



DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

OCT 31 2022

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Implementation of Public Health Reform of the Military Health System

This memorandum directs implementation of the Military Health System (MHS) organizational reform required by 10 U.S.C. § 1073c, as amended. Effective immediately, the Department is taking the next significant steps toward making the Defense Health Agency (DHA) responsible for the operations of Public Health Centers and public health programs, further integrating the public health capabilities of the Armed Forces.

The DoD policy for the MHS continues to be guided by the aim of improved readiness, better health, better care, and lower cost. The Department will advance these objectives through specific organizational reforms directed by Congress.

To accomplish these important Department objectives, I direct the following:

- Authority, direction, and control over the Public Health Centers identified in 10 U.S.C. § 1073c(e)(2), and the public health programs listed in the attachment, are transferred to DHA.
- The Director, DHA, has authority to carry out all responsibilities assigned by law and applicable DoD policy associated with the Public Health Centers and public health programs described in this memorandum. The Director, DHA, is responsible for meeting applicable public health requirements determined by the senior military operational commander of the military installations supported by these Public Health Centers and public health programs.
- During Fiscal Year 2023, the Secretaries of the Military Departments and the Director, DHA, shall enter into direct support agreements as the Director determines necessary to ensure the operation of these organizations and programs continues in an efficient and effective manner during the transition of capability and resources from the Military Departments to DHA.
- Effective immediately, the Director, DHA, will be afforded full access to all data, information, documentation, and other like matter relating to Public Health Centers and public health programs transferring to DHA. Examples include funding (planning, programming, budgeting, and execution); operational functions (contracting, partnerships, accreditation, administration, and other operations); and any other mission, function, or activity materials. Such access rights and privileges will be interpreted broadly, with a view to maximizing the ability of DHA and the Military Departments to plan for and execute the present and future transitions. For



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continued direct support activities provided by the Military Departments or non-transitioning entities via applicable agreements, information will be requested through, and provided by, the Military Department and/or the requested organization, at the level of fidelity needed for planning purposes.

- The Director of Administration and Management will update DoD Directive 5136.13, "Defense Health Agency," consistent with the law and this memorandum, no later than October 1, 2023.

A handwritten signature in black ink, appearing to read "Kathleen A. Hill". The signature is fluid and cursive, with the first name "Kathleen" written in a larger, more prominent script than the last name "Hill".

Attachment:  
As stated

**Attachment – Public Health Activities and Programs of the Department of the Air Force  
Transferring to the Defense Health Agency Authority, Direction and Control effective on the  
date of the signed memorandum**

United States Air Force School of Aerospace Medicine (USAFSAM)

1. The USAFSAM Commander – In accordance with the Interim Implementation Plan for Phase 1, signed by the Undersecretary of Defense for Personnel and Readiness on March 14, 2022, the USAFSAM Commander will serve in a dual-hatted<sup>1</sup> position as the DHA Director of USAFSAM Public Health programs with direct authority of the public health functions to be transferred to the DHA Public Health, while in the commander role maintaining current direct authority over the functions to be retained by the Department of the Air Force.
2. Occupational Environmental Health Department and the following subordinate divisions:
  - a. Laboratory Services Division and all subordinate branches/sections/offices/activities;
  - b. Occupational and Environmental Health Consultative Services Division and all subordinate branches/sections/offices/activities; and
  - c. Technical Operations Division and all subordinate branches/sections/offices/activities.
3. Public Health and Preventive Medicine Department office and the following subordinate divisions:
  - a. Public Health Epidemiology Reference Laboratory Division and all subordinate branches/sections/offices/activities;
  - b. Applied Technology and Genomics Division and all subordinate branches/sections/offices/activities; and
  - c. Epidemiology Consult Service Division and all subordinate branches/sections/offices/activities.

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<sup>1</sup> “A dual-hat position is one in which the incumbent officer has responsibilities to both that officer’s Military Service and a joint, combined, or international organization or activity. An example would be an officer with duties both in a CCMD and one of its Military Service component commands. If the Service component command carries the position as its authorization, the joint command will reflect it as unfunded in the Joint Table of Distribution (JTD) and the incumbent is not eligible for joint duty credit as an S-JDA.” (Source: Enclosure D, Paragraph 2.b.(6) of CJCSI 1330.05B, “Joint Officer Management Program Procedures” (6 July 2020)).