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


Joint Publication 4-02, “Joint Health Services,” December 11, 2017, as amended

Purpose. In accordance with the authority in DoD Directive 5124.02, this directive-type memorandum:

• Establishes policy and assigns responsibilities for:
  – Documenting the medical capabilities in the Military Departments’ operational and institutional organizations in the respective organizational servers in accordance with DoD Instruction 8260.03.
  – Developing medical capability readiness assessments.
  – Documenting operational and institutional organization medical capability readiness assessments within the Defense Readiness Reporting System (DRRS).

• Is effective March 14, 2023; it must be incorporated into DoD Instruction 7730.66. This directive-type memorandum will expire effective March 14, 2024.

Applicability. This directive-type memorandum applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.
Definitions. See Glossary.

Policy. Accounting for, possessing, and assessing the joint force’s operational medical capabilities are key elements required to execute the National Defense Strategy and supporting operational plans.

Responsibilities

- **Under Secretary of Defense for Personnel and Readiness.** In accordance with DoD Directive 5124.02, the Under Secretary of Defense for Personnel and Readiness establishes the process by which medical capabilities are reported in the DRRS and directs its implementation.

- **Secretaries of Military Departments.** The Secretaries of the Military Departments:
  - Direct their Service organizational servers to reflect operational and institutional medical units required to provide a forward resuscitative care capability, en route care capability, theater hospitalization capability, or definitive care capability.
  - Ensure that the Military Departments register their operational and institutional medical units in DRRS and report their overall readiness to execute their core medical mission.
  - Direct that all non-medical units possessing a Role 2 forward resuscitative care capability assess and report their organic, embedded medical capabilities in DRRS as part of their core mission.
  - In coordination with the Chairman of Joint Chiefs of Staff, employs standardized universal joint tasks for use by non-medical units to assess their organic, embedded medical capability.

- **Chairman of the Joint Chiefs of Staff.** In coordination with the Secretaries of the Military Departments, the Chairman of the Joint Chiefs of Staff employs standardized universal joint tasks for use by non-medical units to assess their organic, embedded medical capability.

 Gilbert R. Cisneros, Jr.
 Under Secretary of Defense for Personnel and Readiness

Attachment:
As stated
PART I. ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>MEANING</th>
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<tr>
<td>DRRS</td>
<td>Defense Readiness Reporting System</td>
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PART II. DEFINITIONS

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

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tr>
<td>definitive care</td>
<td>Defined in Joint Publication 4-02.</td>
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<td>en route care</td>
<td>Defined in Joint Publication 4-02.</td>
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<tr>
<td>forward resuscitative care</td>
<td>Defined in Joint Publication 4-02.</td>
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<tr>
<td>Role 2 forward resuscitative care</td>
<td>Defined in Joint Publication 4-02’s definition of “forward resuscitative care.”</td>
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<tr>
<td>theater hospitalization capability</td>
<td>Defined in Joint Publication 4-02.</td>
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