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

PERSONNEL AND
READINESS

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

DEC 05 2023

Dear Mr. Chairman:

The Department's response to section 746 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117–263), "Reports on Composition of Medical Personnel of Each Military Department and Related Matters," is enclosed.

The report provides the number and description of medical positions above grade O-6 and the number of medical personnel below grade O-7. The report indicates that the Department of Defense does not plan to reduce or eliminate medical general or flag officer positions. The Department also provides a recommendation for the number of positions above the grade of O-6, an assessment of the Medical Officer of the Marine Corps, and an overview of how authorizations are validated against military requirements. Summaries of current position descriptions for senior medical officers above the grade of O-6 assigned to the Military Departments are provided and organized in the report by Military Department in addition to the overview.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

[redacted]

Ashish S. Vazirani
Acting

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member

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

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

DEC 05 2023

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Sincerely,

Ashish S. Vazirani
Acting

Enclosure:
As stated

The Honorable Adam Smith
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives

Reports on Composition of Medical Personnel of Each Military Department and Related Matters

December 2023

The estimated cost of this report or study for the Department of Defense is approximately $64,000 for the 2023 Fiscal Year. This includes $0 in expenses and $64,000 in DoD labor.

Report/Study Cost Estimate B-AE76976

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Executive Summary

The Department of Defense (DoD) submits this report in response to section 746 of the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 (Public Law 117–263) on the composition of medical personnel in each Military Department and related matters. This report provides the number and description of medical positions above grade O-6; the number of medical personnel below grade O-7; and any plans to reduce positions. It also provides a recommendation for the number of positions above the grade of O-6; an assessment of the Medical Officer (TMO) of the Marine Corps position; and an overview of how authorizations are validated against military requirements.

In FY 2022, across the Active Component there were 36 officers above grade O-6; 35,851 officers below grade O-7; 144 warrant officers; and 72,121 enlisted members. In the Reserve Components, there were 22 officers above grade O-6; 22,173 officers below grade O-7; 50 warrant officers; and 47,814 enlisted members. In accordance with the section 741 of the NDAA for FY 2023, any planned medical reductions are on hold through FY 2027 pending further review and subsequent approval. DoD does not plan to reduce or eliminate medical general or flag officer positions.

In general, casualty flow estimates and operational requirements determine DoD's Active and Reserve Component medical manpower authorizations and force mix. Military Departments validate manpower to military requirements using operational plans (OPLANS), although there is a concerted effort underway to move towards dynamic, scenario-based models to better estimate casualty flows from theater to improve decision making precision for medical force structure.

1.0 Introduction

This report fulfills the requirement to provide a report to the Committees on Armed Services of the Senate and the House of Representatives on the DoD's medical force composition, namely the number and description of medical positions above grade O-6 (i.e., general officers and flag officers); the number of medical personnel below grade O-7; and any plans to reduce medical general officer and flag officer positions. DoD also provides a recommendation for the number of positions above the grade of O-6; an assessment of the TMO of the Marine Corps position; and an overview of how authorizations are validated against military requirements.

The Military Health System (MHS) ensures medically ready forces, trains, and sustains ready medical forces and delivers care to over 9.6 million TRICARE beneficiaries. The MHS delivers care worldwide at military medical treatment facilities (MTFs) and through the TRICARE Health Plan private sector care network.

The data and findings in this report relate primarily to active duty medical personnel within the Army, Navy, and Air Force, although some are assigned to joint agencies and organizations. The Navy provides medical forces to the Marine Corps, and the Air Force provides medical support to the Space Force.

2.0 Military Medical Personnel Composition

In accordance with Department of Defense Instruction 6000.13, "Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs)," December 30, 2015, as amended, the Defense Manpower Data Center establishes and maintains the Health Manpower and Personnel Data System (HMPDS) – a centralized database of assigned health care personnel authorized positions or billets and end strength by FY. The HMPDS is the primary DoD source for health care personnel data and is used when providing data to organizations outside an individual Military Department.

As such, the medical force composition described herein as required by section 746 of the NDAA for FY 2023, comes primarily from the most recent HMPDS annual report for FY 2022. The HMPDS measures authorizations and end strength, not assignment or clinical availability.

Component and Grade	Army	Navy	Air Force
Active Duty Officers > O-6	18	8	10
Active Duty Officers < O-7	14,891	10,146	10,814
Active Duty Warrant Officers	144	-	-
Active Duty Enlisted Members	29,271	24,611	18,239
Reserve Component Officers > O-6	16	5	1
Reserve Component Officers < O-7	14,093	2,266	5,814
Reserve Component Warrant Officers	50	-	-
Reserve Component Enlisted Members	28,068	4,158	10,831

Table 1 – U.S. Military Medical End Strength Composition in FY 2022 by Component and Grade, including those considered training.

General officers and flag officers command or direct large units with significant responsibilities, including some of the military's most robust, advanced medical facilities, manage complex health programs, and ensure the efficient and effective fulfillment of medical requirements. These senior officers also provide Service-unique military medical, public health, and other such advice and expertise to their Military Department leadership and to the policymakers in the Office of the Secretary of Defense. The Director, Defense Health Agency (DHA) and Joint Staff Surgeon are both a general officer or flag officer at the O-9 and O-8 grade, respectively. The Military Departments recommend officers for these Joint positions for subsequent review, approval, nomination, and confirmation.

Current authorizations of general officers and flag officers are disaggregated by Military Department and component, fill rate, and any specific medical or health related specialty requirements and are described in sections 5.0-7.0 of this report. Each position is named by title with a summary of duties and span of control (e.g., current grade and highest grade filled within the past 10 years), and geographic location.

Between FY 2012 and 2023, some executive level military positions were eliminated or were downgraded by one grade due in large part to the Department-wide reduction in general officers and flag officers, changes to mission, and operational tempo. By and large, the duties for downgraded positions were subsumed by another general officer or flag officer, or the span of

control no longer warranted a senior officer when balancing senior officer resources across the whole DoD. Section 502 of the NDAA for FY 2017 removed statutory grade requirements for many general officer and flag officer positions, affording each Military Department more decision space to make force structure decisions. Today, there are three medical positions encumbered by O-9 general officers: the Director, DHA; Surgeon General of the Army; and Surgeon General of the Air Force. There are no medical billets greater than O-9.

Senior medical leadership fill rates are dynamic, subject to funds, nomination, and confirmation. Currently, 2 out of the 14 active duty positions and none of the Reserve Component positions were unfilled in the Army; 6 out of the 11 active duty positions and 4 out of the 5 Reserve Component positions were unfilled in the Navy; and all positions were filled in the Air Force.

Over the past 10 years, the number of medical positions above the grade of O-6 in the Army decreased from 15 to 14 for the Active Component and increased to 14 in the Reserve Components, including 12 in the Army Reserve and 2 in the Army National Guard:

- In 2017, the positions of Chief of the Veterinary, Dental, Nurse, and Medical Corps were downgraded one grade;
- In 2022, the Deputy Chief of Staff, Amy Medical Command, G1/4/6, position was downgraded to O-6; and
- In 2023, the Director, Brooke Army Medical Center, position was downgraded from O-7 to O-6.

Over the past 10 years, the number of medical positions above the grade of O-6 in the Navy decreased from 16 to 11 for the Active Component and remained at 5 in the Reserve Component:

- In 2013, the Fleet Forces Command Fleet Surgeon position was eliminated;
- In 2014, the Deputy Chief, Bureau of Medicine and Surgery (BUMED) for Readiness and Health position was upgraded from O-7 to O-8;
- In 2014, the Fleet Surgeon, U.S. Pacific Fleet (USPACFLT), position was downgraded to O-6;
- In 2015, the Joint Forces Component Command Medical Surgeon position was eliminated;
- In 2015, Command Surgeon, NATO Supreme Allied Commander Transformation, position was downgraded to O-6;
- In 2017, the Deputy Surgeon General for Reserve Policy and Integration position was upgraded from O-7 to O-8;
- In 2017, the BUMED Chief of Staff position was downgraded to O-6;
- In 2019, Director, Capital Medical Directorate, position was eliminated;
- In 2020, the Director, OPNAV N44, position was eliminated;
- In 2022, the Reserve Deputy Director position was eliminated; and
- In 2022, the Assistant Fleet support position was eliminated.

Over the past 10 years, the number of medical positions above the grade of O-6 in the Air Force decreased from 12 to 9 for the Active Component and decreased from 4 to 1 in the Reserve Components over the past 10 years:

- In 2014, the Commander, Air Education and Training Command (AETC), Medical Center Hospital and Clinics, position was downgraded to O-6; and

- In 2017, the Medical Commander for the Air Force District of Washington position was downgraded to O-6.

The Military Departments do not plan to increase or reduce the number of active duty or Reserve Component general or flag officer positions (> O-6). Each Military Department continually models force structure to develop requirements for general officers and flag officers, including complexity of programs and span of control. Any future determinations will be informed by global medical risks and take place through the planning and programming processes.

