



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

November 1, 2024

MEMORANDUM FOR MILITARY HEALTH SYSTEM PERSONNEL

SUBJECT: Continuing Momentum to Stabilize and Improve the Military Health System

It has been an honor and a privilege to lead the Military Health System (MHS) as the Assistant Secretary of Defense for Health Affairs. I am proud of the work we have done to begin stabilizing the MHS, but there is much more work to rebuild the capacity of this indispensable health system to prepare for future threats.

Ten months ago, the Deputy Secretary of Defense issued a memorandum outlining specific actions to stabilize and improve the MHS. The memo focuses on four key pillars: setting medical requirements, manpower requirements, capacity, and staffing. Technology crosses all four, enabling progress in each. These efforts are not sequential, but must run in parallel, with enterprise-wide transparency as a non-negotiable foundation to effective cross-functional collaboration and shared responsibilities.

As demonstrated with the MHS Future Strategies Study, investing in our military medical and dental treatment facilities (MTFs and DTFs) supports our mission and is cost-effective. For too many years, there was an incorrect and pervasive notion that military medicine was inefficient and bloated. This mistaken belief led to chronic under-investment in the direct care system – our MTFs and DTFs.

We now have the policies and guidance in place to set the MHS on a more stable path. Moving forward, we must carefully invest our resources where they can do the most to improve medical readiness and the effective delivery of care to our 9.5 million beneficiaries.

Working collaboratively with the Office of the Assistant Secretary of Defense for Health Affairs, MHS leadership will prioritize resources that rebuild and restore medical capabilities and capacities. We must continue to define and validate requirements to support planning, programming, budgeting, and execution processes in the Department of Defense. This is our most important task to stabilize the MHS because if we cannot clearly define our requirements, then we cannot fully resource our mission.

We must focus recruitment, retention, assignment, and utilization of military personnel and civilian employees as appropriate at the MTFs and DTFs most critical to medical readiness using the new policy we issued this year, Directive-Type Memorandum 24-003, "Military Health System Manpower Requirements Determination, Resourcing, and Assignment," dated June 28, 2024. I am proud that we developed our policies and business rules collaboratively with the Defense Health Agency, Uniformed Services University of the Health Sciences, Military

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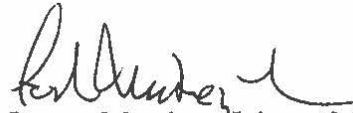
Departments, and Joint Staff. Continued adherence to enterprise value is essential in making resourcing tradeoffs and decisions.

An important element of properly supporting the direct care system is addressing the backlog of deferred maintenance at our MTFs and DTFs. We must ensure that our MTFs and DTFs have the supplies and equipment that they need to support the full range of military operations. We know that a functioning workplace is key to reducing burnout and delivering the safe, high quality health care that our patients deserve.

Finally, I am excited by the initial steps taken to digitally modernize our health system. We need to match technology with changes in how we sustain health, deliver care, and make more timely decisions. We must also ensure that new technologies serve us on the battlefield, where agility matters, as well as at home.

As I retire from the Department of Defense for a second time, I leave you in good hands with Ms. Seileen Mullen, who will serve as the Acting Assistant Secretary of Defense for Health Affairs. She is a strong, fair leader who well and truly understands the MHS.

We are all fortunate to work in a health system with an unmatched mission, and the opportunity to serve millions who rely on us for their well-being. It remains one of the great privileges of my life to have served in it, and to have served with all of you.



Lester Martínez-López, M.D., M.P.H.

Attachment(s):

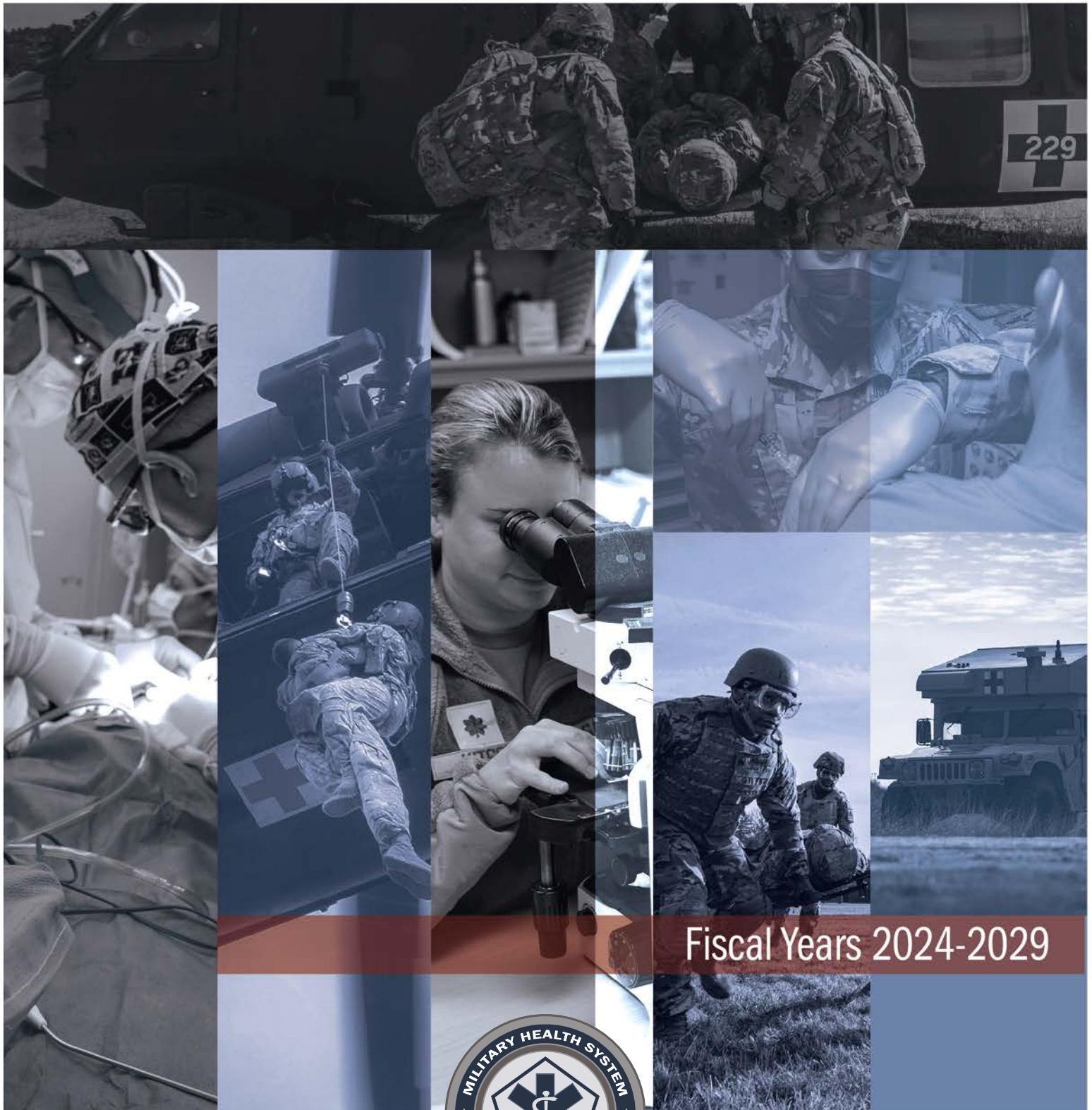
1. MHS Strategy for Fiscal Years 2024-2029
2. Memorandum, "Stabilizing and Improving the MHS," dated December 6, 2024
3. Directive-Type Memorandum 24-003, "Military Health System Manpower Requirements Determination, Resourcing, and Assignment," dated June 28, 2024

cc:

Assistant Secretary of the Army
for Manpower and Reserve Affairs
Assistant Secretary of the Navy
for Manpower and Reserve Affairs
Assistant Secretary of the Air Force
for Manpower and Reserve Affairs
Director, Defense Health Agency
President, Uniformed Services University
of the Health Sciences
Deputy Comptroller, Program Budget

Deputy Director, Cost Assessment
and Program Evaluation
Deputy Assistant Secretary of Defense
for Health Readiness Policy and Oversight
Deputy Assistant Secretary of Defense
for Health Resources Management and Policy
Deputy Assistant Secretary of Defense
for Health Services Policy and Oversight
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon

Military Health System Strategy



Fiscal Years 2024-2029



MESSAGE FROM DR. MARTINEZ-LÓPEZ

No organization, especially one as complex as ours, with a mission as important as ours, can succeed without a clear, well-understood strategy. Creating a good strategy starts with a shared vision, and requires transparency, collaboration, and occasionally even robust deliberation.

