



Department of Defense

DIRECTIVE

NUMBER 6000.12E

January 6, 2011

Incorporating Change 1, Effective October 3, 2013

USD(P&R)

SUBJECT: Health Service Support

References: See Enclosure 1

1. PURPOSE. This Directive:

a. Reissues DoD Directive (DoDD) 6000.12 (Reference (a)) to establish policy and assign responsibilities pursuant to sections 2114, 2122, and 2123 of title 10, United States Code (U.S.C.) (Reference (b)) and sections 301d, 301e, 302, 302a through 302e, 303, and 303a of title 37, U.S.C. (Reference (c)) for matters related to health service support, including, but not limited to, medical manpower, military medical training, medical logistics, and the Armed Services Blood Program (ASBP).

b. Designates the Secretary of the Army as the DoD Executive Agent for the Armed Services Blood Program Office (ASBPO) (Reference (h)), who exercises this authority through the Surgeon General of the Army, in accordance with DoDD 5101.1 (Reference (d)).

2. APPLICABILITY. This Directive applies to OSD, the Military Departments, 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").

3. DEFINITIONS

a. active duty. Defined in Joint Publication 1-02 (Reference (e)).

b. defense medical logistics (DML). The application of DoD standard medical logistics business processes, information systems, and collaborative management to provide the life cycle management of specialized medical products and services required to deliver military healthcare across the range of military operations. These include medical materiel (supplies, gases,

equipment, assemblages), medical equipment and its maintenance (including medical repair parts), blood distribution, optical fabrication, medical facilities management, medical logistics services, and medical contracting.

c. graduate professional education. An approved graduate program leading to specialty qualification as a health profession officer.

d. health care resources. Available manpower, facilities, revenue, equipment, and supplies to produce health care and services.

e. health service support. Defined in Reference (e).

f. medical treatment facility (MTF). Defined in Reference (e).

4. POLICY. It is DoD policy that:

a. Medical manpower, personnel, and compensation programs be established to provide the DoD Components with sufficient medical personnel to meet all mission requirements.

b. Comprehensive systems for providing, assessing, and monitoring the training of medical personnel shall be developed and sustained. Appropriate training is the foundation for effective force health protection and must effectively enable all anticipated missions, including combat operations and a wide variety of non-combat operations, homeland defense contingencies, support to civil authorities, and overseas humanitarian assistance. Medical personnel must be trained to perform a full-spectrum of care, deployment health, and preventive medicine services in a wide range of environments and under varying conditions.

c. The ASBP shall be a single, integrated blood products system composed of the Military Services' and the Combatant Commands' blood programs. The ASBP shall be coordinated by the ASBPO. This program shall provide all blood and blood products to DoD MTFs for both peacetime and wartime use. This program shall adhere to the manufacturing practices and regulations published by the U.S. Food and Drug Administration (FDA) and the standards of national accrediting agencies. The readiness posture of the program shall be maintained through an active voluntary donor program; comprehensive blood collection, blood product manufacturing, quality assurance, logistics, and transfusion training programs; an FDA-approved information management system that meets functional and regulatory requirements; a dedicated blood and materiel research and development program; and aggressive involvement in joint exercises. The program shall also respond to homeland defense contingencies and public health emergencies by supporting civilian authorities.

d. DML strategies and programs shall promote business processes, information systems, and collaborative management to improve efficiency and effectiveness in the life cycle management of the specialized medical products and services needed by the Military Health System (MHS) across the full spectrum of military operations. Medical materiel acquisition shall be an

integrated, clinically-driven, evidence-based process directed toward achieving commonality, interoperability, and interchangeability of medical materiel across the MHS.

e. A uniform expense and labor reporting system shall be maintained in all fixed MTFs and dental treatment facilities to provide standardized expense and manpower data for management of health care resources.

f. Planning and programming for safe and efficient MTFs shall be accomplished to sustain an effective combat force and contribute significantly to the DoD medical mission.