The DoD does not recommend increasing the number of medical general officers in the Army and Air Force at this time. If unconstrained by statutory grade limitations, the Department of the Navy would reinstate the position of Surgeon General to O-9 and increase the number of flag officers by three to place the Navy at parity with the Army and the Air Force.

There are medical general officers and flag officers assigned outside of their respective Military Department, notably to the Joint Staff and DHA; there are no general officers or flag officers assigned to the Assistant Secretary of Defense for Health Affairs. The Assistant Secretary of Defense for Health Affairs liaises, coordinates, and consults with general officers and flag officers assigned to the Military Departments routinely through formal MHS governance and on an ad hoc basis when specific questions or issues arise. These assignments are made to provide the appropriate level of command given current requirements.

Position Title	Service	Assigned to	Grade
Director, Defense Health Agency	Army	Defense Health Agency	O-9
Director, Small Market and Stand Alone Military Treatment Facility	Army	Defense Health Agency	O-8
Director, Research and Development	Army	Defense Health Agency	O-7
Deputy Surgeon and Director, Joint Reserve Medical Readiness Operations and Affairs	Army	Joint Staff	O-7
Director, Office of the Joint Surgeon General	Army	National Guard Bureau	O-8
Director, National Capital Region	Navy	Defense Health Agency	O-8
Joint Surgeon General	Air Force	Joint Staff	O-8
Director of Staff	Air Force	Defense Health Agency	O-7

Table 2 – General Officers and Flag Officers (> O-6) assigned outside their respective Military Department or to non-medical billets.

The Military Departments will not reduce FY 2022 medical end strength in accordance with the section 741 of the NDAA for FY 2023, "Limitation on Reduction of Military Medical End-Strength: Certification Requirements and Other Reforms."

3.0 The Medical Officer of the Marine Corps

Downgrading TMO of the Marine Corps position to O-6 would diminish the ability to advocate for and protect unique Marine Corps equities and mission requirements during interactions with senior MHS and Joint Staff officials. Assigning a Navy flag officer to this position, as is the current practice, provides appropriate and consistent advocacy and guidance to deliver health services that meet the unique needs of Marines. An O-6 would not have the political clout necessary to maneuver among flag grade officers to effectively deliver solutions nor the ability to deliver the same level of support.

Should the TMO position be eliminated, the Navy would lose its flag advocate for Marine Corps-specific health services concerns. Flag officer engagement and articulation of Marine Corps-specific positions on medical issues in flag-level discussions across the joint force would be lost. Staff engagement and advocacy in support of Marine Corps health and medical concerns would no longer be directly tied to Headquarters, Marine Corps, and could place the Marine Corps at a disadvantage when competing for resources.

Without a flag officer TMO, the Marine Corps would not be able to advocate for the specific medical requirements necessary to maintain the unique operational tempo of the Marine Corps. Currently, TMO, an O-8, successfully advocates for and prioritizes medical readiness for assigned Navy medical support and ensures that health services are readily available to reduce the prevalence of deployment-limiting medical conditions. Reducing the TMO position to O-6 would limit development of leaders within the Fleet Marine Force Health Services; create difficulties prioritizing critical skills sustainment against other competing readiness requirements; and lose engagement at multiple echelons on standardizing quality throughout the Marine Corps' operational forces (e.g., privileging and credentialing, ensuring best practices in resuscitation, patient movement, and contested medical logistics). Additionally, advocacy for policies which maintain medically ready forces (deployability, screening and selection, etc.) could be reduced.

4.0 Manpower Requirements Process

The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) issues policy to guide manpower requirements development through Department of Defense Directive 1100.4, "Guidance for Manpower Management," February 12, 2005. The USD(P&R) prescribes processes for determining whether a particular position should be military or civilian in Department of Defense Instruction 1100.22, "Policy and Procedures for Determining Workforce Mix," April 12, 2010, as amended.

The Military Departments develop manpower requirements first and foremost based on sets of OPLANS aligned to the National Defense Strategy. The Military Departments also model manpower requirements for force generation and force support, such as health care delivery in MTFs and medical support to line units. There is an effort underway to move towards dynamic, scenario-based planning. Such scenarios would better identify the overlap and time-phasing of medical requirements.

Authorizations are identified and validated annually through the Joint Requirements Oversight Council and Planning, Programming, Budget Execution Process. Each Military Department's medical manpower requirements are determined by identifying the type and level of medical personnel needed to provide the approved, required capabilities. Each manpower requirement aligns to specific duties, tasks, and functions to be performed, as well as to the specific skill level required to perform the delineated functions based on workload and demand.

5.0 Conclusion

This report provides the number and description of medical positions above grade O-6; the number of medical personnel below grade O-7; and any plans to reduce positions. DoD described any plans to reduce or eliminate medical positions above the grade of O-6; an assessment of the TMO of the Marine Corps position; and an overview of how authorizations are validated against military requirements.

In accordance with section 741 of the NDAA for FY 2023, any planned medical reductions are on hold through FY 2027 pending further review and subsequent approval. DoD does not plan to reduce or eliminate medical general officer or flag officer positions.

In general, casualty flow estimates and operational requirements determine DoD's Active and Reserve Component medical manpower authorizations and force mix. The Military Departments validate manpower to military requirements using OPLANS, although there is a concerted effort underway to move towards dynamic, scenario-based models to better estimate casualty flows from theater to improve decision making precision for medical force structure.

6.0 Department of the Army Assigned General Officer Position Details

Component	Grade	Vacancy	Position Title	Geographical Location	Requires medical occupational or health related specialty	Summary of responsibility and span of control
Regular Army	LTG	No	The Surgeon General, United States Army/Commanding General, United States Army Medical Command	Falls Church, VA	No	Serves as the principal advisor to the Secretary of the Army and the Chief of Staff of the Army on all health and medical matters of the Army, including strategic planning and policy development relating to such matters; chief medical advisor of the Army to the Director, DHA on matters pertaining to military health readiness requirements and safety of members of the Army; acting under the authority, direction, and control of the Secretary of the Army, shall recruit, organize, train, and equip, medical personnel of the Army.
Regular Army	MG	No	Deputy Surgeon General, United States Army	Falls Church, VA	No	Provides direction to the leadership of four Medical Readiness Commands; monitors healthcare delivery platforms and systems supporting the Army's readiness; oversees performance reviews and establishes metrics to ensure a medically ready force and ready medical force prepared for combat operations; enables synchronization between Army Service Component Commands and other stakeholders; fiscal oversight of an $1B operating budget.
Regular Army	MG	No	Commanding General, United States Army	Joint Base San Antonio, TX	No	Responsible for designing, training, educating, inspiring, and developing a medical force capable of prompt and sustained expeditionary

			Medical Center of Excellence			health services across the full range of military operations and spectrum of conflict. Serves as the primary agent and principal advisor to The Surgeon General/Commanding General for education and training of the medical force. Develops, integrates, coordinates, implements, evaluates, and sustains training and training products for Active and Reserve medical forces worldwide; develops, integrates, analyzes, tests, validates, and evaluates concepts, emerging doctrine, medical systems, and doctrine and training literature; provides operational control of 2,420 personnel and fiscal oversight of $162M.
Regular Army	MG	No	Commanding General, 18th Medical Command (Deployment Support)/Command Surgeon, United States Army Pacific Command	Scofield Barrack, HI	No	Serves as the senior medical advisor to the Commanding General, U.S. Army Pacific. Coordinates health system support, medically sets the theater, improves interoperability with allies and partners, and executes theater medical command and control that enables Joint and Combined forces freedom of maneuver in the Indo-Pacific. Serves as Commanding General for the theater medical command responsible for providing command and control (C2) for the Army Health System, which includes Health Service Support and Force Health Protection, administrative assistance, and staff and technical assistance for assigned and attached medical units.
Regular Army	MG	No	Deputy Commanding General (Operations),	Falls Church, VA	No	Serves as the principal advisor to the Commanding General. Responsible for achieving mission, vision, and intent of a

		(Chief)	United States Army Medical Command			complex, integrated Army-wide health service system dispersed across five continents with over 150,000 employees, serving over 3.8 million beneficiaries in 37 medical centers, hospitals, public health activities/districts and hundreds of dental activities; assists in discharging mission command in a split-based headquarters staff.
Regular Army	BG	Yes	Deputy Commanding General (Support), United States Army Medical Command	Joint Base San Antonio, TX	No	Serves as the principal advisor to the Commanding General, responsible for achieving mission, vision, and intent of a complex, integrated Army-wide health service system dispersed across five continents with over 150,000 employees, serving over 3.8 million beneficiaries in 37 medical centers, hospitals, public health activities/districts and hundreds of dental activities; assists in discharging mission command in a split-based headquarters staff; maintains liaison with government/civilian health care organizations.
Regular Army	BG	No	Deputy Chief of Staff, Operations, United States Army Medical Command	Falls Church, VA	No	Serves as the mission command focal point for the Army's largest Direct Reporting Unit (DRU), a complex, integrated Army-wide health service system dispersed across five continents with over 150,000 employees, serving over 3.8 million beneficiaries in 37 medical centers, hospitals, public health activities/districts and hundreds of dental activities; conduct strategic and operational analysis resulting in healthcare plans and policy for Headquarters, Department of the Army (HQDA), Joint Staff, and providing Combatant Commands with medically ready Army forces; balance the complexities of a One