We have learned a lot in the last few years. We are coming out of one of the largest reorganizations in the history of the Department – one that in the long run will accelerate improvement in the effectiveness of our Military Health System. I believe that our people are some of the most resilient in the country, if not the world. You made it not only through the transition, but through the implementation of a new electronic health record and defended our military and our nation throughout the COVID-19 pandemic.

After months of careful deliberation and hard work by Health Affairs, the Defense Health Agency, Joint Staff, Services, and Uniformed Services University, I am very pleased to have signed out this document, the first Military Health System strategy to be completed and published in several years. It lays out our vision and describes our mission, our fundamentals, our guiding principles, and our goals.

This plan is a guide to the hard work ahead as we work together to implement this strategy. Success will require all of us moving in the same direction with a shared commitment to those we serve. We remain focused on readiness and health care for all our beneficiaries. The two are inseparable: when our people take care of people, we increase the readiness of the Total Force. I look forward to this work, knowing that it will lead to a stronger MHS capable of meeting the challenges we will inevitably face.

*Dr. Lester Martinez-López,
Assistant Secretary of Defense for Health Affairs*



The *National Defense Strategy* requires a Total Force that is medically ready for combat and resilient to obstacles and attack in a multi-domain environment to protect the security of the American people, our economic prosperity and opportunity, and defend the values at the heart of the American way of life.

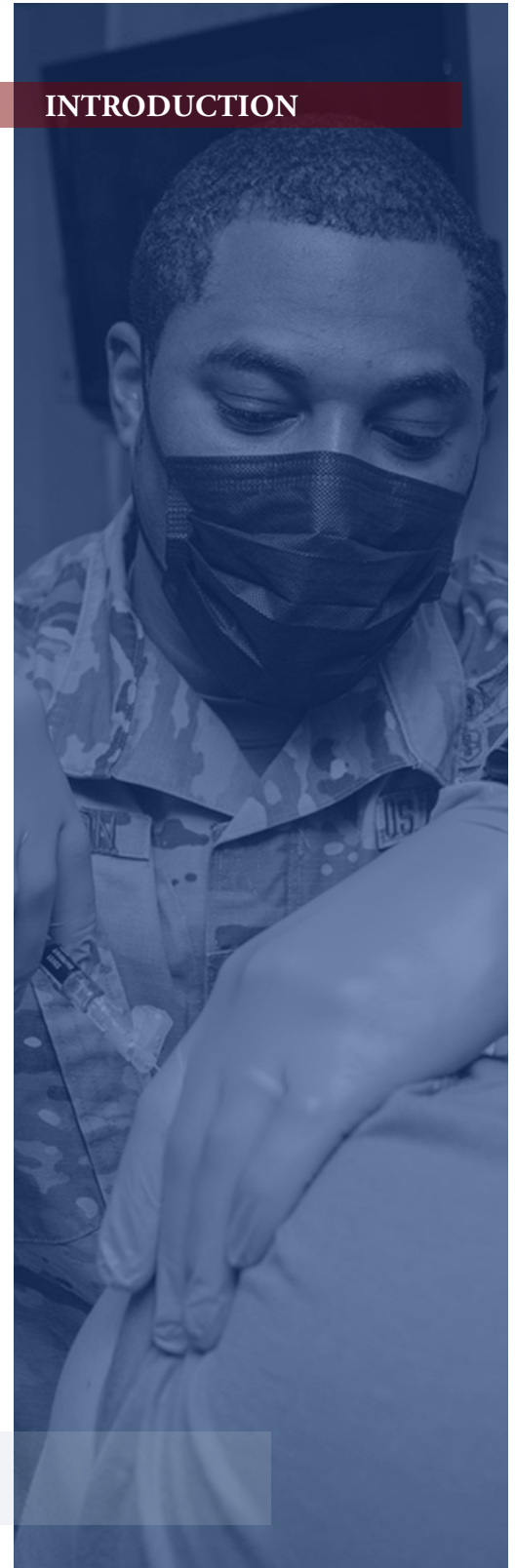
The Military Health System (MHS) fosters, protects, sustains, and restores health of Active Duty and Reserve Component Forces to support the mission. The MHS provides the direction, resources, health care personnel, and other means necessary for promoting and improving the health of our country's fighting forces, their families, and those who served and retired. These include actions to develop and promote health awareness issues to educate beneficiaries, discover and resolve environmentally based health threats, provide comprehensive health care services (including preventive care and intervention services), perform comprehensive health surveillance, and improve the means and methods for maintaining the health of the beneficiary population by constantly evaluating the performance of health support. The MHS supports all eligible beneficiaries.

The MHS's **mission** is to enable the Department of Defense (DOD) to provide medically ready and ready medical forces by improving the health of all those entrusted to our care. Our **vision** is to become the world's role model of an integrated military system of health and readiness delivering technology-enabled, innovative, and Service-focused care in support of our nation's military mission – anytime, anywhere.

The MHS strategy aligns to and supports the *National Defense Strategy*, the *National Military Strategy*, and the *National Biodefense Strategy and Implementation Plan*. This strategy orients the MHS and its resourcing and planning processes to the rest of DOD, serving as a roadmap to becoming a requirements-driven organization and guiding the system into the next Future Years Defense Program. To do so effectively and accomplish our mission, the MHS strategy builds on three fundamental and interrelated pillars:

- **Medically Ready Force.** A force composed of individuals with the mental, physical, and cognitive strength and resilience to engage in sustained combat operations; meets DOD and Service medical requirements for deployment; and partners with health care delivery to create health and well-being.

INTRODUCTION





- **Ready Medical Force.** Deployable operational and tactical medical forces (Role 1-3) that provide a joint network of integrated health support delivering prevention, protection, and treatment. Operational and tactical medical forces provide three of five core joint health service capabilities: forward resuscitative care; enroute care; and theater hospitalization. Strategic medical forces (Role 4) sustain, prepare, generate, and regenerate medically ready and ready medical forces and provide the joint health service core capability of definitive care, up to and including in support of large-scale combat operations.
- **Health Care Delivery.** A health delivery system is the combination of people, systems, policies, and resources which provide services to promote, improve, conserve, or restore behavioral and physical health and well-being. Military health care delivery produces medically ready and ready medical forces.

During recent conflicts with persistently high operational tempo, military medicine achieved unprecedented outcomes on the battlefield. At home, the MHS played pivotal roles in public health emergencies and disaster management, including the national response to the COVID-19 pandemic. The MHS also managed to control the growing cost of health care for the DOD, often by doing more with less.

In the last decade, the MHS went through transformative organizational change. The DOD implemented reforms and Congressional directives to transition authority, direction, and control of military medical treatment facilities (MTFs) and dental treatment facilities (DTFs) to the Defense Health Agency (DHA); deployed a new electronic health record globally; and awarded TRICARE's next generation contracts.

The stress of high operational tempo, organizational transformation, and a new electronic health record brought the MHS to a critical inflection point. The evolving national security and global health environment requires accurate assessment of the threats we face, acknowledging the changing nature of warfare and transforming how the DOD estimates, validates, and resources MHS requirements.

To achieve success, the MHS must remain true to our guiding principles while pursuing a change agenda that supports and strengthens the workforce, stabilizes our integrated system of readiness and health, and strengthens a culture of innovation ready to meet Service and Combatant Commander requirements anywhere, anytime.



The MHS derives its strength from the core values of the individual Services and the DHA and recognizes the foundational importance of those values. The MHS guiding principles build on this foundation, reflect who we are, drive our everyday behavior, and give us the resilience to press on in the face of great challenges.

- **Helping People Achieve Greatness.** We work in teams with passion, respect, and loyalty. A broad diversity of principles, backgrounds, and Service culture brings out the best in our people and creates tomorrow's leaders.
- **Selfless and Courageous Service.** We honor those who serve and commit to meeting the health needs of our nation's Warfighters, military families, and all of our beneficiaries. We possess the courage to do what is right and go into harm's way to save lives.
- **Caring, Healing, and Creating Health.** We are healers with an obligation to the life-long health of all those entrusted to our care. We build trusting relationships to let our patients take control of their health. We are compassionate and committed to doing right by our beneficiaries to eliminate disease, ease suffering, and achieve health and well-being.

