MEMORANDUM FOR: DISTRIBUTION LIST

SUBJECT: Modus Operandi, AFEB

1. The following items of operational procedure, as distinct from philosophical considerations, have been gleaned by the Executive Secretary from the minutes of the ad hoc meeting of the Board, 25-26 September 1967. The gleanings are limited to those functions or practices which are not already plainly spelled out in the Charter, OTSG Memorandum 15-22, USA Medical R&D Regulation 10-1, or the current issue of Operating Procedures of the Board and which, if approved, can be incorporated in a revision of the latter.

2. Since the items are largely the interpretations of the Executive Secretary, in the absence of duly approved actions by the meeting, each recipient of this memo is invited to read them carefully after reviewing the minutes and his own notes of the meeting, and to propose changes in them as well as deletion of items or addition of items. It is further requested that you send me your comments by February 15, if possible, so that a revised listing may be prepared for the Board meeting and, hopefully, a saving of time at the meeting may result.

a. Communication at commission meetings

There should be maximal communication with the Preventive Medicine Officers and the representatives of the U.S. Army Medical R&D Command at the level of the commission meetings, open and executive sessions.

Also, the commissions should continue to provide opportunity for educational exchanges of ideas of what is going on in their fields of interest, through symposia with the participation of guest speakers.
 Reports of symposia.

When a commission holds a symposium on a special topic in its field of interest, the director will provide the Board with a summary of the accomplishments of the symposium.

c. Long term planning.

The development and updating of 5 year plans by each commission, as emphasized by the R&D Command, should receive more emphasis at commission meetings.

d. Mission statements.

The development by all commissions of mission statements is highly desirable.

e. Attendance of Board members at commission meetings.

It is highly desirable that the President and the responsible Board member attend these meetings.

f. Communications to the Board.

Except when telephonic or face to face communications are more appropriate, communications requesting the services of the Board will be in writing. Oral requests presented at meetings will be confirmed in writing.

g. Military presentations at commission and Board meetings.

In general, these, as given by the Preventive Medicine Officers, will consist of the description of 1 or more specific problems which they think most important and for which they need help in finding solutions.

h. Participation of commission directors at executive sessions of the Board.

Commission directors will have the opportunity to participate in at least part of the Board's executive sessions to discuss their programs and their priorities.
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i. **Tabulation of contracts.**

The Executive Secretary will tabulate the contracts by commission according to name of investigator, title of application, funds furnished previous year, amount requested, commission's priorities, R&D priorities, Board priorities, number of years for which approval is recommended, (or disapproval), for the Spring Board meeting dockets.

j. **Form and content of Board meetings.**

There should be less emphasis on procedural details and more emphasis on 5-year planning, long term planning; less discussion of non-military matters and more discussion with commission directors concerning their priorities and with the R&D Command concerning its interests and the possibilities of funding the various projects assigned to it.

k. **Research applications.**

(1) Research applications are received by the Board from 2 sources.

(a) From the R&D Command with a request for a recommendation concerning scientific merit and military applicability.

(b) From the commissions, with recommendations including assignment of a priority as to scientific merit and a priority as to military applicability, each with a range of 1 to 4 in descending order.

(2) New research applications may be received at any time and, if urgent, be handled by mail vote. They will be referred by the President of the Board to the appropriate commission for recommendations. If the commission director so desires, the new project, after funding, will be included in the commission program.

(3) Renewal application forms will be sent to the investigators by the Office of the Executive Secretary.
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(4) Renewal applications will be due in U.S. Army Medical Research & Development Command 6 weeks prior to the Spring Meeting of the commission concerned. The Contracting Officer will immediately deliver the mat to the Executive Secretary who will duplicate and send 10 copies to the Liaison Officer, and copies to the commission director for such distribution as he wishes to make; a copy will be included in each docket for the Spring Meeting of the Board (Board Members, Commission Directors, Preventive Medicine Officers, and R&D representatives).

1. Progress reports.

(1) Quarterly progress reports will be submitted by investigators as required by the contract.

(2) Annual progress reports will be submitted for work done during the year ending 30 June and be distributed prior to 15 September. The format of the report and number needed will be the subject of an annual memorandum from the Office of the Executive Secretary.

m. Distribution of progress reports.

Distribution of progress reports outside the Department of Defense requires the approval of the U.S. Army Medical R&D Command, whose representative refers requests for copies to the Executive Secretary. The Executive Secretary obtains the approval or disapproval of the investigator and the commission director and informs the R&D Command of the result; the Command acts accordingly.

n. Sponsorship statements.

(1) Such statements on coversheets of annual progress (and final) reports will be as specified in the annual memorandum on the subject from the Office of the Executive Secretary who will ensure that they conform to the requirements of the U.S. Army Medical R&D Command.

(2) Such statements in scientific publications will conform to the format contained in "Operating Procedures of the Board", published by the Office of the Executive Secretary.
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o. Allocation of research funds to the Army.

It is believed that funds are allocated to the Army that would not be if the Army were not administering the AFEB and other tri-service organizations.

p. Deputy for the President.

The President should have a strong deputy who should be in his own office for easy communication and this deputy should attend the commission meetings which the President himself cannot attend.

q. Nomination of Board members.

Suggestions from the members of the Board are welcomed by the 3 services and they will be encouraged to make them in the future, while still recognizing that the final nominations are made by the 3 Surgeons General acting together.

DISTRIBUTION:

SIDNEY A. BRITTEN
Captain MC, USN
Executive Secretary

Board Members
MG Blumberg
Col. Plough (2)
Col. Griffin (2)
Capt. Miller (2)
Col. Lutz (2)
LTC Snyder
LTC Cutting

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