						Staff, serving as both HQDA staff and DRU; synchronizing the U.S. Army Medical Command's strategy, policies, plans, operations, and healthcare capabilities in order to enable the preeminent healthcare force in the world.
Regular Army	BG	No	Commanding General, United States Army Medical Research and Development Command and Fort Detrick	Fort Dietrick, MD	No	Serves as the Commanding General for a global medical life cycle management command encompassing medical research, product, and knowledge development; technology assessment and rapid prototyping; procurement; strategic and operational medical logistics and sustainment; and technology advisor to The Surgeon General. Directly responsible for six biomedical research laboratory commands including and research labs in Thailand, the Republic of Georgia and Kenya, and two additional commands focus on medical materiel advanced development and medical research and development contracting; leads a team of over 3,000 personnel and executes an annual budget of over $2B; serves as the Deputy for Medical Systems in the Office of the Assistant Secretary of Army for Acquisition, Logistics, and Technology and as the Senior Commander of Fort Detrick, MD; serves as the Responsible Official for the Secretary of the Army's Executive Agent role in the management and oversight of Biological Select Agents and Toxins within the DoD; the Medical Materiel Developer and Milestone Decision Authority; responsible for the conduct of biomedical research and technology and biomedical research regulatory

						compliance and quality, and the congressionally-directed medical research programs.
Regular Army	BG	No	Commanding General, Medical Readiness Command, East	Fort Belvoir, VA	No	Commands a geographic region dispersed in support of (ISO) U.S. Northern Command (USNORTHCOM), U.S. Southern Command (USSOUTHCOM), U.S. Army North (USARNORTH), and U.S. Army South (USARSOUTH) delivering a ready medical force and medically ready force in 26 states/territories with 2 Medical Centers, 4 Community Hospitals, 15 clinics, 1 Drug Testing Laboratory, a Dental Center (comprised of 23 Dental Activities) and Public Health Directorate (comprised of 4 geographic districts); supports 12 Active Component/Reserve Component training sites and coordinates; leads a team of 2.5K personnel and executes an annual budget of $173M; overseas the health service support for continuity of operations program; synchronizing operational healthcare ISO 1 Corps, 4 Divisions, Brigade-level line commands, along with multiple combat support hospitals (CSHs) and COMPO 3 hospitals; providing strategic and operational analysis of the Army Health System across the Army.
Regular Army	BG	No	Commanding General, Medical Readiness Command, Pacific//Deputy Director, Defense Health Region Agency Indo-Pacific,	Scofield Barracks, HI	No	Commands the Army's largest geographically dispersed region ISO U.S. Indo-Pacific Command (USINDOPACOM), U.S. Army Pacific (USARPAC), United States Forces Korea, and United States Forces Japan delivering a Ready Medical Force and a Medically Ready Force in 10 countries and 4 States, and an annual

			Defense Health Agency			budget of $70M; synchronizing operational healthcare ISO USARPAC and 1st Corps campaign objectives in peacetime and crisis, providing strategic and operational analysis of the Army Health System across the USINDOPACOM area of responsibility (AOR). Serves as the Deputy Director, Defense Health Region Agency Indo-Pacific comprised of 47 facilities caring for 750K beneficiaries spanning 5 States, territories, and countries.
Regular Army	BG	No	Commanding General, Medical Readiness Command, West/Director, Small Market and Stand Alone Military Treatment Facility Organization	Joint Base San Antonio, TX	No	Commands a geographic region dispersed ISO USNORTHCOM, USSOUTHCOM, USARNORTH, and USARSOUTH delivering a ready medical force and medically ready force in 32 states/territories with 3 Medical Centers, 5 Community Hospitals, 4 clinics, a Dental Center (comprised of 12 Dental Activities and Information Center) and Public Health Directorate (comprised of 2 geographic districts); leads a team of over 2K personal and executes an annual budget of $125M; synchronizing operational healthcare ISO 1 Corps, 4 Divisions, Brigade-level line commands, along with multiple CSHs; providing strategic and operational analysis of the Army Health System across the Army; serves as the Director of the DHA Small Market and Stand Alone Military MTF Office which is comprised of 17 small markets and 68 standalone facilities caring for 240,000 beneficiaries spanning 32 States and Guantanamo Bay.

Regular Army	BG	No	Commanding General, Regional Health Command-Europe/Command Surgeon, United States Army Europe-Africa/Director, Defense Health Region Agency Europe, Defense Health Agency	Sembach, Germany	No	Commands the second largest geographically dispersed region ISO U.S. European Command (USEUCOM), U.S. Central Command (USCENTCOM), and U.S. Africa Command (USAFRICOM) delivering a ready medical force and medically ready force in 9 countries including includes headquarters, 1 Medical Center; 1 Medical Department Activity, 9 Health Clinics, 1 Dental Center consisting of 13 Dental Activities; 1 Public Health Directorate consisting of 2 public health districts; leads a team of 3,000 personnel and executes an annual budget of $44M; synchronizing operational healthcare ISO U.S. Army Europe and Africa (USAREURAF) and U.S. Army Central (USARCENT) campaign objectives in peacetime and crisis, providing strategic and operational analysis of the Army Health System across the USAFRICOM, USCENTCOM, and USEUCOM AOR. Serves as the Director, Defense Health Agency Europe; provides medical and dental care along with serving as a Combat Support Agency across 45 treatment facilities within the Army, Navy, and Air Force across Germany, England, Spain, Italy, Greece, Belgium, Turkey, Romania, Bulgaria, and Bahrain to over 175K beneficiaries with a $420M annual budget and over 6,200 staff; maintains the only Role IV receiving facility for 3 Geographic Combatant Commands. Serves as Command Surgeon, USAREURAF principal advisor to the Commanding General,

						USAREURAF on medical readiness and force health protection; ensures effective operational integration and medical planning support for contingency operations, training, exercises, multinational security cooperation clinical subject matter exchanges, and humanitarian and disaster relief crisis management support; provides direct medical support to a total of 6 brigades, 1 Theater Support Command, 7 separate brigades, and a brigade-sized rotational force and a Division Mission Command Element; supports Joint Force Land Component Combatant Command planning and resourcing; executes oversight for strategic evacuation of wounded, ill and injured Service members for the USEUCOM, USAFRICOM, and USCENTCOM AORs.
Regular Army	BG	Yes, EDATE: SEP 23	Commanding General, 68th Medical Command (Deployment Support)	Sembach, Germany	No	Serves as Commanding General for the theater medical command responsible for providing C2 for the Army Health System, which includes Health Service Support and Force Health Protection, administrative assistance, and staff and technical assistance for assigned and attached medical units. As a theater enabling command, ensure C2, integration, synchronization, and execution of all AHS support operations within the area of operation; direct Health Services Support which includes providing medical C2, supervision of medical treatment and combat casualty care, MEDEVAC and medical regulating, hospitalization, clinical laboratory services, behavioral health/neuropsychiatric treatment, medical

						logistics and blood management, treatment of chemical, biological, radiological, nuclear, and high yield explosive patients, as well as the treatment aspects of preventive medicine and veterinary services; direct force health protection, including veterinary services for food inspection and animal care missions, medical surveillance, and occupational and environmental health surveillance, combat operational stress control, preventive dentistry, and laboratory services. Advise Army Service Component Command, surgeon, and other senior level commanders on the medical aspects of their operations; coordinate and integrate strategic capabilities from the sustaining base to units in the theater.
Regular Army	BG	No	Command Surgeon, United States Army Forces Command	Fort Liberty, NC	No	Serves as the principal medical advisor to the Army's largest command, comprised of over 800,000 multi-component Soldiers and Department of the Army civilian employees; provides subject matter expertise on all aspects of health service support; ensures the medical readiness of forces available for worldwide deployments in support of the combatant commands and Defense Support of Civil Authorities; leads the operating force's medical transformation initiatives and human dimension warfighting function; serves as the primary integrator for Army Medicine and the MHS; provides unit medical readiness guidance, including force health protection, behavioral health, human performance and optimization, and expeditionary medical equipment