Our strategic goals describe how the MHS will become the world's role model of an integrated military system of health and medical readiness. These four goals provide an actionable roadmap to effectively deliver required MHS capabilities. Each goal is defined and supported by strategic objectives that outline what resources the DOD needs to provide to achieve the goals and accomplish the medical mission.

1. **Take Care of Our People.** Healthy, educated, and trained people take better care of people. We must restore the well-being of our health care personnel so that they are ready to provide the best care and the best support for those who go into harm's way. To advance this goal, we will:
 - 1.1 **Invest In Our Workforce** by providing complete lifecycle support for health professionals, including education, training, and skills sustainment for the uniformed and civilian workforce. The MHS develops leaders in health and medicine; respects and reveres Service cultures; and supports a robust, strong civilian workforce.
 - 1.2 **Deploy Ready Reliable Care** to improve safety and standardize processes for less variability; reduce errors in clinical and non-clinical areas; encourage and celebrate transparency and accountability; and value everyone's input, regardless of rank.
 - 1.3 **Empower Our Workforce** by providing safe, supportive environments and encouraging healthy behaviors by leadership engagement at all levels to promote well-being and reduce burnout.

GUIDING PRINCIPLES

STRATEGIC GOALS





2. **Stabilize the MHS.** The realignment of medical personnel, coupled with a volatile health care economy and a new electronic health record, created challenges to care for our beneficiaries and impacted our ability to efficiently generate and sustain medically ready and ready medical forces. To advance this goal, we will:
 - 2.1 **Increase Capacity and Capability to Care for Complex Patients** by realigning capability to better meet demand for care from our patients and mitigate risks. This requires the MHS to optimize military medical personnel availability in coordination with the Military Departments; improve civilian personnel hiring and retention; sustain clinical competencies; and strategically reinvest in MTFs and DTFs.
 - 2.2 **Improve Experience of Care** by first and foremost improving access to primary and specialty care, and delivering services that are patient centered, recognizing the unique needs of each person and their right to make informed choices to achieve health and well-being.
 - 2.3 **Attract and Reattract Beneficiaries to MTFs** to improve efficiency and enrich clinical experiences for the Ready Medical Force, and consciously fulfill the promise our nation makes to care for our beneficiaries.
3. **Modernize the MHS.** Health systems worldwide must transform to keep up with the pace of rapid innovation. A complex and challenging national security landscape requires us to streamline and reform health care delivery to make the best, most effective use of our nation's resources. To advance this goal, we will:
 - 3.1 **Implement Digital Health** to integrate advanced technology from home to the clinic to the battlefield and back. Timely, accurate, and useful information gives medical personnel a vast array of focused knowledge to enable state-of-the-art care and afford patients more choice in access and power over their health decisions.



- 3.2 **Prioritize Medical Research and Development** investments in blood and blood products, pharmaceuticals, vaccines, biomedical equipment, and new pathways of care to save future lives on the battlefield, restore the Warfighter, and aid military responses to national emergencies.
- 3.3 **Expand Biodefense** surveillance and response capabilities to assess, prevent, protect against, respond to, and recover from biological threats; strengthen the national medical readiness posture; and improve global health security.
- 3.4 **Deliver Value-Based Care** to ensure that we optimize resources to capitalize on our structure and capabilities to deliver high quality, safe, equitable, and resource responsible outcomes that matter to patients.
- 4. **Integrate MHS Capabilities.** Resources must be strategically applied to effectively and efficiently deliver the five integrated military health service capabilities: first responder care, forward resuscitative care, enroute care, theater hospitalization, and definitive care.
 - 4.1 **Define Health Care Requirements** across the MHS from unit-level medical care (Role 1); forward trauma management and emergency medical treatment (Role 2); theater hospitalization (Role 3); and definitive care (Role 4) to plan, program manpower and resources, sustain clinical competencies, and mitigate risk to other military requirements.
 - 4.2 **Facilitate Interoperability** in the MHS by strengthening links and relationships between system components to ensure safe, high-quality care across all installations and missions, responsibly manage resources, and limit unwarranted duplication.
 - 4.3 **Reinforce Partnerships** with other federal agencies, allies and partners, and civilian health systems to support military missions and efficiently generate, sustain, and rebuild health readiness worldwide.
 - 4.4 **Reinvest in MTFs** critical to medical force generation, sustainment, casualty reception, and centers of excellence.



USING THE STRATEGY

The DOD will use this strategy to guide the MHS into and across the next Future Years Defense Program, including but not limited to the following actions:

- Guide policies and implementation plans created collaboratively with key stakeholders with accountability, timelines, milestones, and measurements.
- Generate and integrate requirements across the MHS, then translating those requirements into Planning, Programming, Budgeting and Execution.
- Support formal collaboration through MHS Governance among all components of the MHS, including the medical organizations of the Military Departments, DHA, Joint Staff Surgeon, and the Uniformed Services University of the Health Sciences.
- Assess MHS strategic performance based on frameworks established by the Deputy's Workforce Council and MHS Executive Review Board to continuously improve, using our nation's resources to deliver health and support national and global health security most effectively.
- Focus resources and manage improvement initiatives that achieve our objectives, leveraging emerging innovation and technologies to better accomplish the mission.
- Build organizational capabilities that match resources to requirements, focusing first on our mission and our people and strategically invest in facilities, information management, information technology, and research and development.
- Communicate the role and value of the MHS to stakeholders in language common to the DOD, other federal agencies, Congress, allies and partners, and most importantly, our Warfighters, their families, and all beneficiaries.



The MHS faced numerous challenges and transformations in recent years. Despite these obstacles, we continued delivering critical health services for the DOD, most dramatically on the battlefield and during the COVID-19 pandemic. As we come out of two decades of war and manage the dramatic changes COVID-19 wrought on global health, we recognize a strategic imperative to rebuild our military and civilian medical workforce and resource the MHS. This strategic plan emphasizes mission first and people always—our staff and our beneficiaries—and pushes the MHS to become a requirements-driven organization to ensure our resources effectively support the military mission. We continue the journey to become a world role model of an integrated system of health and readiness to deliver technology-enabled, innovative, and Service-focused care in support of our nation's military mission—anytime, anywhere.

- National Defense Strategy (2022)
- National Military Strategy (2022)
- National Biodefense Strategy and Implementation Plan (2022)
- Joint Publication 4-02, “Joint Health Services” (2023)
- DOD Directive 5136.01 “Assistant Secretary of Defense for Health Affairs” (2017)

CONCLUSION

REFERENCES



MILITARY HEALTH SYSTEM STRATEGY

The MHS fosters, protects, sustains, and restores health of active duty and Reserve Component forces to support the mission. The MHS provides the direction, resources, health care personnel, and other means necessary for promoting and improving the health of our country's fighting forces, their families, and those who served and retired.

OUR MISSION

To enable the Department of Defense to provide medically ready and ready medical forces by improving the health of all those entrusted to our care.

OUR VISION

To become the world's role model of an integrated military system of health and readiness delivering technology-enabled, innovative, and Service-focused care in support of our nation's military mission – anytime, anywhere.

GUIDING PRINCIPLES

Helping
People Achieve
Greatness

Selfless and
Courageous
Service

Caring,
Healing, and
Creating
Health

Reflect who we are, drive our everyday behavior, and give us the resilience to press on.

PILLARS

The MHS Strategy builds on three fundamental and interrelated pillars to accomplish our mission.

Medically
Ready
Force

A force composed of individuals with the mental, physical, and cognitive strength and resilience

Ready
Medical
Force

Deployable operational and tactical medical forces that provide a joint network of integrated health support

Health
Care
Delivery

The combination of people, systems, policies, and resources which provide services to promote, improve or restore mental and physical health and well-being

OUR STRATEGIC GOALS

How the MHS will become the world's role model of an integrated military system of health and medical readiness.

