



Department of Defense INSTRUCTION

NUMBER 5101.15

May 4, 2012

USD(AT&L)

SUBJECT: DoD Medical Materiel Executive Agent (MMEA) Implementation Guidance

References: See Enclosure 1

1. **PURPOSE.** In accordance with the authority in DoD Directive (DoDD) 5134.01 (Reference (a)), this Instruction:
 - a. Implements the policy in DoDD 5101.9 (Reference (b)) by assigning responsibilities and establishing procedures for the DoD MMEA.
 - b. Establishes the Defense Medical Logistics Supply Chain Council (DMLSCC) in accordance with DoD Instruction (DoDI) 5105.18 (Reference (c)).

2. **APPLICABILITY.** This Instruction 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 the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the “DoD Components”).

3. **DEFINITIONS.** See Glossary.

4. **POLICY.** In accordance with Reference (b), it is DoD policy that the MMEA shall act as the single point of contact for orchestrating effective and efficient medical supply chain support for the DoD.

5. **RESPONSIBILITIES.** See Enclosure 2.

6. **PROCEDURES.** See Enclosure 3.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE

a. This Instruction is effective May 4, 2012.

b. This Instruction must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoD Instruction 5025.01 (Reference (d)). If not, this Instruction will expire effective May 4, 2022 and be removed from the DoD Issuances Website.



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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5134.01, "Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)),” December 9, 2005
- (b) DoD Directive 5101.9, "DoD Executive Agent for Medical Materiel,” August 23, 2004
- (c) DoD Instruction 5105.18, "DoD Intergovernmental and Intragovernmental Committee Management Program,” July 10, 2009
- (d) DoD Instruction 5025.01, "DoD Directives Program,” October 28, 2007
- (e) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA)),” June 4, 2008
- (f) DoD Directive 5158.04, "United States Transportation Command (USTRANSCOM),” July 27, 2007
- (g) Parts 1 through 1399 of title 21, Code of Federal Regulations
- (h) The Fourth Geneva Convention, August 12, 1949
- (i) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms,” current edition
- (j) DoD Directive 5101.1, "DoD Executive Agent,” September 3, 2002

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) shall:

a. Provide policy, guidance, and oversight as necessary to ensure the timely and successful implementation of this Instruction.

b. Focus the collective attention and resources necessary for achieving the key objectives required to improve medical supply chain and sustainment support to the customer.

c. In conjunction with the Heads of the DoD Components, define the medical supply chain and the sustainment objectives required to implement management guidance.

d. Establish end-state characteristics, critical success indicators, and specific performance measures to assist in tracking quantifiable progress toward the objectives.

e. Promote the use of efficient business processes supported by up-to-date technology to sharpen the focus of current and future medical supply chain initiatives toward providing outstanding customer service suitable to the situation.

2. DIRECTOR, DEFENSE LOGISTICS AGENCY (DLA). The Director, DLA, under the authority, direction, and control of the USD(AT&L), through the Assistant Secretary of Defense for Logistics and Materiel Readiness, and as the MMEA in accordance with Reference (b), shall:

a. Develop and implement integrated end-to-end supply chain processes and end-to-end supply chain and logistics support plans to support the medical materiel requirements of the Combatant Commands and the Military Departments.

b. In coordination with the Combatant Commanders (CCDRs), Chairman of the Joint Chiefs of Staff, and the Secretaries of the Military Departments, recommend the designation of theater lead agents for medical materiel (TLAMMs) as necessary to ensure effective and efficient medical supply chain support to the Combatant Commands.

c. For designated TLAMMs and within the scope of performance based agreements (PBAs) established by the MMEA with the CCDRs and the Secretaries of the Military Departments, operate the DLA-managed Defense Working Capital Fund (DWCF) supply chain management business area to support supply operational inventory levels and medical assemblage production requirements in support of the Combatant Commands and the Military Departments.

d. Develop a consolidated program objective memorandum (POM) and budget estimate submissions for medical materiel surge and sustainment requirements as well as MMEA programs, initiatives, and process improvements.

e. In coordination with the CCDRs, the Chairman of the Joint Chiefs of Staff, and the Secretaries of the Military Departments, program and budget to acquire, maintain, and pre-position medical materiel, or provide access to materiel, as necessary to meet global DoD contingency requirements for surge and sustainment.