						sustainment; builds partnerships with Joint Interagency, Intergovernmental, Multinational and Total Force stakeholders; manages the sustainment readiness model for units designated to deploy in support of the Combatant Commands, Prepare to Deploy Orders, Defense Security Cooperation Agency, the Global Response Force and emergent requirements, while synchronizing force modernization; provides technical expertise and advice for preparing the Total Force to meet Combatant Command medical requirements; operationalizes Army Total Force Policy. Leads healthcare policy development, coordinates and integrates clinical services, and provides medical training guidance; manages Modification Table of Organizational Equipment Assigned Personnel and medical personnel augmentation, coordinates personnel distribution, and synchronizes support to U.S. Army Forces Command; provides medical unit sourcing solutions, monitors medical readiness, and coordinates force health protection programs; provides direct support to Ready and Resilient Campaign, Comprehensive Soldier and Family Fitness, and Human Dimension work groups.
Army Reserve	MG	No	Commander (TPU), 3d Medical Command (Deployment Support)	Fort Gillem, GA	No	Provides C2, support, and technical supervision for over 7,300 Soldiers, in 90 units across 14 States, during garrison operations to prepare and provide trained and ready Soldiers and units to U.S. Army Reserve Command for

						mobilization; on order mobilize, deploy and redeploy forces to support our nation's defense anywhere in the world and, in particular, establish the 3d MC(DS) as the single medical enabler supporting USARCENT across the full spectrum of operations in the USCENTCOM area of responsibility while delivering operational medicine to U.S. Service members and other personnel in accordance with the Medical Rules of Engagement.
Army Reserve	MG	No	Commanding General (TPU), Army Reserve Medical Command	Pinellas Park, FL	No	Provides medical, dental, blood donor and veterinary services, as well as the medical professionals needed for Soldier Readiness Processing and Troop Medical Clinic operations at Mobilization Force Generation Installations located throughout the United States; leads over 8K Soldiers assigned more than 110 units designed as Medical Readiness Training Commands and Medical Readiness Support Groups; provides trained, equipped, medically proficient units and Citizen-Soldiers to meet global requirements across unified land operations.
Army Reserve	MG	No	Deputy Surgeon General for Mobilization and Readiness (IMA), Office of the Surgeon General	Falls Church, VA	No	As the Deputy Surgeon General for Mobilization Army Reserve Forces Policy Committee Member – Personnel Subcommittee; oversees the Readiness of the U.S. Army Reserve, policies, Modernization, Medical Readiness, Mobilization, Individual and collective training, Army Recovery Care Program for the Army Reserve Affairs.

Army Reserve	MG	No	Commanding General (TPU), 807th Medical Command (Deployment Support)	Salt Lake City, UT	No	Provides C2, administrative assistance, and technical supervision to over 10K personnel, 120 units including: 5 Medical Brigades, 4 Multifunctional Medical Battalion s, 7 Hospital Centers, 14 Field Hospitals across 26 States. In peacetime alignment to provide trained and ready Soldiers and medical units in support of national contingency operations; during wartime, reports to supported combatant commands and during peacetime to supported functional commands. Works closely with members of Congress, State and local officials and business and civic leaders supporting Soldiers and families and with U.S. Army Reserve Command (USARC), USARSOUTH, and USSOUTHCOM in the development and manning of missions in support of national diplomacy missions in South and Central America and the Caribbean Basin. Works with USARSOUTH and USSOUTHCOM to provide medical, dental, and veterinary assets to support Department of State and DoD nation building initiatives.
Army Reserve	BG	No	Commanding General (TPU), Medical Readiness and Training Command	San Antonio, TX	No	Commanding General of the U.S. Army Reserve's premier medical collective training command, supervising thirteen subordinate O-6 commands and directorships, including three Medical Training Brigades, seven Medical Training Support Battalions, and three Regional Training Sites-Medical executing a budget and managing assets totaling almost $200 million. Development of the command's strategic vision and coordinating across the Army Reserve medical commands to develop, resource, and

						execute a comprehensive, progressive training and readiness model that prepares units for their wartime and civil support, health service support and force health protection missions. Perform as the USARC Action Agent for Global Medic exercises, the Army Reserve's only joint-accredited exercise, in support of Total Force policy by training joint, international, and Army medical units from all three components. Execute responsibility for over $26 million in equipment and contractual authority. Implement Managers' Internal Control Program.
Army Reserve	BG	No	Deputy Commander (TPU), 3d Medical Command (Deployment Support)	Fort Gillem, GA	No	Serves as the Deputy Commander to the Commanding General, 3d MC(DS) in supporting the Title X support and technical supervision for over 7,300 Soldiers, in 90 units across 14 States, during garrison operations to prepare and provide trained and ready Soldiers and units to USARC for mobilization; on order mobilize, deploy and redeploy forces to support our Nation's defense anywhere in the world and, in particular, establish the 3d MC(DS) as the single medical enabler supporting USARCENT across the full spectrum of operations in the USCENTCOM AOR while delivering operational medicine to U.S. Service members and other personnel in accordance with the Medical Rules of Engagement.
Army Reserve	BG	No	Deputy Commander (TPU), 3d Medical Command (Deployment Support)	Fort Gillem, GA	No	Serves as the Deputy Commander to the Commanding General, 3d MC(DS) in supporting the Title X support and technical supervision for over 7,300 Soldiers, in 90 units across 14 States,

						during garrison operations to prepare and provide trained and ready Soldiers and units to USARC for mobilization; on order mobilize, deploy and redeploy forces to support our Nation's defense anywhere in the world and, in particular, establish the 3d MC(DS) as the single medical enabler supporting USARCENT across the full spectrum of operations in the USCENTCOM AOR while delivering operational medicine to U.S. Service members and other personnel in accordance with the Medical Rules of Engagement.
Army Reserve	BG	No	Deputy Commander (OCP) (TPU), 807th Medical Command (Deployment Support)	Salt Lake City, UT	No	Serves as the Deputy Commanding General for Operations and assists the Commanding General in supporting 10,389 Soldier Medical Command (Deployment Support) consisting of 99 units in 26 States. Direct mission command of the 2nd and 176th Medical Brigades with 46 subordinate units in 10 states with 4,418 Soldiers assigned. Serve as the Commander, Operational Command Post responsible for the readiness, training, and deployment of the Operational Command Post (OCP) forward (95 pax) in a combined, joint, multicompo, multi-national, inter-governmental and interagency operating environment. Overall mission of the OCP is two-fold: 1) Provide mission command, administrative assistance and technical supervision of assigned and attached medical units in a wartime environment; and 2) provide the same to a peacetime alignment in order to provide trained and ready Soldiers and medical units in support of national contingency operations. Responsible for the mobilization of

						all units assigned to 807th MCDS and training opportunities with Regionally Aligned Forces to USSOUTHCOM, USINDOPACOM, USNORTHCOM, and USEUCOM. Provide mentorship to command teams and support the recruitment, retention, and separation of Soldiers to meet individual readiness metrics and USARC end strength without compromising mission readiness.
Army Reserve	BG	No	Deputy Commander (TPU), 807th Medical Command (Mission Support Element)	Salt Lake City, UT	No	Serve as the Deputy Commanding General (Operations) for the 807th Medical Command (Deployment Support). Provide strategic leadership and oversight to two medical brigades and the forward deployable OCP comprised of approximately 5,000 Army medical Soldiers, including four 248 bed combat support hospitals and multiple additional Army Medical Department (AMEDD) units. Provide dynamic, forward thinking, and insightful leadership in support of the 807th and USARC commanders' broad spectrum readiness imperatives including Soldier readiness, unit cohesiveness and resilience, agile staff operations, and ultimately, the U.S. Army Reserve Commanding Generals Ready Force X construct. Serve as the Chief of Consultants for the Army Reserve AMEDD, supporting the recruitment, employment, mentorship, and retention of Army medical professionals to meet Army needs. Actively participate in the U.S. Army Reserve AMEDD enterprise as a senior executive leader, providing support to Army and national long term

						objectives. Serve as the AMEDD Senior Trainer for the AMEDD CSTX.
Army Reserve	BG	No	Deputy Commander for Professional Services (TPU), 3d Medical Command (Mission Support Element)	Fort Gillem, GA	No	Provides support to over 300 Soldiers, in 90 units across 14 States; assists the Commanding General supporting the organization working with the staff supervising, monitoring, tracking operational readiness metrics, and collective training readiness for mobilization and training opportunities with USARCENT; in conjunction with the AMEDD Professional Management Command, responsible for overall clinical credentialing and privileging for all 3d MC(DS) clinical professionals command responsible for overseeing credentialing and clinical practice/proficiency review board; responsible for the continuity of care from point of injury to Level IV care; actively participate on senior leader councils and teams to affect policies and critical decisions related to providing medical forces.
Army Reserve	BG	No	Deputy Commander for Professional Services (TPU), 807th Medical Command (Deployment Support)	Saint Charles, MO	No	Provides support to over 10K consisting of 99 units in 26 States; assists the Commanding General supporting the organization working with the staff supervising, monitoring, tracking operational readiness metrics, and collective training readiness for mobilization and training opportunities with Regionally Aligned Forces focused with USARSOUTH, USARNORTH, USARPAC, and USAEURAF; direct mission command of the 330th, 307th, and 139th Medical Brigades with 56 subordinate units in 12 States with 5,725 assigned Soldiers; in conjunction with

