet as frequently as is 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 three times annually for two-day meetings, that the three continuing subcommittees will each meet three times annually for one-day meetings, and that ad hoc subcommittees will meet four times annually for one-day meetings.

I. TERMINATION DATE

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

J. COMPOSITION AND TERMS OF MEMBERSHIP

1. The Board shall be composed of a maximum of 13 members selected on the basis of their nationally recognized competence in fields allied to the functions of the Board. Members shall be selected and nominated by the Surgeons General of the military departments and appointed by the Secretary of the Army. Members of the Board normally shall be appointed as consultants to The Surgeon General, Department of the Army, unless at the time of appointment to the Board they are full-time officers or employees of the Federal government.

2. 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 reappointed for a second term, 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 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, by reelection, may serve a second term, but shall not exceed two successive terms.

3. 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 an officer of the Army, Navy, or Air Force, selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions. The Executive Secretary shall be appointed by the Secretary of the Army based on nominations by the Surgeons General of the military Departments. Normally, the appointment shall rotate among the three military departments in the order Army, Navy, and Air Force.

K. 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.

1. Subcommittees shall conform to the provisions of P.L. 92-463, EO 12024, and implementing GSA, DoD, and DA 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.

2. 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 of an ad hoc subcommittee. When necessary, each subcommittee may request the advice of nonvoting consultants in order to enable it to carry on its work while providing the requisite balance in viewpoints represented and breadth of expertise.

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

a. *The Subcommittee on Disease Control* shall function as a subcommittee of the AFEB with specific emphasis

on operational programs, policy development, and research needs for disease control in the Armed Forces. This group of infectious 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 committee (The AFEB) and all members of the subcommittee are members of the parent committee.

b. *The Subcommittee on Environmental Quality* shall function as a subcommittee of the AFEB 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 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 committee (The AFEB) and all members of the subcommittee are members of the parent committee.

c. *The Subcommittee on Health Maintenance Systems* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs in those areas related to maintenance 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. It shall meet as necessary with the approval of the Board for the purpose of providing the latest scientific evaluations and recommendations concerning

(1) the assessment of those physical, nutritional, behavioral, hereditary, and other characteristics of individual 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 more efficient health service programs, particularly with regard to preparations for varied operational contingencies. The duties of this subcommittee are entirely within the duties of the parent committee (The AFEB) and all members of the subcommittee are members of the parent committee.

4. When necessary, the Board shall establish informal 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.

L. Dute Charter filed

1 October 1980

By Order of the Secretary of the Army:

E. C. Meyer
General, United States Army
Chief of Staff

Official:
J. C. Pennington
Major General, United States Army
The Adjutant General

THE 1986 CHARTER

The Armed Forces Epidemiological Board

A. OFFICIAL DESIGNATION

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

B. OBJECTIVES AND SCOPE

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

C. DURATION

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

D. RESPONSIBLE AGENCY

The Surgeon General, Department of the Army, will exercise management control of the Board subject to the authority, direction, and control of the Secretary of Defense with the Secretary of the Army serving as Executive Agent. Subject to the provisions of P.L. 92463, EO 11769, and GSA, DoD, and DA directives governing Federal Advisory Committees, the Board shall function as a joint agency of the three military departments. The Surgeon General of the Army or his representative shall be the designated federal officer or employee required by the Federal Advisory Committee Act to approve all meetings and agenda in advance and attend all meetings. He shall be authorized to adjourn any meeting when he determines adjournment to be in the public interest. The Executive Secretary or other official may be designated as the representative of the Surgeon General. Reports, findings, and recommendations by the Board shall be made to the three Surgeons General, the Assistant Secretary of Defense (Health Affairs), and other DoD agencies requesting the Board's assistance.

E. SUPPORT AGENCY

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

F. DUTIES

The Board shall assist the three Surgeons General and the Assistant Secretary of Defense (Health Affairs) by providing timely scientific and professional advice and recommendations concerning operational programs, policy development and research needs for the prevention of disease and injury, and promotion of health by the application of new technological and epidemiological principles to the control of acute and chronic diseases, the protection of the environment, the improvement of occupational health programs, and the design of new systems of health maintenance. The Board shall review preventive medicine programs of the military departments as required.

G. COST

The estimated annual operating costs are:

1. Man-years: [a.] Military: 1; [b.] Civilian: 2
2. Budget: Travel, honoraria, and staff salaries: \$134,850

H. MEETINGS

The Board shall meet as frequently as is 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 three times annually for two day meetings, that the four continuing subcommittees will each meet three times annually for one-day meetings, and that ad hoc subcommittees will meet four times annually for one-day meetings.

I. TERMINATION DATE

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

J. COMPOSITION AND TERMS OF MEMBERSHIP

1. The Board shall be composed of a maximum of 13 members selected on the basis of the nationally recognized competence in fields allied to the functions of the Board. Members shall be selected and nominated by the Surgeons General of the military departments and appointed by the Secretary of the Army. Members of the Board normally shall be appointed as consultants to The Surgeon General, Department of the Army, unless at the time of appointment to the Board they are full-time officers or employees of the Federal government.

2. 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 to complete an unexpired term, and may be reappointed for a second term, 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 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.

3. 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 an officer of the Army, Navy, or Air Force, selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions. The Executive Secretary shall be appointed by the Secretary of the Army based on nominations by the Surgeons General of the military departments. Normally, the appointment shall rotate among the three military departments in the order of Army, Navy, and Air Force.

K. 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.

1. Subcommittees shall conform to the provisions of P.L. 92-463, EO 12024, and implementing GSA, DoD, and DA 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.