Take Care of
Our People

- Invest in Our Workforce
- Deploy Ready, Reliable Care
- Empower Our Workforce

Stabilize the
Military Health
System

- Increase Capacity and Capability to Care for Complex Patients
- Improve Experience of Care
- Attract and Reattract Beneficiaries to MTFs

Modernize the
Military Health
System

- Implement Digital Health
- Prioritize Medical Research and Development
- Expand Biodefense
- Deliver Value-Based Care

Integrate Military
Health System
Capabilities

- Define Health Care Requirements
- Facilitate Interoperability
- Reinforce Partnerships
- Reinvest in MTFs





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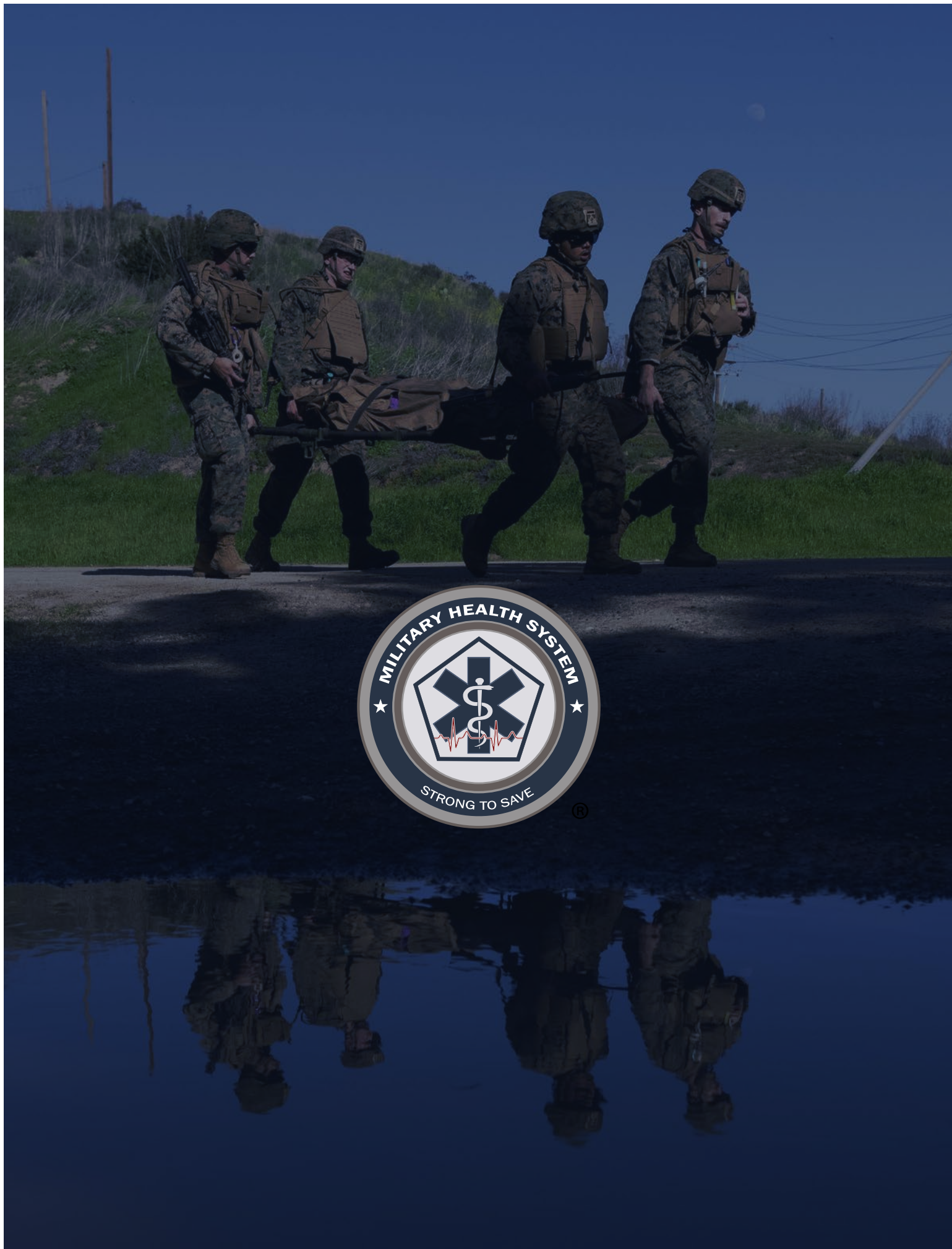


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DEPUTY SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-1010

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MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Stabilizing and Improving the Military Health System

- References: (a) The John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115-232), August 13, 2018, as amended
- (b) Under Secretary of Defense for Personnel and Readiness Memorandum, "Authorities and Responsibilities of Military Treatment Facility Leaders, Service Leaders and the Military Medical Departments," February 21, 2018
- (c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Construct for Implementation of Section 702," May 22, 2018
- (d) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with the National Defense Authorization Act for Fiscal Year 2017, Section 702, and the National Defense Authorization Act for Fiscal Year 2019, Sections 711 and 712," February 11, 2019
- (e) Department of Defense Directive 5136.01, "Assistant Secretary of Defense for Health Affairs," September 30, 2013, as amended

The Department relies on the Military Health System (MHS) to provide medically ready forces and ready medical forces, and to deliver high quality care to our beneficiaries, including military family members and retirees. Consistent with reference (a), these goals cannot be fully realized without properly staffed military medical treatment facilities (MTFs), dental treatment facilities (DTFs), and operational medical departments. Our priority is ensuring that the MHS supports readiness of the Total Force.

To implement the transition of authority, direction, and control of MTFs and DTFs from the Military Departments to the Defense Health Agency (DHA), the Department adopted a complex approach to managing the medical workforce. Realignment of medical personnel, coupled with a challenging health care economy and ambitious private sector care capacity assumptions, led to chronically understaffed MTFs and DTFs that at times cannot deliver timely care to beneficiaries or ensure sufficient workload to maintain and sustain clinical skills. As a result, beneficiaries are routinely referred to the private sector for services that MTFs and DTFs should be able to deliver, with the Military Departments increasingly turning to the private sector for clinical skills sustainment opportunities for uniformed medical personnel. This has resulted in increasing overall health care costs for the Department and missing readiness opportunities for the Force.

To address these challenges, senior Defense leaders brought together subject matter experts from across the Department to determine how to best ensure the future success of the



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MHS. After extensive study, senior leadership determined the most effective way to take care of our people, support the National Defense Strategy, increase clinical readiness, mitigate risks to requirements, and reduce long-term cost growth in private sector care is to reattract beneficiaries to MTFs and maximize medical education and training pipelines. However, reattracting care to MTFs and DTFs requires a stable, predictable workforce sufficiently staffed, trained, and routinely available to provide health care to our beneficiaries.

Rebuilding medical capabilities and providing increased support to our clinical personnel is critical, but it will take time and focused effort to accomplish while continuing to assure necessary operational medical support. To stabilize and improve readiness, capacity, and access to care for our warfighters and beneficiaries, I direct the following:

- Medical Requirements. The operational headquarters designated for the Integrated Continental United States Medical Operations Plan (ICMOP) will complete a JP 5-0 Level 3 Concept Plan by July 31, 2024. The Commander, U.S. Transportation Command will continue planning global patient movement. The Director, DHA will support the ICMOP by identifying the military medical requirements to provide casualty care management within the MHS in coordination with the ICMOP lead and the Military Departments, to include MTF expansion requirements. The Joint Staff will continue cataloging all MHS requirements inclusive of Combatant Command and Military Department needs, including the ICMOP, global patient movement, casualty care management, and validated Operations Plan medical requirements to capture the full MHS demand. Current and future medical requirements must inform the fiscal years 2026-2030 programming cycle, force design, force structure, and risk tradeoffs.
- Manpower Requirements. By June 30, 2024, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) will complete a comprehensive review of all medical manpower and staffing, which is defined as all active duty Service members, members of the Reserve Component, including the National Guard, civilian employees, and contracted services in MTFs, DTFs, operational units, and any other organization in which the above personnel hold medical personnel occupational or specialty codes, regardless of funding source to provide full visibility of how all resourced medical personnel are employed. The review will make use of requirements recently cataloged by the Joint Staff during the MHS Future Strategies Study and subsequent program review and incorporate any other relevant integrated medical requirements. Manpower requirements must account for the unique facets of the MHS, including military education, training, and readiness generation activities. The review must also consider the accuracy and precision of historic workload trends and compare utilization with known requirements to inform risk decisions.
- Improving Capacity. The Director, DHA shall identify the capacity of each MTF and DTF to sustain clinical readiness of active duty health care personnel as established by the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the Secretaries of the Military Departments. No later than June 30, 2024, and annually thereafter, the Director, DHA will assess and set military and civilian manpower requirements at each MTF and DTF. The Secretaries of the Military Departments, in

coordination with DHA, will determine military essentiality for those requirements. DHA will recommend uniformed manpower resourcing requirements to the Secretaries of the Military Departments for resourcing. Any resourcing and manning issues or disagreements will be adjudicated through the MHS governance process. Programming gaps will be adjudicated through the DoD planning, programming, budget, and execution process annually. DHA will submit civilian manning issues and the Military Departments will submit military manning issues.