						the AMEDD Professional Management Command, responsible for overall clinical credentialing and privileging for all 807th clinical professionals command responsible for overseeing credentialing and clinical practice/proficiency review board; responsible for the continuity of care from point of injury to Level IV care; serve as the Main Command Post Deputy Commanding General and oversee the staff as required; actively participate on senior leader councils and teams to affect policies and critical decisions related to providing medical forces to support the Combatant Commands/ Army Service Component Command s.
Army Reserve	BG	No	Mobilization and Reserve Affairs (IMA), Office of the Surgeon General	Falls Church, VA	No	Dual-hatted as Deputy Commanding General, Army Reserve Medical Command; oversees the Force Management of Drilling Individual Mobilization Augmentee (DIMA); U.S. Army Reserve Transformation; oversees the Mobilization and Readiness to Reserve Affairs Troop Program Unit & DIMA Advocacy & Perspective.
Army National Guard	BG	No	Special Assistant to the Director, Army National Guard for the Department of the Army - Office of the Surgeon General	Falls Church, VA	No	Provides guidance and input concerning strategic planning on health care, medical personnel and medical operational training issues relating to the Army National Guard (ARNG); delivers guidance and involvement to the formation of policies, plans and programs, regulations and other initiatives to ensure ARNG capabilities and requirements are addressed and integrated

						appropriately; responsible for the Defense Support to Civilian Authorities (DSCA); Global Health Engagement; Psychological Health Support to RC; Medical Reform and impacts to Operational Medicine Role 1 & 2; Medical Force Structure Reform in ARNG units.
Army National Guard	BG	No	Deputy Chief of Staff/Assistant Surgeon General for Mobilization, Readiness and National Guard Affairs, Department of the Army	Falls Church, VA	No	Provides guidance and input concerning strategic planning on health care, medical personnel and medical operational training issues relating to the ARNG; delivers guidance and involvement to the formation of policies, plans and programs, regulations and other initiatives to ensure ARNG capabilities and requirements are addressed and integrated appropriately; supports Total Force concepts by providing Reserve Component interface with Active Component forces to meet medical readiness and wartime mobilization requirements; participates in senior level councils and committees to affect key legislations and DoD decisions on recruiting and retention of AMEDD officers as well as decisions related to medical and dental care of ARNG Soldiers and issues affecting ARNG Warriors in Transition; coordinates with DoD, Department of Veterans Affairs (VA), and other Federal agencies on issues regarding pre and post mobilization medical readiness requirements and compliance.

7.0 Department of the Navy Assigned General and Flag Officer Position Details

Surgeon General and Chief, Bureau of Medicine and Surgery, Office of the Chief of Naval Operations	
BIN: 0000332	OPNAV

The Surgeon General of the Navy (OPNAV N093) and the Chief, BUMED has the Title 10 authority to man, train, and equip all Naval Medical Forces. Serves as the Echelon 2 commander and the principal advisor to the Secretary of the Navy (SECNAV), the Chief of Naval Operations (CNO), and the Commandant of the Marine Corps (CMC) for all health service support requirements. Specific duties include Chief, BUMED with responsibilities for the training and readiness of over 30,000 medical personnel. Ensures manned, trained, equipped, maintained, sustained, and certified medical units are ready for Naval and Joint Support of OPLAN and Contingency Operations. Ensures the Force Design, Force Development and Force Generation of Navy medical units. Responsible for the recruitment and retention of medical personnel to meet Naval Medical requirements, including the provision of clinical, prevention, research, and administration healthcare services. Provides medical and scientific technical support for Department of Navy (DON) force medical readiness. Executes the CNO's strategic guidance and priorities through operationally focused medical units. Maintains cognizance of and provides capabilities in support of Force Health Protection requirements to the operating forces of the Navy and Marine Corps. Develops health care policy/directs the provision of medical and dental care and services for the Fleet and Fleet Marine Corps. Oversees three medical Echelon 3 commands, two Type Commands, and one training command ensuring the delivery of manned, trained, equipped units and individuals for the Naval Force. Ensures proper acquisition, execution, and auditability of assigned resources. Provides health care and graduate medical and dental education consistent with current professional standards of practice. Ensures readiness of the Force to meet Global Force Management Allocation Plan requirements. Serves as principal Navy advisor to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) for tri-service medical issues. Represents DON medical interests to DHA. Surgeon General of the Navy (OPNAV, N093): Serves as the principal advisor to the SECNAV, CNO, and CMC for health care issues and medical readiness. Serves as the Requirements Sponsor across all Navy Resource Sponsors for a comprehensive approach to the concept of health service support in the maritime domain. Acts as the Executive Agent for Naval Medical issues with the Office of the ASD(HA), Joint Staff Surgeon, and Congressional Support. Supports the CNO and CMC on all Office of the Secretary of Defense (OSD) and joint level healthcare related governing bodies and all annual FY medical programming and budget meetings. Represents all medical issues across multiple work groups within the Naval and Joint enterprise to ensure operational readiness of the Force. Responsible for the readiness of the Naval Medical Enterprise to support the Fleet, U.S. Marine Corps (USMC) and Joint requirements.

Deputy Surgeon General/Deputy Chief BUMED (O-8)	
0002295	BUREAU OF MEDICINE AND SURGERY

As Deputy Chief, BUMED and Deputy Surgeon General of the Navy, supports and often is Acting for Chief, BUMED and Surgeon General of the Navy. Supports Surgeon General of the

Navy (OPNAV, N093) and his role as Chief, BUMED with the following specific duties: Serves as the chief advisor to the SECNAV and CNO for Naval Force medical readiness and medical force readiness in support of warfighter lethality. Responsible for the force development, generation, and sustainment of all Naval Medical capabilities in support of the maritime, joint, and combined force. Establishes a comprehensive approach across each of the warfighting domains and OPNAV resource sponsors to ensure a full medical continuum is developed and delivered for the distributed maritime mission. Designated as the requirements sponsor for all medical manpower, training and equipment across the Naval Force. Acts as the Revive Vector lead, integrating across the logistics spectrum of warfare. Ensures readiness of medical capabilities to support Global Combatant Commands' operational plans. Delegated responsibility and authority to authorize and appoint official liaisons. Supports Chief, BUMED with the following specific duties: Ensures the readiness of personnel and material under the command of BUMED and provides primary and technical support for DON force medical readiness. Executes the CNO's strategic guidance and priorities. Maintains cognizance of and provides capabilities in support of Force Health Protection requirements to the operating forces of the Navy and Marine Corps. Develops health care policy/directs the provision of medical and dental care and services as authorized by law or regulations for Fleet and Fleet Marine Force. Directs the planning/execution of biomedical research programs required to ensure state-of-the-art health care delivery in an operational environment. Ensures manning, training, equipping, and organizing of Navy and Marine Corps medical personnel in support of individual and unit medical readiness. Sets requirements for services provided by DHA to the Navy and Marine Corps. Sets medical readiness requirements for Service member care (what is needed, when, and where) for DHA implementation. Ensures proper acquisition, execution, and auditability of assigned resources. Provides health care and graduate medical and dental education consistent with current professional standards of practice. Implements assigned programs to meet DON mobilization and contingency plans. Serves as Navy advisor to the ASD(HA) for Tri-Service medical issues. Represents DON medical interests on multiple OSD and joint level Military Health System governing bodies. Ensures and leads coordination among BUMED entities and external, non-BUMED assets (e.g., N0931, USMC Health Services, U.S. Fleet Forces (USFF) Surgeon, USPACFLT Surgeon, Allied Maritime Command Surgeons) to facilitate completion of executive initiatives. This includes, in part, executive level special projects that align BUMED with activities essential to Fleet and Fleet Marine Forces. In his/her duties as Director, OPNAV N0931: Coordinates and implements N093 participation for resource requirements in the OPNAV Planning, Programming, Budget, and Execution (PPBE) process to develop and evaluate plans and policy for medical support of general war and contingency operations. Develops and coordinates Navy and USMC operational support requirements; and evaluates plans and policy in oversight and coordination of all aspects of deployable medical systems (DEPMEDS), Expeditionary Medical Facilities, and Hospital Ships. Advocates Defense Health Program (DHP) military personnel end strength programming actions with Navy Medicine and the ASD(HA). Integrates non-DHP military personnel end strength programming actions with Navy Medicine and N1. Ensures that appropriate end strength requirements and capabilities are appropriately reflected in Navy Strategic Systems Programs. Advocates the development of resource requirements for Navy's deployable medical assets, including Fleet Hospitals and Hospital Ships with Navy Medicine and N4 and coordinates medical logistics support to Fleet and Medical Treatment Facilities for approved Authorized Medical Allowance Lists (AMALs)/Authorized Dental Allowance Lists. Develops and assesses legislative and policy

initiatives involving Navy Medicine for functions addressed above and medically related to BSO-18, 60, and 70. Serves as the OPNAV staff primary representative for health services support matters and ensures synchronization with USFF/USPACFLT to ensure alignment with current ops, policy, and guidance for medical-related requirements. Ensures appropriate medical capabilities exist across military medical operations and are integrated and supported across the Navy and Joint environments. Represents the Surgeon General of the Navy in various policy, programs, and meetings throughout OPNAV, Joint Staff, other Services, and interagency. Coordinates review for operational and contingency medical planning at the Combatant Command level. Performs analysis and directs policy for CBRNE and Infectious Disease monitoring, determines strategic medical requirements for Humanitarian Civil Assistance and Disaster Relief missions. Serves as the N093 primary representative for the Global Command and Control System and Joint Operations and Execution System and is responsible for the medical capability analysis needed to support military operations. Develops health services support planning and contingency medical policy. Integrates Fleet and USMC health services support requirements/capabilities and validates requests in support of current global military operations.

