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**DEPARTMENT OF DEFENSE**

**ORGANIZATION AND  
FUNCTIONS OF THE  
ARMED FORCES  
MEDICAL INTELLIGENCE  
CENTER  
(AFMIC)**

**APRIL 1986**

**ARMED FORCES MEDICAL INTELLIGENCE CENTER**

## ARMED FORCES MEDICAL INTELLIGENCE CENTER

FORT DETRICK  
FREDERICK, MD 21701REPLY TO  
ATTENTION OF

25 April 1988

## FOREWORD

This Regulation is issued under the authority of DoD Directive 6420.1, "Armed Forces Medical Intelligence Center," 9 December 1982. Its purpose is to describe the management structure for the Armed Forces Medical Intelligence Center (AFMIC). In addition, it prescribes the missions and functions of the AFMIC, the responsibilities of the Office of the Director and the overall responsibilities of the several Divisions which comprise the Center.

AR 10-50, "Organization and Functions, US Army Medical Intelligence and Information Agency," 15 December 1980, is hereby cancelled.

This Regulation applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Organization of the Joint Chiefs of Staff (OJCS), the Unified and Specified Commands and the Defense Agencies (hereafter referred to collectively as "DoD Components"). The term, "Military Service," as used herein, refers to the Army, the Navy, the Air Force and the Marine Corps.

Forward recommended changes to the Regulation through channels to:

Director, AFMIC

ATTN: AFMIC-OA

Ft. Detrick, Frederick, MD 21701-5004

DoD Components may obtain copies of this Regulation through their own publication channels. Other federal agencies and the public may obtain copies from Director, AFMIC, Fort Detrick, Frederick, Maryland 21701-5004.

A handwritten signature in black ink, appearing to read "Jimmy Walker".

JIMMY WALKER  
COL, MSC  
Director

## TABLE OF CONTENTS

	PAGE
Table of Contents	ii
Acronyms	iii
References	v
Definitions	vi
<b>CHAPTER 1        ORGANIZATION</b>	
A. General	1-1
B. Missions	1-1
C. Functions	1-1
D. Responsibilities	1-2
E. Structure	1-3
<b>CHAPTER 2        MANAGEMENT</b>	
A. General	2-1
B. Secretary of Defense	2-1
C. Defense Intelligence Agency	2-1
D. Secretary of the Army	2-1
E. Secretaries of the Military Departments	2-2
F. Interdepartmental Advisory Panel	2-2
G. Inspections and Reports	2-3
<b>CHAPTER 3        OFFICE OF THE DIRECTOR</b>	
A. General	3-1
B. Director	3-1
C. Deputy Director	3-2
D. Technical Director	3-2
E. National Capital Liaison Officer	3-3

## ACRONYMS

AF/IN Assistant Chief of Staff, Intelligence, HQ USAF

AFMIC Armed Forces Medical Intelligence Center

AIA Army Intelligence Agency

AM Automation Management Division, AFMIC

CR Collection and Requirements Division, AFMIC

DAIG Department of the Army Inspector General

DAMI Department of the Army Military Intelligence

DASG Department of the Army Surgeon General

DIA Defense Intelligence Agency

FMMEP Foreign Medical Materiel Exploitation Program

HQDA Headquarters, Department of the Army

GDIP General Defense Intelligence Program

GMI General Medical Intelligence

IAP Interdepartmental Advisory Panel

IPR Intelligence Production Requirement

IS Information Services Division, AFMIC

NCLO AFMIC National Capital Liaison Office

NIC Naval Intelligence Command

NIE National Intelligence Estimate

OA Operations and Administration Division, AFMIC

OACSI Office of the Assistant Chief of Staff, Intelligence, US Army

OSG/OTSG Office of the Surgeon General

ACRONYMS

QMIC	Quadrupartite Medical Intelligence Committee
QR	Quick Response
SA	Studies and Analysis Division, AFMIC
S&TI	Scientific and Technical Intelligence
USAG	United States Army Garrison

REFERENCES

- (a) DoD Directive 6420.1, "Armed Forces Medical Intelligence Center,"  
December 9, 1982.
- (b) OTSG Regulation 381-2, "Military Intelligence, US Army Medical  
Support," April 28, 1981.
- (c) AR 381-19, "Military Intelligence, Intelligence Support,"  
July 15, 1981.
- (d) AR 10-5, "Organization and Functions, Department of the Army,"  
December 1, 1980.
- (e) DIAM 75-1, "Scientific and Technical Intelligence Production(U),"  
CONFIDENTIAL, February 15, 1979.
- (f) DoD Directive 5000.19, "Policies for the Management and Control of  
Information Requirements," March 12, 1976.