- DHA's manpower requirements must support reattracting at least 7 percent of available care from the private sector back to MTFs on average, and to DTFs where relevant, using a baseline of December 31, 2022, by December 31, 2026. The manpower requirements established by this review will be recorded on a DHA requirements document for every MTF and DTF and will be documented in the Fourth Estate Manpower Tracking Systems no later than July 31, 2024. MTFs serving as centers for casualty reception shall be a resourcing priority. Finally, the USD(P&R), in coordination with the Chairman of the Joint Chiefs of Staff (CJCS), will incorporate DHA MTFs that support Combatant Command plans with definitive health care (e.g., Role IV) capabilities into the Defense Readiness Reporting System by December 31, 2024.
- Staffing. Reattracting and caring for more beneficiaries in MTFs and DTFs means that DoD needs to increase capacity and improve access. To do so safely, MTFs and DTFs must be staffed to provide quality patient care, as well as career development, education, and training opportunities for medical and dental personnel. The USD(P&R), in coordination with the Secretaries of the Military Departments, will begin implementing the approved findings from the MHS Future Strategies study overseeing a plan for the distribution of military medical personnel that optimizes clinical readiness and care opportunities while continuing to support critical operational needs, using Military Department and DHA informed staffing models, by December 31, 2023. Redistribution efforts will begin no later than July 1, 2024, to stabilize health care delivery and mitigate risk to operational forces and missions. Going forward, the Secretaries of the Military Departments shall primarily prioritize assignment of uniformed medical and dental personnel to MTFs and DTFs consistent with this memorandum and reference (a). The USD(P&R), in coordination with the Secretaries of the Military Departments will develop business rules to adjudicate risk to MTFs, DTFs, and operational medical readiness. For purposes of this memorandum, "assignment" means the placement of personnel on orders to DHA MTFs and DTFs where such placement is relatively permanent for the length of the assignment and where serving at the MTF or DTF is their primary duty. The Director, DHA exercises operational control over such personnel for the primary duties for which they are assigned.
- Additionally, the USD(P&R) will prioritize implementation of chapter 74 of title 38, U.S. Code, authorities to improve recruitment and retention of health care personnel, consistent with applicable law. The USD(P&R) provided a timeline and plan for such implementation. In addition, the Director, DHA will recommend targets to reduce

civilian employee vacancies and streamline civilian employee hiring and onboarding processes for MTFs and DTFs no later than December 31, 2023. The Director, DHA shall report and make available data and information related to DHA civilian employee hiring to the USD(P&R) and the Secretaries of the Military Departments through the ASD(HA) at least quarterly.

- Uniformed Personnel Management. To afford uniformed medical and dental personnel opportunities to train and maintain clinical currency and readiness, as well as to ensure the Department's ability to deliver high quality health care to eligible beneficiaries in accordance with reference (a), MTFs and DTFs will be the primary choice for assignment and utilization of uniformed medical and dental personnel, absent: (a) the specific validated operational and training requirements identified by the Secretaries of the Military Departments; or (b) exigent circumstances. The USD(P&R), in coordination with the Secretaries of the Military Departments will establish business rules and other necessary processes and definitions to implement these requirements, to include DoD enterprise review of manning, assignment, and placement of uniformed medical and dental personnel across all military health requirements. In addition, the USD(P&R) will assure medical force generation readiness is reflected in the Defense Readiness Reporting System. No later than January 1, 2024, the USD(P&R), in coordination with the Secretaries of the Military Departments, will develop a process by which DHA will be notified when uniformed medical or dental personnel will be unavailable to the MTF or DTF due to validated operational or readiness requirements.
- Beginning no later than July 1, 2024, the Secretaries of the Military Departments will primarily assign uniformed medical and dental personnel to the MTFs and DTFs or other organizational units, consistent with manning levels and prioritized installations established and determined by the USD(P&R) in coordination with the Secretaries of the Military Departments. Uniformed medical and dental personnel assigned to MTFs, DTFs, and DHA headquarters or other DHA organizations will be under the authority, direction, and control of the Director, DHA. No later than July 1, 2024, the Secretaries of the Military Departments will establish the necessary force structure to provide support to uniformed medical and dental personnel assigned to DHA. The Secretaries of the Military Departments will continue to define manning requirements in support of the National Defense Strategy and the Combatant Commands.
- Governance. The USD(P&R), in coordination with the Secretaries of the Military Departments, CJCS, ASD(HA), and Director, DHA, will establish human capital distribution governance processes, including business rules for the prioritization of uniform personnel distribution, no later than January 31, 2024. These processes will ensure effective utilization of medical personnel, balancing readiness, Military Department and Combatant Command operational and training requirements, and health care delivery needs. The USD(P&R) shall report on the status of the actions directed in this memorandum through established governance processes no less frequently than quarterly. The ASD(HA) will ensure that the intent of these actions is communicated to relevant stakeholders both within and outside the MHS.

- Oversight. The USD(P&R) will update references (b), (c), and (d) as necessary by cancelling and incorporating them into one or more new or existing DoD issuances to clarify and improve oversight over duty, assignment, and availability of uniformed medical personnel, as well as the roles and responsibilities regarding operational and MTF or DTF specific functions, consistent with this memorandum by June 30, 2024. In doing so, the USD(P&R), in coordination with the Secretaries of the Military Departments, will develop agile business rules to guide the assignment of medical personnel to maximize the value of the MHS to support operational, readiness, and health care delivery. These business rules will include processes for the MHS, including the Military Departments and DHA, to respond to exigent priorities and validated operational missions and requirements. The USD(P&R) will review and update other relevant guidance as necessary. The ASD(HA) shall continue to exercise oversight over all medical and dental personnel authorizations, consistent with reference (e), and ensure that the actions directed in this memorandum are effectively implemented and monitored.

The Department will incorporate this guidance into programming and planning activities as appropriate to further the Department's objective of enhancing the readiness of the force, assuring operational medical force readiness, and improving access to care for our beneficiaries. Our Service members, their families, other beneficiaries, and all those cared for by military medicine will be better served when we rebuild MTF capacity.





PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

June 28, 2024

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Directive-Type Memorandum 24-003 – “Military Health System Manpower Requirements Determination, Resourcing, and Assignment”

References: See Attachment 1

Purpose. In accordance with the authority in DoD Directive 5124.02 and the December 6, 2023 Deputy Secretary of Defense Memorandum, this directive-type memorandum (DTM):

- Incorporates and cancels Deputy Secretary of Defense Memorandum, “Managing Military Personnel Resources in the Defense Health Program and the Special Operations Command,” June 22, 2006.
- Establishes policy, assigns responsibilities, and provides procedures for:
 - Planning and programming the uniformed medical and dental workforce within military medical treatment facilities (MTFs) and dental treatment facilities (DTFs).
 - Documenting military medical authorizations allocated to the Defense Health Agency (DHA).
 - Assigning uniformed medical and dental personnel on orders to DHA MTF/DTFs and other DHA organizational units.
 - Providing availability of uniformed medical and dental personnel to the Military Departments and Military Services when such personnel are assigned on orders to DHA MTF/DTFs and other DHA organizational activities.
 - Providing accountability for the Secretaries of the Military Departments to provide military manpower to DHA MTF/DTFs and other DHA organizational units.

- Providing accountability for the Director, DHA to report on civilian employee hiring to the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Secretaries of the Military Departments through the Assistant Secretary of Defense for Health Affairs (ASD(HA)) at least quarterly, and effectively and efficiently use its workforce (i.e., military, civilian, and contractor personnel) to carry out its assigned missions.

- Establishing that a single military officer will be dual-hatted and serve as the MTF/DTF Director, under the authority, direction, and control of the Director, DHA, and the Service commander, under the command and control of the Military Department concerned.

- Is effective June 28, 2024; it must be incorporated into other appropriate DoD issuances. This DTM will expire effective June 28, 2025.

Applicability. This DTM 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 Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

Definitions. See Glossary.

Policy.

- DHA MTF/DTFs are the keystone component of the Military Health System (MHS).
- Service members, civilian employees, and contract personnel at DHA MTF/DTFs support the wellness, health, and medical readiness of the total force.
- DHA MTF/DTFs educate, train, maintain, deploy, and retain ready medical forces, in addition to delivering timely and effective care for legally defined beneficiaries.
- DoD estimates and reports provided through the MHS governance process, medical operations deputies group, or other governance body as directed, will include and address specific DHA MTF/DTF capacity in crisis or conflict to treat wounded, ill, and injured Service members. Maximizing the patient care within DHA MTFs/DTFs improves the effectiveness of the MHS in meeting Military Department and joint medical requirements.

