



# Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5103.07

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J-3B

SUBJECT: Public Health & Preventive Medicine (PH&PM) Team Charter

- References:
- (a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task Force National Capital Region Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
  - (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
  - (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
  - (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010

1. PURPOSE. This Directive, in accordance with the authority in References (a) through (d), and the authority of the Commander, Joint Task Force National Capital Region Medical (CJTF), establishes a Public Health & Preventive Medicine (PH&PM) Team to develop JTF CapMed public health and preventive medicine policy. This Team will coordinate routine public health and preventive medicine activities, facilitate public health preparedness, and direct JTF CapMed's response to public health emergencies within the Joint Operations Area (JOA). For the purposes of this Directive, PH & PM includes aerospace medicine, environmental health, industrial hygiene, occupational health, occupational medicine, preventive medicine, public health, public health nursing, and radiation safety.

2. APPLICABILITY. This Directive applies to the JTF CapMed Headquarters, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC), and the Joint Pathology Center .

3. MISSION. The PH&PM Team is established to oversee public health and preventive medicine activities in support of JTF CapMed's goal to achieve recognition as an organization delivering "world class" patient-centered healthcare in an integrated healthcare delivery system. The PH&PM Team is the command's executive oversight committee and point of contact for all

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matters related to public health and preventive medicine. The Team will coordinate with JTF CapMed J-1 (Human Resources) for the distribution of appropriate manning and experience levels at both facilities to optimize the delivery of public health and preventive medicine services, and to ensure adherence to all applicable laws, regulations, policies, and procedures.

4. ORGANIZATION AND MANAGEMENT. The PH&PM Team establishes its own operating procedures, meeting schedule, and interim work products to complete its mission. The group is composed of the chairpersons of JTF CapMed chartered public health and preventive medicine work groups and Subject Matter Experts (SME) in aerospace medicine, environmental health, industrial hygiene, occupational health, occupational medicine, preventive medicine, public health, public health nursing, and radiation safety drawn from JTF CapMed facilities across the JOA. The composition of the Team is as follows:

a. Chairperson. Chief, Public Health and Preventive Medicine, Clinical and Healthcare Business Operations, J-3B.

b. Recorder. Executive Assistant, J-3B.

c. Voting Members:

(1) Chairperson, Immunizations Delivery Optimization (IDO) Work Group

(2) Chairperson, Medical Surveillance Optimization (MSO) Work Group

(3) Chairperson, Radiation Safety Work Group

(4) Command Emergency Planner, J-5 (Plans & Policy)

(5) Environmental Health Officer, WRNMMC and FBCH

(6) Chief, Industrial Hygiene Service, WRNMMC and FBCH

(7) Chief, Occupational Medicine, WRNMMC and FBCH

(8) Chief, Preventive Medicine, WRNMMC

(9) Chief, Public Health, FBCH

(9) Chief, Public Health Nursing, WRNMMC and FBCH

d. Advisors:

(1) Military Vaccine Agency (MILVAX) Regional Analyst

(2) Preventive Medicine Staff Officer, Northern Regional Medical Command

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(3) Associate Program Director, General Preventive Medicine Residency, Uniformed Services University of the Health Sciences

e. All team members are expected to attend meetings established by the Chairperson, to be prepared for discussions that ensue, and to contribute accordingly. In the event a team member is unable to attend a scheduled meeting, an informed and empowered representative may attend and vote in his or her stead.

5. RESPONSIBILITIES AND FUNCTIONS. See Enclosure.

6. RELATIONSHIPS. The PH&PM Team shall be accountable to, and route required written products and briefings to the Commander's Meeting, through the Executive Council and the Clinical Care/Quality Integrated Delivery System (IDS) Implementation Board. The Clinical Care/Quality IDS Implementation Board may require the Team to render periodic accounts of its progress and shall:

- a. Review briefs prepared for presentation to the Executive Council.
- b. Monitor initiatives of the PH&PM Team to assure submitted work products:
  - (1) Are delivered on time.
  - (2) Meet the quality expectations of the Executive Council.
  - (3) Promptly address any problematic Service-specific issues.
  - (4) Recognize the viewpoint of all constituencies.

7. AUTHORITIES

a. Tasking Authority. As specified in the Enclosure, each voting member shall provide one alternate member. This requires that the voting member identify decision-makers who can act on behalf of the functional area they represent.

b. Budgeting Authority. None.

c. Policy Authority. The PH&PM Team is authorized to approve subject matter content and develop issuances through the Director, Clinical and Healthcare Business Operations (J-3B). For issues where consensus cannot be reached and for issues where there is great public or congressional interest, the PH&PM Team shall ensure approval from the Executive Council—and codification of approved decisions via an issuance.

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8. ADMINISTRATION

a. Committee Leadership and Management Meeting Frequency. The Team will meet at least monthly to ensure that public health and preventive medicine matters are addressed. Ad hoc work groups may be established as needed.

b. Decision-Making Methodology. A quorum of no fewer than 6 voting members in any combination will be required to move an issue or briefing forward. The Chairperson is a voting member for the purposes of quorum determination and in the case of a tie vote.


c. Status Reporting. Status reports shall be routed to the Director, Clinical and Healthcare Business Operations (J-3B), JTF CapMed for presentation to the Executive Director, Healthcare Operations, JTF CapMed.

d. Problem/Issue Escalation and Resolution Processes. In the event that the PH&PM Team encounters problems or issues that it cannot resolve, it shall seek the counsel of the Director, J-3B.

e. Committee Status. The PH&PM Team is a standing committee and will continue to meet and deliberate until the internal organizational structure of the JTF CapMed is revised.

9. RELEASABILITY. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at: [www.capmed.mil](http://www.capmed.mil).

10. EFFECTIVE DATE. This Directive is effective immediately.

  
STEPHEN L. JONES  
Major General, U. S. Army  
Acting Commander

Enclosure  
Responsibilities



ENCLOSURE

RESPONSIBILITIES

1. CHAIRPERSON. The Chairperson shall:

a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda may be incorporated into the meeting minutes format.

b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:

(1) Endorse information/decision briefs deemed ready for consideration by the Executive Council.

(2) Specify the way ahead for information/decision briefs deemed not ready for consideration by the Executive Council.

c. Appoint individuals and form ad hoc work groups to accomplish tasks consistent with the PH&PM Team's mission.

d. Appoint an alternate recorder in the absence of the recorder.

2. RECORDER. The Recorder shall:

a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.b.

c. Maintain records of the Team's meetings, deliberations, and decisions.

3. VOTING MEMBERS. Voting members (or designated alternate) shall:

a. Keep their respective leadership engaged and aware of the decision-making mechanisms in place and the issues being addressed by reporting groups.

b. Apprise their respective leadership of the PH&PM Team's progress, workings, and recommendations.

c. Prepare their respective Component leader for participation in the Executive Council by discussing salient issues contained in the briefs.

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d. Act as SMEs without any bias to organizational loyalty, but based on technical capabilities.

4. WORK GROUP FUNCTIONS. The PH&PM Team shall provide management oversight for the public health and preventive medicine programs across the JOA.