## DEFINITIONS

1. Finished Intelligence Study. The final published form of information after raw intelligence data have been analyzed, evaluated and collated.
2. Intelligence Production Requirement (IPR). A formal statement of a need for the production of intelligence. An IPR is stated on DD Form 1497 and is submitted when required intelligence is not available to support mission needs.
3. Long-Range Task. An intelligence production task requiring more than five working days to complete. These tasks require submission of a formal Intelligence Production Requirement and subsequent tasking from an authorized source such as AF/IN, NIC, AIA for departmental tasking, or DIA for DoD/national tasking.
4. Medical Intelligence. That category of intelligence concerned with factors affecting man's efficiency, capability and well-being.
  - a. General Medical Intelligence (GMI). Intelligence on health and sanitation, epidemiology, environmental factors and military and civilian medical care capabilities. (For example, "Medical Capabilities Study: Democratic People's Republic of Korea (U).")
  - b. Medical Scientific and Technical Intelligence (S&TI). Intelligence concerning all basic and applied biomedical phenomena of military importance including biological, chemical, psychological and biophysical. (For example, "Medical Effects of Non-Ionizing Electromagnetic Radiation--LASER (U).")

DEFINITIONS

5. Quadripartite Medical Intelligence Committee (QMIC). A committee, organized and headquartered in Washington, D.C., formed for the purpose of exchanging medical intelligence between Canadian and United Kingdom medical liaison offices, the Australian Scientific Attaché, and the Director, AFMIC.
6. Weekly Wire. An electronically transmitted intelligence product which disseminates concise, timely, and current intelligence of military significance on a weekly basis.
7. Quick Response Task (QR). An intelligence production task requiring no more than five working days to complete.

CHAPTER 1  
ORGANIZATION

A. GENERAL

This chapter describes the overall organization of the Armed Forces Medical Intelligence Center (AFMIC), a joint agency of the Military Departments, subject to the authority, direction and control of the Secretary of Defense, and under the management of the Secretary of the Army as Executive Agent who exercises this authority through the Assistant Chief of Staff for Intelligence and The Surgeon General of the Army.

B. MISSION

The missions of the AFMIC are:

1. Produce foreign medical scientific and technical intelligence (S&TI) and general medical intelligence (GMI) studies and reports for Department of Defense components and other Federal agencies, as required.
2. Produce foreign biological warfare (BW) S&TI capabilities studies and reports for DoD components and other Federal agencies, as required.
3. Administer all aspects of the DoD Foreign Medical Materiel Exploitation Program (FMMEP).
4. Provide "quick response" foreign medical intelligence support to the aforementioned groups.

C. FUNCTIONS

The functions of the AFMIC are:

1. Consistent with the provisions of DoD Directive 5000.19, develop and maintain DoD data bases on foreign GMI and medical S&TI.
2. Develop and maintain a DoD data base on foreign BW S&TI.
3. Produce finished intelligence in response to Defense Intelligence Agency (DIA) validated consumer requirements.
4. Provide "quick response" foreign medical intelligence support to DoD components and other Federal agencies.
5. Produce "weekly wires" - timely analyses of current foreign medical and BW data.
6. Provide briefings as required.
7. Administer the acquisition, exploitation and disposition of foreign medical materiel.

D. RESPONSIBILITIES

AFMIC administrative responsibilities are:

1. Provide an annual program review and semiannual program process reviews to the Interdepartmental Advisory Panel.
2. Maintain a host/tenant service support agreement between the Director, AFMIC, and the Commander, USAG, Fort Detrick, for base operations support.
3. Provide copies of reports of inspections conducted by Department of the Army Inspector General (DAIG), or Department of the Army Military Intelligence (DAMI) and Department of the Army Surgeon General (DASG) to members of the Interdepartmental Advisory Panel.

E. STRUCTURE

The AFMIC consists of the Office of the Director and the following divisions:

1. Studies and Analysis Division - produces all foreign medical intelligence for the AFMIC.
2. Collection and Requirements Division - coordinates of all aspects of medical intelligence collection and the acquisition and exploitation of medical materiel for DoD.
3. Operations and Administration Division - provides administrative support. Includes budgeting, funding, fiscal reports, manpower control and utilization, personnel administration, security administration, space, facilities, supplies, other administrative provisions and services, and reserve mobilization planning.
4. Automation Management Division - plans and implements AFMIC's automated data processing systems.
5. Information Services Division - provides translation support, develops user-interest profiles and acquires, controls and disseminates intelligence documents.

## CHAPTER 2

## MANAGEMENT

A. GENERAL

This chapter describes the management structure within the Department of Defense and the Military Departments which governs the operation of the Armed Forces Medical Intelligence Center (AFMIC). Additionally, it includes a list of inspections to which the Center is subject and the department or departments responsible for conducting the inspections.

B. SECRETARY OF DEFENSE

The AFMIC shall be subject to the authority, direction and control of the Secretary of Defense.

C. DEFENSE INTELLIGENCE AGENCY

The Director, DIA, shall:

1. Have intelligence technical supervision and overall DoD intelligence management responsibility for production through the Directorate for Science and Technology (DT), and the budget responsibilities through the General Defense Intelligence Program (GDIP) channels.