- The transfer of responsibility for all MTFs/DTFs from the Military Departments to the DHA, pursuant to Section 1073c of Title 10, United States Code, requires realignment of processes, roles, and responsibilities to assure a uniformed medical workforce is available at DHA MTF/DTFs.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. Cleared for public release. Available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

A handwritten signature in black ink, appearing to read 'Ashish Vazirani'.

Ashish S. Vazirani
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Attachments:
As stated

ATTACHMENT 1

REFERENCES

Deputy Secretary of Defense Memorandum, “Stabilizing and Improving the Military Health System,” December 6, 2023
DoD 7000.14-R, Volume 11A, “DoD Financial Management Regulation: Reimbursable Operations Policy,” current version
DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
DoD Instruction 1100.22, “Policy and Procedures for Determining Workforce Mix,” April 12, 2010, as amended
DoD Instruction 1120.11, “Programming and Accounting for Active Component (AC) Military Manpower,” March 17, 2015
DoD Instruction 4000.19, “Support Agreements,” December 16, 2020
DoD Instruction 7000.14, “Department of Defense Financial Management Policy,” August 10, 2020
DoD Instruction 7730.64, “Automated Extracts of Manpower and Unit Organizational Element Files,” December 11, 2004
United States Code, Title 10

ATTACHMENT 2
RESPONSIBILITIES

1. USD(P&R). The USD(P&R):

- a. Analyzes the total force structure as related to quantitative and qualitative military and civilian employee personnel requirements, use, readiness, and support.
- b. Administers and implements controls over military and civilian employee personnel strengths and compositions for all DoD Components.
- c. Establishes and issues guidance to be used by all DoD Components regarding manpower management, including manpower mix criteria.

2. ASD(HA). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Manages military authorizations allocated to the Defense Health Program (DHP).
- b. Authorizes adjustments to military authorizations aligned to the DHP.
- c. Coordinates all adjustments to military authorizations aligned to the DHP with the Military Departments during the programming and budgeting processes.
- d. Develops and maintains business rules to execute the procedures outlined in this issuance in coordination with the Secretaries of the Military Departments and the Director, DHA.
- e. Reviews and approves the Director, DHA's Human Capital Distribution Plan.

3. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R), exercised through the ASD(HA), the Director, DHA:

- a. Acts as the privileging or scope of practice authority for health care personnel in an MTF/DTF.
- b. Coordinates with each Secretary of a Military Department on a Military Service manpower document that identifies military medical personnel authorized at DHA MTFs/DTFs and other DHA organizational units by location, grade, and skill set to align with DHA's unit manning document (UMD).
- c. Identifies the capacity of each DHA MTF/DTF to sustain clinical readiness and force development of military health care personnel.

d. Determines the clinical product lines and their respective scope at each DHA MTF/DTF to support both operational readiness and quality, access, and continuity in the delivery of health care services to Service members and other eligible beneficiaries.

e. In coordination with the Secretaries of the Military Departments, plans for and accommodates the absence of military medical personnel from the DHA MTF/DTF and other DHA organizational units, to meet validated operational and training requirements.

f. Is responsible for overseeing civilian employee manning and contractor personnel in the DHA MTFs/DTFs, and other DHA organizational units and effectively and efficiently using the workforce (i.e., uniformed, civilian employees, and contractor personnel) assigned to, or otherwise working in, the DHA to carry out DHA's assigned missions. The Director, DHA, will report on DHA civilian employee hiring to the ASD(HA) and the Secretaries of the Military Departments at least quarterly.

g. Is responsible for the absence or lack of availability of the civilian workforce in DHA MTFs/DTFs and other DHA organizational units.

h. Through the DHA MTF/DTF Director, exercises authority, direction, and control of DHA MTF/DTF operations and of all personnel assigned, allocated, or detailed, to perform duties and functions associated with DHA MTF/DTF operations, including the delivery of health care services and business operations.

i. Selects, after considering nominations from the Secretaries of the Military Departments, DHA MTF/DTF directors.

j. Creates the Human Capital Distribution Plan. This includes:

(1) Revalidating DHA MTF/DTF staffing for projected Military Service vacancies of authorized billets, as outlined in the program objective memorandum (POM) manpower requirements process, and determines prioritization by military occupational specialty and location.

(2) Submitting staffing requests to the Military Services, according to the Secretary of the Military Department's manning guidance and distribution processes, to ensure sufficient time for planning and response to such requests.

4. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Exercise administrative control of uniformed medical and dental personnel assigned to DHA MTFs/DTFs and other DHA organizational units, including as such control pertains to personnel assignments and the issuance of military assignment orders.

b. Nominate the highest quality candidates to serve as a DHA MTF/DTF director to the Director, DHA in accordance with Military Department policies and procedures.

c. After consultation with the Director, DHA, may remove a Service commander, who is also dual-hatted as an MTF/DTF director, or relieve them of the authority to act as a Service commander, in accordance with Military Department policies and procedures.

d. Primarily assign uniformed medical and dental personnel on orders to DHA MTFs/DTFs absent:

(1) Specific, validated operational and training requirements identified by the Secretaries of the Military Departments; or

(2) Exigent circumstances.

e. Have access to their uniformed medical and dental personnel for all validated Military Service duties, including both planned and unplanned deployments, military operations, training, and exercises.

f. Are responsible for the absence or lack of availability of the programmed uniformed medical and dental workforce in DHA MTF/DTFs and other DHA organizational units because of Military Service duties.

g. Will identify and notify the Director, DHA of operational and training requirements to be accomplished by military personnel assigned on orders to a DHA MTF/DTF.

h. In support of the Director, DHA's Human Capital Distribution Plan, will review vacant authorized Military Service billets to inform assignments for uniformed medical and dental personnel for the upcoming fiscal year in a mutually beneficial timeline that aligns with, and facilitates, Military Department assignment cycles. In support of this process, the Secretaries of the Military Departments will:

(1) Determine availability of staffing to meet DHA requirements based on their respective distribution processes.

(2) Provide their feedback and ability to fill the DHA MTF/DTF staffing requirements to the Director, DHA.

(3) Provide documentation outlining their projected ability to fill the Director, DHA's authorized military vacancies.

i. Through their respective Service commander:

(1) Exercise administrative control of uniformed medical and dental personnel on assignment orders to DHA MTFs/DTFs.

(2) Ensure that uniformed medical and dental personnel assigned to a DHA MTF/DTF obtain and maintain clinical currency and readiness at, or above, established thresholds, and provide venues and opportunities for uniformed medical and dental personnel to meet non-clinical readiness standards and career-enhancing Military Service training, as prescribed by the Military Department.

(3) Communicate to the Director, DHA, Military Department contingency and operational requirements, including both planned and unplanned deployments, and Military Service operations and exercises, thereby enabling the Director, DHA to plan for, and accommodate, the absence of uniformed medical and dental personnel from duty at the DHA MTF/DTF.

(4) Establish clinical and non-clinical training requirements applicable to Military Service medical and dental personnel and provide as much advanced notice to Director, DHA as practicable of any requirement for Service medical or dental personnel assigned to a position on a Military Service manpower document but allocated against a manpower requirement on a DHA MTF/DTF UMD to participate in such training.

(5) Exercise command and control over Military Department medical and dental personnel executing Military Service duties.

ATTACHMENT 3

PROCEDURES

1. PLANNING AND OVERSIGHT. The USD(P&R) will conduct an annual review of all validated and funded military medical and dental requirements, in coordination with the Director, DHA, and the Secretaries of the Military Departments.

a. The review will be conducted in the first quarter of each fiscal year.

b. The results of the review, which informs risk as to how forces are arrayed, will be presented to the MHS Executive Review for review and validation. The USD(P&R) may request this information be briefed at a subsequent Deputy's Management Action Group or Deputy's Workforce Council.

2. MEDICAL MANPOWER REQUIREMENT DETERMINATION.

a. The Director, DHA, will:

(1) In coordination with the Secretaries of the Military Departments, forecast and identify the capacity of each DHA MTF/DTF to sustain clinical readiness of uniformed medical and dental personnel consistent with requirements established by the ASD(HA) and the Secretaries of the Military Departments.