2. 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 of an ad hoc subcommittee. When necessary, each subcommittee may request the advice of nonvoting consultants in order to enable it to carry on its work while providing the requisite balance in viewpoints through represented [sic] and breadth of expertise.

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

a. *The Subcommittee on Disease Control* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs for disease control in the Armed Forces. This group of infectious 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 committee (The AFEB) and all members of the subcommittee are members of this parent

committee.

b. *The Subcommittee on Environmental Quality* shall function as a subcommittee of the AFEB 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 environmental quality. 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 committee (The AFEB) and all members of the subcommittee are members of this parent committee.

c. *The Subcommittee on Health Maintenance Systems* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs in those areas related to maintenance 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. It shall meet as necessary, with the approval of the Board, for the purpose of 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 more efficient health service programs, particularly with regard to preparations for varied operational contingencies. The duties of this subcommittee are entirely within the duties of the parent committee (The AFEB) and all members of the subcommittee are members of this parent committee.

d. *The Subcommittee on Acquired Immune Disease Syndrome (AIDS) and Human T-Lymphotropic Virus Type III (HTLV-III) Positivity* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs for the control of AIDS and for the monitoring and interpretation of HTLV-III positivity in the Armed Forces. The group of infectious disease specialists shall constitute the working arm of the Board in this 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 and therapy, as well as surveillance, prevention, and control of this disease. The duties of this subcommittee are entirely within the duties of the parent committee (The AFEB) and all members of the subcommittee are members of this parent committee.

4. 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.

L. DATE CHARTER FILED
28 February 1986

THE 1988 CHARTER

Armed Forces Epidemiological Board

A. OFFICIAL DESIGNATION

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

B. OBJECTIVES AND SCOPE

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

C. DURATION

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

D. RESPONSIBLE AGENCY

The Surgeon General, Department of the Army, will exercise management control of the Board subject to the authority, direction, and control of the Secretary of Defense, with the Secretary of the Army serving as Executive Agent. Subject to the provisions of P.L. 92463, EO 11769, and Gsa, DoD, and DA directives governing Federal Advisory Committees, the Board shall function as a joint agency of the three military departments. The Surgeon General of the Army or his representative shall be the designated federal officer or employee required by the Federal Advisory Committee Act to approve all meetings and agendas in advance and attend all meetings. He shall be authorized to adjourn any meeting when he determines adjournment to be in the public interest. The Executive Secretary or other official may be designated as the representative of the Surgeon General. Reports, findings, and recommendations by the Board shall be made to the three Surgeons General, the Assistant Secretary of Defense (Health Affairs), and other DoD agencies requesting the Board's assistance.

E. SUPPORT AGENCY

The Surgeon General, Department of the Army, as management agent, shall be responsible for providing administrative support for the 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.

F. DUTIES

The Board shall assist the three Surgeons General and the Assistant Secretary of Defense (Health Affairs) by providing timely scientific and professional advice and recommendations concerning operational programs, policy development, and research needs for the prevention of disease and injury, and the promotion of health by the application of new technological and epidemiological principles to the control of acute and chronic diseases, the protection of the environment, the improvement of occupational health programs, and the design of new systems of health maintenance. The Board shall review preventive medicine programs of the military departments as required.

G. COST

The estimated annual operating costs are:

1. Man-years: [a.] Military: 1; [b.] Civilian: 2
2. Budget (travel, logistical costs, and staff salaries): \$134,850

H. 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 three times annually for two-day meetings, that the three continuing subcommittees will each meet three times annually for one-day meetings, and that ad hoc subcommittees will meet four times annually for one-day meetings.

I. TERMINATION DATE

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

J. COMPOSITION AND TERMS OF MEMBERSHIP

1. The Board shall be composed of approximately 15 members selected on the basis of their nationally recognized competence in fields allied to the functions of the Board. Members shall be selected and nominated by the Surgeons General of the military departments and appointed by the Secretary of the Army. Members of the Board normally shall be appointed as consultants to The Surgeon General, Department of the Army, unless at the time of appointment to the Board they are full-time officers or employees of the Federal Government.

2. 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 reappointed for a second term, 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 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.

3. 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 an officer of the Army, Navy, or Air Force, selected on the basis of demonstrated professional and administrative ability in fields allied to Board functions. The Executive Secretary shall be appointed by the Secretary of the Army, based on nominations by the Surgeons General of the military departments. Normally, the appointment shall rotate among the three military departments in the order of Army, Navy, and Air Force.

K. 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.

1. Subcommittees shall conform to the provision of P.L. 92-463, EO 12013, and implementing GSA, DoD, and DA 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.

2. 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 of an ad hoc subcommittee. When necessary, each subcommittee may request the advice of nonvoting consultants in order to enable it to carry on its work while providing the requisite balance in viewpoints through represented [sic] and breadth of expertise.

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

a. *The Subcommittee on Disease Control shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs for disease control in the Armed Forces. This group of infectious-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 committee (the AFEB), and all members of the subcommittee are members of this parent committee.

b. *The Subcommittee on Environmental Quality* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs for the protection of the environment from adverse effects of military activities, and the 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 environmental quality. 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 committee (the AFEB) and all members of the subcommittee are members of this parent committee.

c. *The Subcommittee on Health Maintenance Systems* shall function as a subcommittee of the AFEB with specific emphasis on operational programs, policy development, and research needs in those areas related to maintenance 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. It shall meet as necessary, with the approval of the Board, for the purpose of providing the latest scientific evaluations and recommendations concerning:

(1) the assessment of those physical, nutritional, behavior, 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 service programs, particularly with regard to preparations for varied operational contingencies. The duties of this subcommittee are entirely within the duties of the parent committee (the AFEB) and all members of the subcommittee are members of this parent committee.

4. 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.

L. DATE CHARTER FILED

29 February 1988