



# Department of Defense

## DIRECTIVE

NUMBER 5136.01

June 4, 2008

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DA&M

SUBJECT: Assistant Secretary of Defense for Health Affairs (ASD(HA))

- References:
- (a) Title 10, United States Code
  - (b) DoD Directive 5136.1, subject as above, May 27, 1994 (hereby canceled)
  - (c) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
  - (d) DoD Directive 5107.2, "Special Assistant to the Under Secretary of Defense (Personnel Readiness) for Gulf War Illness, Medical Readiness, and Military Deployments," November 9, 2000 (hereby canceled)
  - (e) through (k), see Enclosure 1

### 1. PURPOSE

This Directive, consistent with section 138 of Reference (a):

1.1. Reissues Reference (b) under the authority of Reference (c), to update the responsibilities, functions, relationships, and authorities of the ASD(HA), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)).

1.2. Cancels Reference (d) and incorporates the responsibilities and functions assigned to the Special Assistant to the Under Secretary of Defense for Personnel and Readiness for Gulf War Illnesses, Medical Readiness, and Military Deployments.

### 2. APPLICABILITY

2.1. This Directive applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").

2.2. This Directive also applies to the Commissioned Corps of the Public Health Service, under agreement with the Department of Health and Human Services, and the Commissioned Corps of the National Oceanic and Atmospheric Administration, under agreement with the Department of Commerce.

### 3. DEFINITIONS

3.1. Armed Forces. The United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

3.2. Defense Health Program (DHP) Appropriation. A single appropriation consisting of operation and maintenance; research, development, test, and evaluation; and procurement funds designed to finance the non-military personnel requirements of the MHS.

3.3. DoD Military Health System (MHS). The DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of Reference (a), by which the Department of Defense provides:

3.3.1. Health care services and support to the Armed Forces during military operations.

3.3.2. Health care services and support under TRICARE to members of the Armed Forces, their family members, and others entitled to DoD medical care.

3.4. DoD Unified Medical Program. A combination of the DHP appropriation, the medical military construction appropriation, the military personnel funds for military personnel supporting the MHS, and the estimated payments from the DoD Medicare-Eligible Retiree Health Care Fund.

3.5. Total Force. The organizations, units, and individuals that comprise DoD resources for implementing the National Security Strategy. It includes DoD Active and Reserve military personnel, military retired members, DoD civilian personnel (including foreign national direct- and indirect-hire, as well as non-appropriated fund employees), contractor personnel, and host-nation support personnel.

3.6. TRICARE. The DoD medical and dental programs operating pursuant to Chapter 55 of Reference (a), under which medical and dental services are provided to DoD health care beneficiaries. The term “TRICARE” includes all activities described in the definition of the term “TRICARE Program” under section 1072(7) of Reference (a).

### 4. RESPONSIBILITIES AND FUNCTIONS

4.1. The ASD(HA) is the principal advisor to the Secretary of Defense and the USD(P&R) for all DoD health policies, programs, and force health protection activities. The ASD(HA) shall ensure the effective execution of the Department’s medical mission, providing and maintaining

readiness for medical services and support to: members of the Armed Forces including during military operations; their dependents; those held in the control of the Armed Forces; and others entitled to or eligible for DoD medical care and benefits, including under the TRICARE Program. In carrying out these responsibilities, the ASD(HA) shall exercise authority, direction, and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in the Department of Defense, and shall:

4.1.1. Develop policies, conduct analyses, provide advice, and make recommendations to the USD(P&R) and the Secretary of Defense, and issue guidance to the DoD Components on matters pertaining to the DoD MHS.

4.1.2. Establish policies, procedures, and standards that shall govern management of DoD health and medical programs, including the clinical investigations program, patient movement, medical special pays, health professions accessions and training, graduate medical education, patient rights and responsibilities, medical quality assurance, medical records, health information privacy, organ and tissue donation, veterinary services, health promotion, medical materiel, and the Armed Services Blood Program.

4.1.3. Review and evaluate DoD health and medical programs. Undertake management oversight activities as required to ensure health and medical policies, plans, programs, systems, and standards are compatible and support the Total Force objectives and requirements and enhance readiness.

4.1.4. Serve as program manager for all DoD health and medical resources. Prepare and submit, in the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, a DoD Unified Medical Program budget to provide resources for the DoD MHS. Consistent with applicable law, all funding for the DoD MHS, including operations and maintenance; procurement; and research, development, test, and evaluation shall be accounted for in the single DHP appropriations account. Funds for medical facility military construction shall be in a separate, single appropriations account.