(a) The requirements referenced in Paragraph 2.a.(1) will be established across the Future Years Defense Plan (FYDP) and take into consideration Military Service mission changes occurring in future years, and program the resources necessary to meet mission changes, as part of the annual DoD Planning, Programming, Budget, and Execution process.

(b) Determine and regularly validate total manpower requirements in accordance with DoD Instruction (DoDI) 1120.11, specifically the number of medical and dental staff by occupational specialty, at each DHA MTF/DTF, considering Military Service mission changes in future years.

(2) Forecast and recommend uniformed manpower resourcing requirements to the Secretaries of the Military Departments across the FYDP as part of the annual DoD Planning, Programming, Budget, and Execution process, in accordance with DoDI 1120.11.

b. The Secretaries of the Military Departments will determine workforce mix for military requirements in accordance with DoDI 1100.22 and in coordination with the Director, DHA.

c. Personnel and staffing disagreements (e.g., manpower issues within the year of execution or requested budget year) will be adjudicated through the MHS governance process.

d. Programming issues and resourcing gaps will be adjudicated through the DoD Planning, Programming, Budget, and Execution process annually, in accordance with DoDI 7000.14. The Director, DHA will submit civilian employee manning issues, and the Secretaries of the Military Departments will submit uniformed medical and dental personnel manning issues.

e. The manpower requirements established by this review will be recorded on a DHA requirements document for every DHA MTF/DTF and will be documented in the Fourth Estate Manpower Tracking System.

3. RESOURCING.

a. Developing Medical POMs.

(1) The Secretaries of the Military Departments will update and inform the Director, DHA of potential mission or force structure changes across the FYDP that will drive changes to DHA MTF/DTF resourcing and staffing requirements.

(2) The ASD(HA) will publish DHP POM guidance no later than the first week of January each year. This guidance will include a schedule of milestones to meet timelines established by published DoD program and budget review guidance.

(a) The Director, DHA will validate manpower requirements, informed by previous POM and fill rates, regardless of type (e.g., uniformed, civilian employee, contractor personnel) for each DHA MTF/DTF by Military Department occupational specialty.

(b) The Secretaries of the Military Departments will review DHA manpower requirements identified in the DHA POM baseline and provide the Director, DHA with their programmed level of support.

(c) The Director, DHA will program the balance of its human resource requirements using civilian employees or contractor personnel against validated staffing model requirements at each DHA MTF/DTF. The Director, DHA must program the associated operations and maintenance funding for civilian or contractor pay as part of the DHP POM submission.

(3) After the President's Budget release, each Military Department, Military Service, and DHA will conduct synchronization of their respective manning or manpower documents no later than 45 days post release.

b. Manpower Documentation. There will be at least two manpower documents with a memorandum entry at each DHA MTF/DTF: The DHA MTF/DTF UMD (i.e., the statement of DHA MTF/DTF total manpower requirements) and the Military Service manpower document. Military Service authorizations that are aligned to authorizations on the DHA UMD in the Fourth Estate Manpower Tracking System will remain on the Military Service manpower documents.

(1) The Director, DHA will generate the DHA MTF/DTF UMD. The DHA MTF/DTF UMD is the authoritative document for establishing and documenting all DHA MTF/DTF human resource requirements and authorizations, including uniformed medical and dental personnel and civilian employees. The UMD includes the personnel and capabilities required to deliver clinical and health care services and DHA MTF/DTF business operations at the capacity determined by the Director, DHA.

(2) The Secretaries of the Military Departments will generate their respective Military Service manpower document (e.g., table of distribution and allowances, activity manpower document, UMD). The Military Service manpower document is authoritative for establishing and documenting all Military Service human resources requirements and authorizations. This document includes both uniformed medical and dental personnel and civilian employees in the numbers and capabilities required and is associated with the Military Department's execution of operational and installation-specific medical functions outside of DHA MTFs/DTFs. Military Service manpower documents will include personnel not aligned to the DHA UMD.

(3) The DHA MTF/DTF UMD and Military Service manpower document will be reconciled a minimum of every 6 months of the calendar year, to include at least one reconciliation after the President's Budget is released, to assess DHA MTF/DTF mission and capacity requirements against Military Department operational medical force readiness requirements, respectively.

c. DHP Uniformed Medical and Dental Personnel Authorization Management.

(1) The ASD(HA), in coordination with the Secretaries of the Military Departments, will manage military authorizations allocated to the DHP in accordance with the December 6, 2023 Deputy Secretary of Defense Memorandum.

(2) The ASD(HA), in coordination with the Secretaries of the Military Departments:

(a) May adjust military authorizations aligned to the DHP during the programming and budgeting processes. The annual DoD composite rate will be utilized as the standard transfer price for adjustments to military authorizations. The ASD(HA) and the Secretaries of the Military Departments have the authority to negotiate a transfer price that differs from the annual DoD composite rate.

(b) May alter the mix and specialty of officer and enlisted personnel by transferring officer and enlisted authorizations to or from the Military Departments in return for total obligation authority (TOA) at the applicable transfer prices.

(c) Will coordinate DHP adjustments with affected DoD and OSD Components that do not result in an increase or reduction in military authorizations or a change in the mix of officer and enlisted personnel.

1. DHP adjustments that result in a shift of military authorizations on the same Military Department service support program element (PE) must be documented in a

memorandum of agreement (MOA), in accordance with DoDI 4000.19. No corresponding adjustments in TOA will be required.

2. DHP adjustments that result in a shift of military authorizations from one Military Department service support program element (PE) to a different service support PE must be documented in a MOA, in accordance with DoDI 4000.19. No corresponding adjustments in TOA will be required.

3. DHP adjustments that do not result in a shift of military authorizations on a Military Department service support PE to another service support PE in the same Military Department do not have to be documented in a MOA.

(3) Military Department-initiated reorganizations, transformation initiatives, and military-to-civilian conversions that adjust military authorizations aligned to the DHP will be tied to a corresponding adjustment in TOA at the applicable transfer price. All Military Department-initiated adjustments to DHP military authorizations must be approved by the ASD(HA) and documented in a MOA, in accordance with DoDI 4000.19.

(a) Secretary of Defense-directed mission transfers between DHP and the Military Departments necessitating an adjustment in DHP military authorizations will require only a transfer of military authorizations. Unless specifically directed by the Secretary of Defense, no corresponding adjustment in TOA will be required.

(b) The annual DoD composite rate will be used as the standard transfer price for adjustments in military authorizations. The ASD(HA) and the Military Departments have the authority to negotiate a transfer price that differs from the annual DoD composite rate, provided that all military authorization adjustments aligned to the DHP are documented in MOAs.

(c) The Secretaries of the Military Departments will record agreements in a signed MOA, in accordance with DoDI 4000.19. The MOAs will be submitted in time to be reflected in the Military Department's POM and budget estimate submissions and in accordance with published DoD program and budget review guidance.

1. All manpower issues will be resolved according to established MHS governance policies and procedures.

2. If consensus cannot be reached on a proposed change and a MOA cannot be executed, the ASD(HA) or Secretary of the concerned Military Department may submit an issue proposal following the President's Budget request procedures and timelines.

(4) The Secretaries of the Military Departments are responsible for reporting their prior-year actual DHA-allocated authorizations in the Next Generation Resource Management System as part of the annual end-of-Fiscal-Year reporting according to issued Program/Budget Review Guidance timelines.

(5) The Secretaries of the Military Departments will update the Director of Cost Assessment and Program Evaluation and Under Secretary of Defense (Comptroller)/Chief

Financial Officer, Department of Defense on current-year DHA-allocated authorization execution detailing actual allocations through mid-year and projected allocations through the end of the fiscal year as part of the Fiscal Year Mid-Year Execution Review according to provided timelines.

4. ASSIGNING UNIFORMED MEDICAL AND DENTAL PERSONNEL.

a. Categorization of Military Billets and Assignment to DHA MTF/DTFs.

(1) DHA MTF/DTF Assigned Uniformed Medical and Dental Personnel. This category includes all uniformed medical and dental personnel assigned on orders to a DHA MTF/DTF, to include a subset who are also aligned with an operational billet. Generally, personnel will be assigned to the MTF/DTF on orders to the MTF/DTF for 36 months.

(a) Evaluations: The Director, DHA and the Secretaries of the Military Departments will develop a performance evaluation process within 180 days of the date of this DTM and maintain such performance evaluation process for assigned personnel.