5. RESPONSIBILITIES. See Enclosure 2.

6. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This Directive:

a. Is effective January 6, 2011.

b. Must be reissued, cancelled, or certified current within 5 years of its publication to be considered current in accordance with DoD Instruction 5025.01 (Reference (i)).

c. Will expire effective January 6, 2021 and be removed from the DoD Issuances Website if it hasn't been reissued or cancelled in accordance with Reference (i).



Deputy Secretary of Defense

Enclosures

1. References
2. Responsibilities

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996 (hereby cancelled)
- (b) Sections 2114, 2122, and 2123 of title 10, United States Code
- (c) Sections 301d, 301e, 302, 302a through 302e, 303, and 303a of title 37, United States Code
- (d) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
- (e) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
- (f) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," June 4, 2008
- (g) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (h) DoD Instruction 6480.04, "Armed Services Blood Program Operational Procedures," August 13, 2012
- (i) DoD Instruction 5025.01, "DoD Directives Program," September 26, 2012, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

- a. Develop overall policies, programs, and standards that govern the ASBP.
- b. Provide procedures and standards required to implement the policy in section 4 above the signature of this Directive, in accordance with DoDD 5136.01 (Reference (f)).
- c. Specify active duty obligations for graduate professional education for all health professions officers.
- d. Exercise management, direction, and maintenance of a uniform expense and labor reporting system.
- e. Oversee the Director, Defense Health Agency (DHA) in the execution of programmatic and operational responsibilities in accordance with Reference (f), and consistent with DoD Directive 5136.13 (Reference (g)).
- f. Direct that the Director of the ASBPO communicates directly with Government and civilian agencies involving blood and blood product collection, manufacturing, transfusion, and distribution related issues.

2. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall:

- a. Implement the policy in this Directive.
- b. Carry out the procedures and standards specified by the ASD(HA) in the implementation of the policy in this Directive.
- c. Recommend changes to this Directive to the ASD(HA).

3. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments, in addition to the responsibilities in section 2 of this enclosure, shall:

- a. Provide the ASBPO with accurate requirements data for forecasting and sourcing the types and quantities of blood products to be procured for the Military Services' use for homeland defense, and during peacetime, wartime, and contingencies.

- b. Coordinate with the ASBPO to establish program performance metrics and standards.

4. SECRETARY OF THE ARMY. The Secretary of the Army, in addition to the responsibilities in sections 2 and 3 of this enclosure and as the DoD Executive Agent for the ASBPO, shall:

- a. Provide administrative support for the ASBPO and its internal administrative operation, including civilian personnel requirements, civilian personnel and security administration, inspection, space, facilities, supplies, and other administrative provisions and services, as required, to ensure that the responsibilities of the ASBPO shall be properly discharged.

- b. Program, budget, and finance the operational costs and staff of the ASBPO, except for the pay, allowances, and permanent change of station travel of Service personnel and assigned staff that are the responsibility of the Secretary of the Military Department concerned.

- c. Fund for blood procurement from civilian sources, including the costs of transportation to the appropriate Armed Services Whole Blood Processing Laboratory, when overall military requirements exceed the organic capability of the Military Services.

5. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff, in addition to the responsibilities in section 2 of this enclosure, shall coordinate with the ASBPO on all blood program plans and actions that involve military operations.

6. DIRECTOR, DHA. The Director, DHA, under the authority, direction, and control of the USD(P&R), through the ASD(HA), in accordance with DoDD 5136.13 (Reference (g)), shall:

- a. Exercise management, direction, and maintenance of the Defense Medical Materiel Program Office, as an operating entity of the DHA, to recommend clinical logistics and program policy.

- b. Support medical material development and acquisition processes across the Military Departments.

- c. Promote standardized medical supplies and equipment, joint interoperability of operational medical capabilities, and efficiency in the acquisition and lifecycle management of medical materiel.