STRAT PLN/N44 DIR	
0000354	OPNAV

The Deputy Chief of Naval Operations Expeditionary Medicine N4L4 provides policy and guidance for determining and fulfilling the material support needs of the operating forces of the Navy and Shore Establishment, and review requirements ensuring conformity with guidance; Provides policy and guidance for AMALs development for current and future DEPMEDS and integrate data into the shipboard supply system; provides policy and guidance for determining and fulfilling the Class VIII materials support needs of the operating forces of the Navy, and review requirements ensuring conformity with guidance; provides oversight of Medical Systems Integration and Combat Survivability in support of the logistics continuum and Great Power Competition. Represents medical systems, as required through the PPBE and Joint Capabilities Integration and Development System (JCIDS) process; provides Resource Sponsorship and Requirements Management, in coordination with Navy Surgeon General who holds Title X authority to “recruit, organize, train, and equip, medical personnel of the Navy and the Marine Corps,” for navigating through the dynamics and complexities of the PPBE process and acts as user representative; and provides explicit direction with regard to mission and operational requirements generation and changes, program funding, and preparation and approval of necessary program documentation and program decision point information: Leads Revive Cross Functional Team to coordinate among Resource Sponsors, Program Offices, Navy Component Commands, & Type Commands to collect, consolidate, and advocate Naval Expeditionary Health Service Support (NEHSS) requirements. Member of Maritime Sustainment Vector Executive Steering Committee. Provides Navy O-6 rep to Medical Operations Deputies (MEDOPSDEP) Working Group (WG)) and prepares MEDOPSDEP principal to synchronize and coordinate, in accordance with existing DoD decision processes, all readiness reporting for health services, capabilities studies and analytics, development of readiness requirements solutions, and special program evaluations that ensures appropriate representation for future force sufficiency and sustainable warfighting readiness; provides Navy rep to Health Services

WG of Joint Staff Logistics; lead Requirements Evaluation Teams when designated; coordinates with CNO N1, N9 and N093 for medical manpower, surface, submarine, aviation, and expeditionary medical requirements; prepares JCIDS documents; briefs Naval Capabilities Board, Requirements and Resources Review Board; participates in Warfare Improvement Program and Fleet Collaborative Teams in support of integrated Fleet capabilities requirements; participates in Campaign Analysis and coordinates NEHSS review of Defense Planning Scenarios, Force Structure Assessments, Force Deployment, Joint Strategic Capabilities, Concept of Operations, and other similar documents; develops and participates in DON and Joint war games and exercises to assess the viability of transformational technologies in NEHSS operations; oversees Navy's expeditionary medical pre-positioned War Reserve Materiel in order to achieve an efficient, coordinated, and agile materiel response in support of one or more Geographic Combatant Commands; prepares annual Pre-Positioned War Reserve Materiel report to Congress in accordance with 10 U.S.C. § 2229a; congressional, DoD, and Joint policy review and input: responds to taskers of congressional interest; provides input to NDAA/House Armed Services Committee (HASC)/Senate Armed Services Committee (SASC) informal and formal appeals, statements of administration, and related impact statements. Serves as resource sponsor for hospital ship and Expeditionary Medical Facilities. Resource Sponsor participation in Navy PPBE process for Hospital Ship Medical Treatment Facilities, Expeditionary Medical Facilities, Expeditionary Medical Units, Expeditionary Resuscitative Surgery Systems, En Route Care Systems, and Forward Deployable Preventive Medicine Units: promulgate Program Objective Memorandum guidance, conduct Production Readiness Review, prepare & brief PDD, participate in Personnel, Equipment, Supply, Training, Ordnance, Network and Infrastructure, prepare & brief Wholeness Balance Review, participate in Portfolio, participate in WFC, review/validate Budget Submitting Office (BSO) budget estimates, and monitor BSO execution; congressional, DoD, and Joint policy review and input: responds to taskers of congressional interest; provides input to NDAA/HASC/SASC informal and formal appeals, statements of administration, and related impact statements.

P&P DIR/DEP CHIEF READINESS & HEALTH	
0002194	BUREAU OF MEDICINE AND SURGERY

Serves as the principal advisor to the Surgeon General/Chief, Bureau of Medicine and Surgery on all matters relating to Navy Medicine operational equity, platform and individual readiness, future planning & capabilities, research & development and healthcare operations support to DHA. This role now operates as the Director of Maritime Operations, which serves as Navy Medicine's primary point of contact to the CNO, ASD(HA), DHA, SECNAV, USMC, and other Service components and inter-agencies. In this capacity, the incumbent takes appropriate action on behalf of the Surgeon General for all activities and responsibilities under their cognizance, including serving as the principal executive assistant and advisor to the Commander on all matters related to readiness, global force management, operations, and force protection; serving as an expert on Force readiness, Operational Support, Global Health Engagement, DSCA, and OPLAN planning and support; training, leading and deploying a medical battle staff in support of a contingency under the operational control of a Combatant Commander, Navy Component Commander, or as directed.

MED DPT STF/ADDU TO 09320/00011	
0002814	HDQTRS USMC WASH DC

Director, Headquarters Marine Corps, Health Services and TMO of the Marine Corps. Serves as the only flag level medical advocate to the CMC, Service-level representative, and Naval integrator for Health Services. Provides expert guidance and advice to the CMC in collaboration with the operational forces, Marine Reserves and various supporting headquarters on all matters pertaining to USMC medical and dental services. Flag level representation enables Marine Corps Health Services to articulate the uniqueness of Marine Corps operations relative to the other Services in the ASD(HA), Joint Staff, and the BUMED arenas. He/she designs, develops and publishes policies, doctrine, guidance and operational concepts directly to the operational forces regarding clinical care, medical readiness and the preparation of medical forces for deployment. Serves as an integral component in war gaming scenarios and other studies which ensure healthcare delivery remains aligned, current, and relevant with operational tactics, techniques and practices in the battlespaces of the future. The TMO is the direct voice of Marine Corps Health Service Support for all Marine Corps operational manpower as well as the conduit to the Service-level leadership for the 8,017 Medical Department Sailors assigned to Marine Corps billets. Additionally, the TMO produces input for the annual USMC Service budget requests and responses to Congress across a wide range of policies and issues impacting the well-being and readiness of Marines, retirees, and their families. TMO provides input to DON, DoD, VA, and civilian organizations on needed research for gaps and developing requirements in operational healthcare. He regularly represents the CMC on healthcare related issues in dealings with Assistant Secretaries of the Navy, Assistant Secretaries of Defense, OSD, and other executive level organizations. The Director, HS serves as the Co-Chair of the Health Services Operational Advisory Group for the Marine Corps and as Co-Chair of the Force Health Protection pillar of the Future Naval Capabilities Board. This position includes the following responsibilities: Member, Navy Medicine Strategy Council; Member, Surgeon General Medical Enterprise Council.