(b) Orders: Uniformed medical and dental personnel will be assigned to the DHA MTF/DTF on orders to the DHA MTF/DTF pursuant to the respective Military Departments' permanent change of station orders process.

(c) Accessibility:

1. The Director, DHA and the Secretaries of the Military Departments will develop notification timelines to provide standardized awareness of availability of uniformed medical and dental personnel assigned on order to a DHA MTF/DTF and enable the DHA and Military Departments to best ensure stability of staffing at the DHA MTFs/DTFs to render patient care.

2. The dual-hatted DHA MTF/DTF director or Service commander will have discretion and delegated authority to balance health care delivery and career-enhancing opportunities when approving temporary additional duty and temporary duty.

(2) Military Service-assigned Uniformed Medical and Dental Personnel. This category includes uniformed medical and dental personnel in billets with specific validated and funded operational and training requirements identified by the Secretaries of the Military Departments. Personnel assigned to these authorizations fall under the command and control of their unit or command and are referenced as borrowed military manpower or operational medical forces as noted in subsequent business rules.

(a) The Military Department chain of command and the Service commander exercise administrative control of uniformed medical and dental personnel who perform duties at DHA MTF/DTF facilities.

(b) Evaluations: The Military Services will utilize existing performance evaluation schemes for assigned personnel, updated as appropriate to reflect the requirements of this issuance.

(c) Orders: Uniformed medical and dental personnel will be assigned to Military Service operational units, pursuant to the respective Military Departments' permanent change of station orders process. These assignments constitute validated Military Service requirements.

(d) Accessibility:

1. Military Service commanders will have discretion and authority to balance the Military Service missions with ability to support DHA MTF/DTF operations. Availability of such uniformed medical and dental personnel to the DHA MTF/DTF will be determined by the operational mission. The amount of expected use within the DHA MTF/DTF for these personnel will be developed by the Director, DHA and the Secretaries of the Military Departments to provide maximum predictability for both the uniformed medical and dental personnel and the DHA MTF/DTF.

2. These uniformed medical and dental personnel may not be able to meet all DHA MTF/DTF policy requirements due to their operational responsibilities. Such requirements include, but are not limited to, opening schedules for booking several months in advance and the number of enrolled patients to a provider.

3. Uniformed medical and dental personnel working in the DHA MTF/DTF will follow all DHA clinical quality management policies. Uniformed medical and dental personnel will adhere to applicable DHA clinical and administrative guidelines to ensure a consistent standard of care. The Director, DHA exercises operational control over such personnel when they provide health care services in DHA MTFs/DTFs.

b. Accountability. The desired outcome of this directive-type memorandum is to provide a holistic view of the entire DHA MTF/DTF workforce (i.e., uniformed, civilian employees, and contractor personnel), assess risk, and identify future actions to mitigate risk and optimize the direct care system.

(1) The Director, DHA, in coordination with the Secretaries of the Military Departments, will conduct a periodic assessment and report the number of Military Service manpower hours executed in a DHA MTF/DTF compared to planned manpower and the resources required, to mitigate any Military Service manpower shortfall and measure and report Military Service performance to the ASD(HA). The metrics included in the report will be identified in business rules established by the ASD(HA).

(2) The Director, DHA is accountable for periodic reporting on DHA civilian employee hiring to the USD(P&R) and the Secretaries of the Military Departments through the ASD(HA) at least quarterly. The Director, DHA is accountable for the effective and efficient use of their total workforce (i.e., uniformed, civilian employee, and contractor personnel) to carry out the DHA's assigned missions.

(3) The Secretaries of the Military Departments will review each report and, in coordination with the Director, DHA, provide mitigation strategies for identified gaps to include adjustments to personnel and budgetary resources.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHP	Defense Health Program
DoDI	DoD instruction
DTF	dental treatment facility
DTM	directive-type memorandum
FYDP	Future Years Defense Plan
MHS	Military Health System
MOA	memorandum of agreement
MTF	military medical treatment facility
PE	program element
POM	program objective memorandum
TOA	total obligation authority
UMD	unit manning document
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
administrative control	Direction or exercise of authority over subordinate or other organizations in respect to administration and support. Applies to uniformed medical and dental assigned on official military assignment orders to a DHA MTF/DTF. Administrative control constitutes the delivery of routine Military Department administration and support functions (e.g., leave, promotion, family care plans) and exercising authority over such uniformed medical and dental personnel for purposes of applying Chapter 47 of Title 10, United States Code (also known as the “Uniform Code of Military Justice”) and other disciplinary and adverse administrative actions.

TERM	DEFINITION
allocation	A funded authorization.
annual DoD composite rate	Provides the timeliest, grade specific estimate of the economic cost of a military billet. It includes the basic pay, retirement pay accruals, basic allowance for housing, basic allowance for subsistence, incentive and special pays, permanent change of station pay, miscellaneous pay, and the Medicare-Eligible Retiree Health Care normal cost contribution. The annual DoD composite rate is established by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, in accordance with provisions of Volume 11A, Chapter 6, Appendix G of DoD 7000.14-R.
aligned	The steps taken to ensure the requirements and authorizations on the DHA manning document are in-line with the positions on the Military Service manpower document. Military Service manpower positions aligned to DHA manning document positions are not duplicative and a single Service member will fill both positions.
assignment	Placement of personnel on orders to DHA MTFs/DTFs where such placement is relatively permanent for the length of the assignment and where serving at the DHA MTF/DTF is their primary duty. The Director, DHA exercises operational control over such personnel for the primary duties for which they are assigned.
authorization	Total strength authorized by law for internal Military Service applications only. This includes the sum of personnel in the force structure and individuals accounts. Synonymous with “manpower authorizations.”
billet or position	Defined in DoDI 7730.64.
clinical readiness	Clinical practice that is relevant to a provider or provider team’s ability to perform their assigned deployed role. This would include MTF-based practice as well as clinical experience gained through partnerships. Also included are relevant medical education, licensure, and privileging for providers and team members.
exigent circumstances	An emergency requiring swift action to prevent imminent danger to life or operational mission failure that cannot wait to undergo the normal Secretary of a Military Departments’ defined validation process to identify and notify the Director, DHA of operational and training requirements.

TERM	DEFINITION
funded	Defined in DoDI 7730.64.
manning	The process of staffing requirements with trained personnel, which can include military, civilian employee, or contractor resources.
manpower	Defined in DoDI 1120.11.
Military Service duties	Those duties performed by uniformed medical and dental personnel assigned on-orders to a DHA MTF/DTF that do not fall under the authority, direction, and control of the Director, DHA that prevents the uniformed medical or dental personnel from providing the programmed level of support to DHA.
MHS governance	A governance process composed of three councils, one board, one joint body, various focus councils, and working groups as established. The Military Health System Executive Review, chaired by the USD(P&R), is the highest-level body of MHS governance.
MTF	Any fixed facility of the DoD that is outside of a deployed environment and used primarily for health care, including dental care; and any other location used for purposes of providing health care services as designated by the Secretary of Defense.
MTF/DTF director and Service commander	As a general rule, at each MTF there will be a single Military Service officer who will be dual-hatted as the MTF/DTF director and the Service commander. For ease of reference, this dual-hatted officer will be referred to as the “MTF director” except when acting solely in their capacity as Service commander, in which case, the officer will so state and will execute documents and issue direction with the title of “Service commander.”
on orders	The technical process by which the Secretary of a Military Department places military personnel on official military assignment orders to a Service manpower document position, which is both a required and authorized position, and is aligned to a requirement and authorization on the DHA’s UMD, with a memorandum entry denoting the alignment. The primary mission of military personnel on orders is to work in the DHA MTF/DTF under the authority, direction, and control of the Director, DHA, while receiving administrative control from the Secretary of the Military Department concerned.
requirement	Defined in DoDI 7730.64.

TERM	DEFINITION
transfer price	The standard rate for military authorizations adjustments that are based on the annual DoD Composite Rate.
UMD	The DHA's manpower document that identifies the positions, and enumerates the requirements, that have been validated by the Director, DHA for the DHA MTF/DTF for a specific fiscal year (authorization year), and authorized through coordination with the Secretaries of the Military Departments for planning and programming purposes for the 4 subsequent fiscal years (program years), with a memorandum entry aligning the requirement and authorization to an aligned position on the Military Service manpower document.
validated operational and training requirement	An operational or training requirement established pursuant to a Secretary of a Military Department's defined validation process.