4.1.5. Present and justify the DoD Unified Medical Program budget throughout the PPBE process, including representations before the Congress.

4.1.6. Serve as principal advisor to the USD(P&R) and the Secretary of Defense for the clinical health care aspects of DoD chemical, biological, radiological, and nuclear (CBRN) medical defense programs. Coordinate policy and provide program oversight related to the use of preventive and therapeutic medical countermeasures to CBRN threats, including all immunization policy. Serve as subject matter expert for Congressional inquiries on health issues related to medical countermeasures and represent the Secretary of Defense on these matters outside the Department of Defense.

4.1.7. Serve as the principal advisor to the USD(P&R) and the Secretary of Defense on deployment matters as they pertain to force health in the Department of Defense, including aspects of policy, readiness, and medical research. Develop plans, policies, and programs to facilitate new or improved force health protection initiatives and support the investigation,

information exchange, reporting, and archiving of pertinent health related information on past, present, or potential military deployments.

4.1.7.1. In coordination with the Military Departments, establish medically-related physical standards for appointment, enlistment, and induction into the Armed Forces under the jurisdiction of the Department of Defense.

4.1.7.2. Establish standards and procedures for mental health evaluations, combat stress control, and comprehensive health surveillance.

4.1.8. Co-chair, with the Director of Defense Research and Engineering (DDR&E), under the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)), the Armed Services Biomedical Research Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. Serve as advisor to the DDR&E on matters related to biomedical human subjects research.

4.1.9. Serve on boards, committees, and other groups pertaining to assigned functional areas and represent the Secretary of Defense and the USD(P&R) on medical matters outside of the Department of Defense.

4.1.10. Make determinations on separation or retirement for physical disability or medical disqualification, as prescribed in section 1216 of Reference (a) and DoD Directive 1332.18 (Reference (e)).

4.1.11. Exercise authority in accordance with section 300hh-11 of title 42, United States Code (Reference (f)), and according to DoD policy for participation in the National Disaster Medical System.

4.1.12. Develop policies and standards to ensure effective and efficient results through the approved joint process for joint medical capabilities integration, clinical standardization, and operational validation of all medical materiel.

4.1.13. Ensure that ASD(HA) policies and programs are designed and managed to improve standards of performance, economy, and efficiency and that all Defense Agencies and DoD Field Activities under the authority, direction, and control of the ASD(HA) are attentive and responsive to the requirements of their organizational customers, both internal and external to the Department of Defense.

4.1.14. Establish policies and procedures for the DoD Drug Demand Reduction Program.

4.1.15. Perform such other duties as the USD(P&R) and the Secretary of Defense may prescribe.

4.2. The ASD(HA) may not direct a change in the structure of the chain of command within a Military Department or with respect to medical personnel assigned to that command.

## 5. RELATIONSHIPS

5.1. In the performance of assigned responsibilities and functions, the ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

5.1.1. Report directly to the USD(P&R).

5.1.2. Exercise authority, direction, and control over:

5.1.2.1. The Director, TRICARE Management Activity, consistent with DoD Directive 5136.12 (Reference (g)), and all associated programs, resources, and functions, including the Uniformed Services University of the Health Sciences consistent with DoD Instruction 5105.45 (Reference (h)), the Armed Forces Radiobiology Research Institute, and the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

5.1.2.2. The Director, Armed Forces Institute of Pathology, except for those DoD Executive Agent responsibilities designated to the Secretary of the Army.

5.1.2.3. The Executive Committee (flag officer) Board and Director, Defense Medical Standardization Board.

5.1.2.4. The Director, Armed Services Blood Program Office, except for those DoD Executive Agent responsibilities designated to the Secretary of the Army.

5.1.2.5. Such other subordinate officials as may be assigned or such other organizations as may be established by the ASD(HA) within resources assigned by the Secretary of Defense.

5.1.3. As the principal advisor for the Department of Defense for health matters under the USD(P&R), as appropriate, coordinate with:

5.1.3.1. The Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense (USD(C)/CFO) and the Director, Program Analysis and Evaluation, to ensure that medical PPBE activities are integrated with the DoD PPBE process, to include development and use of the DoD analytical process. The ASD(HA), subject to the direction of the USD(P&R) and in accordance with applicable law, shall instruct the USD(C)/CFO on the allocation and reallocation of the funds in the DHP account and the medical facility military construction account.