CDR/CO SHR ACT	
0010657	NAVMEDFORLANT PORTSMOUTH VA

Naval Medical Forces Atlantic (NAVMEDFORLANT) executes its functions and tasks to support BUMED in meeting naval warfighting readiness requirements. Serves as a Naval Medical Forces (NAVMEDFOR) type command (TYCOM) in coordination with Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) and subordinate activities as appropriate. In coordination with Naval Medical Forces Pacific (NAVMEDFORPAC), serves as functional lead (supported) TYCOM for materiel, maintenance, and sustainment for operational capabilities, representing Expeditionary Medical (EXMED) capabilities in the Fleet Logistics Warfare Improvement Program, for identifying specific units or detachments to fulfill Global Force Management requirements, and for public health. To execute the Chief, BUMED Title 10 responsibilities at the individual and unit level: Organizes, mans, trains, equips, maintains, sustains, and certifies NAVMEDFORLANT units and Fleet augmentation forces; develop and submit NAVMEDFORLANT programming and budget recommendations for BSO 18; and execute NAVMEDFORLANT readiness and personnel accounts to generate

required levels of current and future EXMED warfighting readiness to support unit operational assignment under Combatant Commanders, Navy and Marine Corps component commanders, and numbered fleet commanders. The incumbent exercises command, control and execution of Navy Medicine's global health care system, comprised of medical, dental and other health care services for 21 Commands totaling over 104 facilities across three continents and 6 countries. Executes the Surgeon General's strategic priorities, aligned with the CNO's strategic guidance for over 26,000 staff members. Business Performance Plan focused on clinical integration, quality improvement, and resource management. Responsible for the education and training of Medical Corps, Nurse Corps, Dental Corps, Medical Service Corps and Hospital Corpsman throughout the Navy Medicine East enterprise. Oversees 14 Medical Residency Programs located in 3 varied locations with over 350 quotas per year. Serves as primary liaison with local, State, and national accreditation agencies, certification boards, and regulatory agencies. This position includes the following responsibilities: Member, Navy Medicine; Executive Steering Committee; Member, Navy Medicine Strategy Council; Member, Surgeon General Medical Enterprise Council; Co-chair, DoD/VA Federal Health Care Center Advisory Committee.

CDR/CO SHR ACT	
0017396	NAVMEDFORPAC SAN DIEGO CA

NAVMEDFORPAC executes its functions and tasks to support Chief, BUMED in meeting naval warfighting readiness requirements. Serves as a NAVMEDFOR TYCOM in coordination with Commander, U.S. Pacific Fleet (COMPACFLT) and subordinate activities as appropriate. In coordination with NAVMEDFORLANT, serves as functional lead (supported) TYCOM for unit training and medical research and development. To execute the Chief, BUMED Title 10 responsibilities at the individual and unit level: Organizes, mans, trains, equips, maintains, sustains, and certifies NAVMEDFORPAC units and Fleet augmentation forces; develop and submit NAVMEDFORPAC programming and budget recommendations for BSO 18; and execute NAVMEDFORPAC readiness and personnel accounts to generate required levels of current and future EXMED warfighting readiness to support unit operational assignment under combatant commanders, Navy and Marine Corps component commanders, and numbered fleet commanders. The Commander establishes and executes NAVMEDFORPAC's mission in support of the Surgeon General's strategic priorities and CNO's Strategic Guidance. Additionally, the Commander: Trains Medical, Nurse, Dental, and Medical Service Corps and medical and non-medical enlisted personnel in NAVMEDFORPAC. Oversees 27 medical, dental, and advanced nursing residency programs with over 360 quotas per year. Serves as primary liaison with local, State, and national accreditation agencies, certification boards, and regulatory agencies. Manages the MHS San Diego Single Service Market. Coordinates NAVMEDFORPAC support to civil authorities for emergency and disaster response under DSCA. This position includes the following responsibilities: Member, Navy Medicine Executive Steering Committee; Member, Navy Medicine Strategy Council; Member, Surgeon General Medical Enterprise Council.

P&P DIR/ COMMANDER

0032113	NAVMEDFORSUPCMD FT SAM

Exercise administrative command and control of assigned Naval Medical Forces Support Command (NAVMEDFORSUPCMD) forces. Ensure the effective and efficient execution of subordinate command functions and tasks, including assessment of readiness, capability effectiveness, and mission performance; serves as the Surgeon General of the Navy's designated Training Agent for Navy Medicine's education and training enterprise; supports COMUSFLTFORCOM, COMPACFLT, United States Marine Corps Forces Command, and United States Marine Corps Forces Pacific training policies, requirements, processes, programs, and alignments per BUMED guidance as it pertains to fleet readiness; provides force development of the DON medical enterprise necessary to meet operational medical force requirements in support of naval warfighting readiness and inform BUMED and OPNAV (N093 and N4L4)) on significant issues related to Navy medical education and training programs; leverages cross-functional teams as a key mechanism for organizational efficiency to support BUMED and the Fleet in providing trained medical forces for employment in support of combatant commander-assigned missions across the range of military operations; directs the activities of Navy Medicine's formalized training organizations, provides support, and executes NAVMEDFORSUPCMD training requirements, policies, and programs to meet force development and operational readiness requirements. NAVMEDFORSUPCMD is the headquarters element designated within BUMED as a direct subordinate to the Surgeon General of the Navy charged with leading and managing all medical training, education, professional development, and instruction for the production of highly trained and ready medical personnel. NAVMEDFORSUPCMD's subordinate elements are: Naval Medical Leader and Professional Development Command, Navy Medicine Operational Training Command, Navy Medicine Training Support Center, and the Navy Reserve-NAVMEDFORSUPCMD. Each subordinate element is tasked to provide a specific aspect in the lifecycle of all Naval Medicine Sailors and each provides top-notch training and support to Naval Medicine personnel throughout their Navy career ensuring quality healthcare and services to Navy (and other Services) Service members, their families, and retirees.

8.0 Department of the Air Force Assigned General Officer Position Details

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Commander, 711th Human Performance Wing

Geographic Location: Wright-Patterson Air Force Base (AFB), Ohio

Summary of Responsibility: Leading the advancement of Human Performance in air, space, and cyberspace through research, consultation, and education…to enable Airmen and Guardians to outmaneuver adversaries and prevail in conflict.

Unique wing of 2,344 personnel at five major locations advancing human performance through research, education, and consultation; center of excellence in aerospace medicine and human performance science and technology. Discovers, develops, and delivers revolutionary capabilities in air, space, and cyberspace for United States Air Force (USAF)/United States Space Force (USSF), Joint, and Coalition warfighters. Trains over 5,000 students annually and executes an annual budget of $476M. Plans and implements new policies for the management of Human Performance Wing (HPW) activities. Makes key decisions concerning the utilization of resources allocated for accomplishment of the mission. Reviews plans to ensure that the resources needed will be available and are being used most effectively. Ensures appropriate controls are in place and effective in managing AF Science & Technology, AF Operation & Maintenance, DHP, and customer funding sources. Solves highly complex and unusual managerial problems. Stimulates the development of new procedures, approaches, tools, and practices to enhance execution of the mission.

Span of Control: The Wing's multidisciplinary workforce is comprised of more than seventy occupational specialties across science, technology, and aerospace medicine. Leveraging a convergent sciences approach and supported by state-of the-art research facilities and classrooms, the Wing provides the Air and Space Forces unparalleled expertise to maximize Airman/Guardian availability, enhance Airman/Guardian performance, and ensure resource efficiency. The 711 HPW also functions as a joint DoD Center of Excellence for human performance sustainment and readiness, optimization, and enhancement through partnerships with the Naval Medical Research Unit-Dayton and nearby universities, industry, and medical institutions. 15 buildings including 1.5 million square feet, valued at $450 million

Highest grade at which the position has been filled? O-7

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Director, Medical Operations

Geographic Location: Falls Church, Virginia

Summary of Responsibility: Incumbent is responsible for supporting the Department of the Air Force Surgeon General (DAF SG) in establishing U.S. Air Force Medical Service (AFMS)-wide policies and procedures for comprehensive health care operations ensuring a medical ready force for major commands (MAJCOMs), operating agencies and military treatment facilities. Reports directly to the DAF SG and is held accountable for the day-to-day operations and setting future strategic direction for all preventive and operational medicine of the AFMS for both contingency and peacetime health care operations.

Span of Control: Functional area of responsibility is world-wide, encompassing the DoD, all MAJCOMs, field operating agencies (FOAs), and direct reporting units (DRUs), down to installation. The effectiveness and quality of health care services and installation medical support impacts the ability of all Air Force and Space Force members and units to perform their mission. Effective mission performance enhances national security and promotes national interests. Represents the USAF, USSF, and AFMS in various national, international, and interdepartmental agencies. Individual works independently with authority to execute the healthcare operations efforts in support of the AFMS strategic charter.

Highest grade at which the position has been filled? O-8

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Command Surgeon, Air Combat Command

Geographic Location: Joint Base Langley-Eustis, Virginia

Summary of Responsibility: Responsibility is operational status of readiness assets consistent with mission taskings in support of Defense Planning Guidance, War Mobilization Plan, Deliberate, and Crisis Action-Local Regional Conflict Contingency Plans. Oversight responsibilities for sound utilization of financial, manpower, facility, and equipment assets

consistent with organizational goals and objectives, and overall strategic directions. Exercises judgment and decision making in dealing with all areas of medical readiness. No supervision required in these areas. Is the senior advisor at MAJCOM level regarding combat, peacetime, and contingency medical operations, policies, and procedures. Overseas training of active duty and Air Combat Command gained Air Reserve Component forces for theater operations. Supports operational testing and evaluation of new and modified equipment for medical operations. Responsible to ensure that medical forces assigned are trained and managed to achieve maximum care efficiency and effectiveness to meet Joint Staff and Combatant Commander requirements.