2. Designate the chair of the Interdepartmental Advisory Panel.

D. SECRETARY OF THE ARMY

The Secretary of the Army is the Executive Agent for the management of AFMIC. He exercises his authority through the Assistant Chief of Staff for Intelligence (DAMI) and the Surgeon General of the Army (DASG). The Secretary of the Army shall:

1. Determine and provide adequate administrative support for the operation of the AFMIC within the limits of resources available to the Department of the Army for such purposes.

2. Program and budget, through Army and General Defense Intelligence Program (GDIP) channels, the operation and maintenance, investment funds and civilian spaces for the AFMIC.

E. SECRETARIES OF THE MILITARY DEPARTMENTS

The Secretaries of the Military Departments, or designees, shall:

1. Assign appropriate staffing consistent with the AFMIC mission requirements to ensure adequate interdepartmental representation.

2. Program and budget their military manpower spaces and costs in their respective military service and GDIP submissions.

F. INTERDEPARTMENTAL ADVISORY PANEL (IAP)

1. The IAP shall be composed of representatives of the following DoD Components and offices:

a. The Assistant Secretary of Defense (Health Affairs).

b. The Surgeons General of the Army, the Navy, and the Air Force.

c. The Assistant Chiefs of Staff for Intelligence of the Army and the Air Force.

d. The Office of Naval Intelligence.

e. The Defense Intelligence Agency.

2. The IAP shall:

a. Develop the concept of operations for the AFMIC.

b. Select the Director and Deputy Director of the AFMIC from nominees submitted by the Medical Departments of the Army, the Navy,

and the Air Force for the approval of the Executive Agent. Although these positions should rotate among the services, the IAP, in conjunction with the Executive Agent, has the prerogative of selecting the best qualified individual, regardless of service affiliation.

c. Provide recommendations to the Executive Agent and AFMIC on DoD requirements and insure interdepartmental affiliation and cooperation.

G. INSPECTIONS AND REPORTS

1. IG inspections will be conducted by the DAIG.
2. Command inspections will be conducted jointly by DAMI and DASG.
3. Records inspections will be conducted jointly by DAMI and DASG.
4. Manpower surveys will be conducted jointly by DAMI and DASG.
5. Copies of inspections and reports will be provided to members of the Interdepartmental Advisory Panel.

## CHAPTER 3

## OFFICE OF THE DIRECTOR

A. GENERAL

The Office of the Director shall consist of a Director, a Deputy Director, a Technical Director, a National Capital Liaison Officer and a staff of professional, technical, administrative, and clerical personnel.

B. DIRECTOR

The Director will be a military officer in the grade of O-6, nominated by the Medical Services of the Army, the Navy or the Air Force, selected by the Interdepartmental Advisory Panel and approved by the Executive Agent.

The Director will:

1. Exercise command, direction, and general supervision over the AFMIC.
2. Exercise long-term planning, programming and budgeting in the GDIP cycle through the Assistant Chief of Staff for Intelligence, Department of the Army, and will execute daily funding, manpower control and personnel administration through the Surgeon General of the Army.
3. Coordinate medical intelligence studies with other DoD and Federal agencies and activities.
4. Serve as consultant to each of the Surgeons General of the Military Departments, providing advice on the selection, assignment, utilization and training of medical personnel involved in intelligence duties worldwide.
5. Serve as the principal United States member of the Quadripartite Medical Intelligence Committee (QMIC).

6. Serve as the Foreign Intelligence Officer and Medical Intelligence Staff Adviser to the DoD medical community.

C. DEPUTY DIRECTOR

The Deputy Director will be a military officer in the grade of O-5, nominated by the Medical Services of the Army, the Navy or the Air Force, selected by the Interdepartmental Advisory Panel and approved by the Executive Agent. The Deputy Director will:

1. Act as Director in the absence of the Director.
2. Provide overall guidance to AFMIC's Division Chiefs.
3. Represent the AFMIC at all applicable briefings, debriefings, conferences and meetings.
4. Serve as scientific adviser to the Director.

D. TECHNICAL DIRECTOR

The Technical Director will be a civilian trained in intelligence production and in life sciences and will be selected by the Director.

The Technical Director will:

1. Be responsible for intelligence programming, planning, budgeting, and management, and for coordinating all activities of the Studies and Analysis, Collection and Requirements, Information Services and Operations and Administration Divisions.
2. Serve as AFMIC consultant and adviser on all matters pertaining to the technical and military capabilities and deficiencies of foreign biomedical and military medical activities including related research or existing and developing technologies.

E. NATIONAL CAPITAL LIAISON OFFICER

The National Capital Liaison Officer (NCLO) will be a military officer in the grade of O-4/O-5 and will be selected on a Services rotational basis by the Director. The NCLO will:

1. Assist the Director in providing staff officer support to OACSI and to the Surgeons General of the Army, the Navy and the Air Force.
2. Provide staff adviser support to the Army Medical Department.
3. Serve as direct liaison between the Director and intelligence and medical activities in the National Capital Area.
4. Coordinate all AFMIC staffing with the Department of Defense and the military departments.
5. Represent the Director at weekly OSG Staff Meetings and at many DoD, DA, OSG and other Federal agency meetings in the National Capital Area as directed.