

UNDER SECRETARY OF DEFENSE

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JUN 15 2018

MEMORANDUM FOR UNDER SECRETARY OF THE ARMY
UNDER SECRETARY OF THE NAVY
UNDER SECRETARY OF THE AIR FORCE
VICE CHIEF OF STAFF, ARMY
VICE CHIEF OF NAVAL OPERATIONS
VICE CHIEF OF STAFF, AIR FORCE

SUBJECT: Zero-Based Review of Military Department Medical Manpower

I recently directed the establishment of cross-Service manpower teams to conduct a zero-based review of the current and future state requirements of Defense Health Agency (DHA) Headquarters activities. This review is critical to the successful implementation of section 702 of the National Defense Authorization Act for Fiscal Year 2017 (NDAA for FY17). It is equally important to ensure that each Military Department's medical force is assessed and refined to comport with the 702 construct and associated requirements.

In the next 30 days, OSD CAPE will launch a Medical Manpower Working Group, cochaired by OUSD(P&R). The Working Group is convening in advance of FY20 Program Budget Review to undertake the hard work required to bring to fruition the mandate established by section 721 of the NDAA for FY17—a single process by which to define the military medical and dental personnel requirements necessary to meet operational medical force readiness requirements.

In addition, the Working Group will determine the appropriate manning of all "above MTF" level medical activities in the Military Departments, identify additional medical functional areas requiring manpower review and analysis, review and validate the results of the cross-Service manpower teams' assessment of DHA Headquarters activities, and undertake other reviews and analyses as may be required to identify and fund a properly sized and ready medical force, well postured to meet and support operational demands.

To ensure that the Working Group has access to the comprehensive data sets it will require to make meaningful recommendations, I request that each Military Department begin now to conduct a zero-based review of its "above MTF" level medical manpower activities and requirements, as they will exist on completion of 702 implementation. Request that leadership of the review vest in Military Service operational experts to ensure the primacy of warfighting readiness considerations and neutral optics; medical manpower specialists and other medical personnel and staff should be engaged to provide subject matter expertise, as may be requested by the operational lead.

To facilitate our efforts, I have tasked the 702 Transition Team to develop a list of capabilities and functions expected to be performed at "702 end state" by DHA and the Military Department Medical Commands, respectively.

Review of preliminary DHA and Military Department 702 submissions to date reveals the need to delineate clear parameters to inform our requirements determinations going forward. The defined "702 end state" from which these parameters will draw will incorporate the terms of statutes presently in force, relevant memoranda issued by the OUSD(P&R), and applicable Reform Management Group decisions. Reliance on comprehensive, unambiguous criteria will facilitate the accuracy, consistency, and complementarity of DHA and Military Department reviews and analyses, while minimizing gaps and seams. The totality of our reviews will guide the Working Group's efforts to determine with greater certainty the medical manpower requirements needed to comprise our most effective and efficient medical force.

With a view to informing the Medical Manpower Issue Team and the ensuing FY20 Program Budget Review, please submit the final report of your Military Department's zero-based review no later than September 1, 2018.

Thank you for your continued support of this challenging effort. Should you have any questions or concerns, please do not hesitate to reach out to me personally.

Robert L. Wilkie

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cc:

Chief Management Officer
Director, Cost Assessment and Program Evaluation
Director of the Joint Staff
Assistant Secretary of Defense for Health Affairs
Director, Defense Health Agency