Span of Control: Advises on all medical and aerospace medicine areas of responsibility for Air Combat Command. The geographic area covers continental United States with direct support of 11 MTFs. Also provides indirect oversight of four (4) Numbered Air Force SGs and five (5) deployed medical treatment facilities. Oversight locally of one building. Integrates operations with other MAJCOM Surgeons General.

Highest grade at which the position has been filled? O-7

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Deputy Surgeon General

Geographic Location: Pentagon, Washington, DC

Summary of Responsibility: Responsible for advising the Secretary of the Air Force (SecAF) Chief of Staff of the Air Force (CSAF), and Chief of Space Operations (CSO) as well as the ASD(HA), on matters pertaining to the health of Air Force and Space Force personnel and their beneficiaries. The incumbent has the authority to commit resources worldwide for the AFMS, to make decisions affecting delivery of medical services, and to develop plans, programs, and procedures in support of the full range of military operations. Exercise direction, guidance, and technical management of approximately 40,000 personnel assigned worldwide at 76 Medical Groups, 4 Aeromedical Evacuation Squadrons, 73 remote sites, 3 DoD TRICARE Regional Offices, School of Aerospace Medicine, 59th Training Group, 9 MAJCOMs, 1 FOA, Air Force Medical Element, HQ USAF, OSD, and various deployed locations.

Span of Control: Functional area of responsibility is worldwide encompassing the DoD, all MAJCOMs, FOAs, and DRUs, down to base level. The effectiveness and quality of health care services impacts the ability of all Air Force and Space Force members to perform their mission. Effective mission performance enhances national security and promotes national interests.

Represents the USAF, USSF, and AFMS in various national, international, and interdepartmental agencies. Provides oversight and resourcing to 265 special duty medical staff in the AF Medical Element assigned to 80 geographically separated units supporting DoD, Unified Commands, Military Health Systems, TRICARE Regional Offices.

Highest grade at which the position has been filled? O-8

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Director, Manpower, Personnel, and Resources

Geographic Location: Falls Church, Virginia

Summary of Responsibility: Accountable to the DAF SG for the quality and scope of planning, programming, budgeting, and executing AFMS resources as well as the recruitment, retention, development, and utilization of the AFMS work force. Responsible for ensuring personnel are organized, trained, and equipped for contingency operations and peacetime health care delivery. Authorized to make decisions and commit medical resources under the broad policy guidance established by the Surgeon General. Advises, coordinates, and guides total force leaders in management of Medical Force Development activities in diverse settings. Advocates cross-functional integration at all levels for policy and program development impacting health care delivery, including measures to improve cost-effectiveness, patient access to care and customer service. Works through MAJCOM-level executives to develop and actualize policies impacting personnel and practice.

Span of Control: Functional area of responsibility is worldwide encompassing the DoD, congressional testimony, all MAJCOMs, FOAs, and DRUs, down to base level. The effectiveness and quality of health care services impact the ability of all Air Force members to perform their mission. Effective mission performance enhances national security and promotes national interests. Represents the USAF, USSF, and AFMS in various national, international, and interdepartmental agencies. Individual works independent with authority to execute the medical force development efforts in support of the AFMS strategic charter.

Highest grade at which the position has been filled? O-7

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Commander, Air Force Medical Readiness Agency (AFMRA)

Geographic Location: Falls Church, Virginia

Summary of Responsibility: The agency operates at three geographically separated sites; the two major locations are Defense Health Headquarters, Falls Church, Virginia, and Joint Base San Antonio-Lackland, Texas. Provides consultative leadership to over 44,000 personnel at 76 MTFs and exercises significant influence over a $6 billion budget. AFMRA is responsible for the support and execution of medical readiness programs, expeditionary medical capabilities, and the direct support and implementation of policy, plans, and programs for health care operations of the AFMS.

Span of Control: Oversees execution of all aspects of training, contingency planning, equipping and modernization for AF medical force readiness. Functional area of responsibility is worldwide encompassing the DoD, all MAJCOMs, FOAs, and DRUs, down to the base level. The effectiveness and quality of health care services impacts the ability of all Air Force and Space Force members to perform their mission. Effective mission performance enhances national security and promotes national interests. Represents the USAF, USSF, and AFMS in various interdepartmental, national, and international forums and agencies.

Highest grade at which the position has been filled? O-8

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: HQ USAF Surgeon General

Geographic Location: Pentagon, Washington, DC

Summary of Responsibility: Responsible for advising the SecAF, CSAF, and CSO, as well as the ASD(HA), on matters pertaining to the health of Air Force and Space Force personnel and their beneficiaries. The incumbent has the authority to commit resources worldwide for the AFMS, to make decisions affecting delivery of medical services, and to develop plans, programs, and procedures in support of the full range of military operations. Exercise direction, guidance,

and technical management of approximately 40,000 personnel assigned worldwide at 76 medical groups, 4 Aeromedical Evacuation Squadrons, 73 remote sites, 3 DoD TRICARE Regional Offices, School of Aerospace Medicine, 59th Training Group, 9 MAJCOMs, 1 FOA, Air Force Medical Element, HQ USAF, OSD, and various deployed locations.

Span of Control: Functional area of responsibility is worldwide encompassing the DoD, all MAJCOMs, FOAs, and DRUs, down to the base level. The effectiveness and quality of health care services impacts the ability of all Air Force and Space Force members to perform their mission. Effective mission performance enhances national security and promotes national interests. Represents the USAF, USSF, and AFMS in various interdepartmental, national, and international forums and agencies.

Highest grade at which the position has been filled? O-9

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Commander, 59th Medical Wing

Geographic Location: Joint Base San Antonio-Lackland, Texas

Summary of Responsibility: Accountable to the ASD(HA) and DHA and the AETC Commander for the health, wellness, and medical readiness of the active duty population as well as for establishing policies and procedures for primary, referral, tertiary, and aeromedical referral health care for DoD beneficiaries in San Antonio Military Medical System. Responsible for providing executive leadership to the 8.4K medical wing personnel in executing a $317M budget. Provides executive leadership to the development, integration, transition, and implementation of the 1.8 billion dollar TRICARE contract, ensuring referral policies, quality/utilization management, and network development policies are established to optimize care for DoD healthcare beneficiaries. Serves as Director, San Antonio Market, fostering collaborative, joint service approaches to resolving regional healthcare issues. As representative of DoD, responsible for collaborating with the Veterans' Administration in the planning and implementation of VA/DoD Sharing Agreements.

Span of Control: Decision making regarding, but not limited to the following: 1) Execution of medical readiness/contingency operations taskings while simultaneously maintaining safe quality day-to-day medical operations for 255,000 beneficiaries throughout San Antonio Market); 2) Satisfaction of patient expectations in catchment and non-catchment areas; 3) Conflict resolution between TRICARE Contractor and beneficiaries; as well as, between all DoD components of the SA Market; 4) De-confliction of expectations between command authorities

(United States Army, United States Navy, USAF); 5) SA Market budget reconciliation related to decreasing assets and increasing demand for day-to-day services; 6) Balance of cost, outcome, and access to healthcare between direct-care system MTFs and TRICARE Contractor

Highest grade at which the position has been filled? O-8

Up or downgrading within the past 10 years: No.

Position: Active

Authorization: Filled

Medical Occupational Specialty: N/A

Title: Command Surgeon, Air Mobility Command

Geographic Location: Scott AFB, Illinois

Summary of Responsibility: The Command Surgeon is directly responsible to the Commander, U.S. Transportation Command for obligating national resources to preserve American lives utilizing the aeromedical evacuation (AE) system. Within normal operational procedures, has complete authority to validate patients for strategic AE movement throughout the world to meet mission requirements.

The Surgeon is directly responsible to the Commander, Air Mobility Command (AMC), for ensuring that active-duty military members are medically qualified for worldwide duty, assuring maximal warfighting capability. Responsible to ensure that medical forces are organized, trained, and equipped to support Global Reach objectives through worldwide deployment of AMC medical personnel and aeromedical evacuation forces. In addition, directly responsible for the provision of health care support for over 448,000 military beneficiaries in the AMC health care system and public health services at all AMC installations.

The Surgeon is responsible to the DAF SG, DHA, and numerous other agencies; develops and implements policies, guidance, and oversight to ensure the accomplishment of all USAF and AMC medical objectives.

Span of Control: Geographical AOR is worldwide. Real estate includes approximately 1.75M Sq/Ft valued at approximately $1.4B.

Highest grade at which the position has been filled? O-7

Up or downgrading within the past 10 years: No.