5.1.3.2. The Under Secretary of Defense for Policy (USD(P)) and the Assistant Secretary of Defense for Homeland Defense and America's Security Affairs, under the USD(P), to review operational and concept plans to ensure medical planning activities are integrated and consistent with existing DoD policy and programs.

5.1.3.3. The USD(AT&L); the Assistant to the Secretary of Defense for Nuclear and Chemical and Biological Defense Programs, under the USD(AT&L); the Secretary of the Army as the DoD Executive Agent for the DoD Immunization Program for Biological Warfare Defense under DoD Directive 6205.3 (Reference (i)); and other cognizant officials on issues concerning medical countermeasures to CBRN threats, including the research, development, acquisition, and use of such products, to assure the effective overall coordination and integration of the CBRN defense program and CBRN medical defense program.

5.1.4. Obtain submissions of the medical program needs of the Commanders of the Combatant Commands, through the Chairman of the Joint Chiefs of Staff. Obtain submissions from the Secretaries of the Military Departments of their proposed elements of the DoD Unified Medical Program and budget, and integrate those submissions, as appropriate.

5.1.5. Coordinate and exchange information with other OSD officials, the Heads of the DoD Components, and Federal officials having collateral or related functions.

5.1.6. Use existing systems, facilities, and services of the Department of Defense or other Federal Agencies, when possible, to avoid duplication and to achieve maximum efficiency and economy.

5.2. Other OSD officials and the Heads of the DoD Components shall coordinate with the ASD(HA) on all matters, under their purview, related to the responsibilities and functions assigned in this Directive.

## 6. AUTHORITIES

The ASD(HA) is hereby delegated authority to:

6.1. Issue DoD Instructions, DoD Publications, and one-time directive-type memorandums, consistent with DoD Instruction 5025.01 (Reference (j)), which implement policies approved by the Secretary of Defense or the USD(P&R) in areas of assigned responsibilities and functions. Instructions to the Military Departments shall be issued through the Secretaries of the Military Departments. Instructions to the Commanders of the Combatant Commands normally shall be issued through the Chairman of the Joint Chiefs of Staff.

6.2. Obtain reports and information, consistent with DoD Instruction 8910.01 (Reference (k)), as necessary, in carrying out assigned responsibilities and functions.

6.3. Communicate with the Heads of the DoD Components, as necessary, to carry out assigned responsibilities and functions, including the transmission of requests for advice and assistance. Communications to the Military Departments shall be transmitted through the Secretaries of the Military Departments, their designees, or as otherwise provided in law or directed by the Secretary of Defense in other DoD issuances. Communications to the Commanders of the Combatant Commands normally shall be transmitted through the Chairman of the Joint Chiefs of Staff.

6.4. Develop, issue, and maintain regulations, with the coordination of the Military Departments, as necessary and appropriate, to fulfill the Secretary of Defense's responsibility to administer Chapter 55 of Reference (a).

6.5. Establish arrangements for DoD participation in non-defense governmental programs for which the ASD(HA) has been assigned primary coordination.

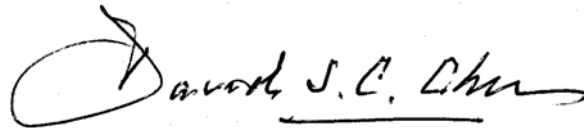
6.6. Communicate with other Government officials, representatives of the Legislative Branch, members of the public, and representatives of foreign governments, as appropriate, in carrying out assigned responsibilities and functions. Communications with representatives of the Legislative Branch shall be coordinated with the Assistant Secretary of Defense for Legislative Affairs or the USD(C)/CFO, as appropriate, and be consistent with the DoD Legislative Program.

## 7. RELEASABILITY

UNLIMITED. This Directive is approved for public release. Copies may be obtained through the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

## 8. EFFECTIVE DATE

This Directive is effective immediately.



David S. C. Chu  
Under Secretary of Defense for  
Personnel and Readiness

Enclosure

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Directive 1332.18, "Separation or Retirement for Physical Disability," November 4, 1996
- (f) Title 42, United States Code
- (g) DoD Directive 5136.12, "TRICARE Management Activity (TMA)," May 31, 2001
- (h) DoD Instruction 5105.45, "Uniformed Services University of the Health Sciences (USUHS)," January 22, 2007
- (i) DoD Directive 6205.3, "DoD Immunization Program for Biological Warfare Defense," November 26, 1993
- (j) DoD Instruction 5025.01, "DoD Directives Program," October 28, 2007
- (k) DoD Instruction 8910.01, "Information Collection and Reporting," March 6, 2007