f. In coordination with the Assistant Secretary of Defense for Health Affairs (ASD(HA)), program and budget for and lead collaborative development of a comprehensive enterprise architecture that enables execution of MMEA responsibilities and support end-to-end medical supply chain activities from commercial sources to tactical customers.

g. Establish the DMLSCC to serve as a collaborative forum to facilitate and integrate the development of strategic and operational relationships, capabilities, performance standards, and system integration necessary for effective and efficient medical supply chain support; designate a chair for the DMLSCC.

h. Coordinate with the ASD(HA), who shall exercise authority and direction for management of medical materiel required, to effectively execute the DoD medical mission.

i. Coordinate with the Commander, United States Transportation Command (USTRANSCOM) and the DoD distribution process owner (DPO), to ensure responsive, efficient, and effective distribution support for medical materiel.

3. UNDER SECRETARY OF DEFENSE FOR POLICY (USD(P)). The USD(P) shall include the MMEA in medical logistics matters impacted by development of or modifications to DoD policy for military contingency and wartime planning and execution.

4. UNDER SECRETARY OF DEFENSE (COMPTROLLER) (USD(C))/CHIEF FINANCIAL OFFICER (CFO), DEPARTMENT OF DEFENSE. The USD(C)/CFO, Department of Defense, shall include financial requirements in the budgets for DLA and other DoD Components as necessary, for the implementation of this Instruction.

5. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) shall establish policies and develop plans, programs, and standards to govern the provision of military health care and ensure the readiness of the total force.

6. ASD(HA). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

- a. Exercise authority and direction for management of medical materiel required to effectively execute the DoD medical mission in accordance with DoDD 5136.01 (Reference (e)).
- b. In coordination with the MMEA and the Secretaries of the Military Departments, establish joint standards and metrics for medical materiel supply chain performance.
- c. In conjunction with the Secretaries of the Military Departments and the heads of other Federal agencies, serve as the DoD focal point for identifying critical medical materiel requirements and medical support agreements for military health system (MHS)-wide preparedness to respond to major health threats such as pandemic disease.
- d. In concert with the MMEA and the Secretaries of the Military Departments, designate functional lead agents (FLAs) to represent the MHS in support of specified functions or initiatives as necessary to achieve unity of effort for medical materiel supply chain support.
- e. Designate the co-chair for the DMLSCC.
- f. In coordination with the MMEA, program and budget for and lead collaborative development of comprehensive enterprise architecture, integrating with the MHS architecture. Documentation of the medical logistics business process and the functional, technical, and data requirements necessary to support the delivery of military health care across the range of military operations should be included.
- g. Develop, implement, monitor, and evaluate MHS policies, procedures, and resources required for DoD medical logistics.
 - (1) Develop MHS policies, plans, programs, and standards to promote the commonality, interoperability, and interchangeability of medical materiel across the MHS and its continuum of care for institutional and operational health care, and to reduce unwanted variability in the medical materiel supply chain.
 - (2) Develop information technology tools to enable medical logistics business processes to support health care delivery and to capture and analyze supply chain performance data.

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

- a. Provide the medical logistics capabilities necessary to manage the specialized products and services required by their respective health service support (HSS) systems and missions across the full range of military operations.
- b. Apply joint medical materiel standardization processes to the materiel design of medical assemblages to increase medical interoperability, reduce product variability in medical materiel sustainment demands, and improve overall supply chain effectiveness.

- c. Develop, in collaboration with the CCDRs, the ASD(HA), and the MMEA, accurate clinically based medical materiel sustainment requirement forecasts.
- d. Collaborate with the MMEA and the CCDRs to establish key medical supply chain performance indicators and metrics.
- e. In coordination with the MMEA, participate in supply chain planning in support of the Combatant Commands and designated TLAMMs.
- f. When requested, provide personnel augmentation to designated TLAMMs once validated through the Global Force Management process.
- g. Provide a senior service medical logistician to represent Service interests and provide subject matter expertise as members of the DMLSCC Board of Directors.

8. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff, or designee, in coordination with the CCDRs and the Secretaries of the Military Departments, shall designate TLAMMs for the Combatant Commands based upon recommendations from the MMEA.

9. COMMANDERS OF THE COMBATANT COMMANDS. The Commanders of the Combatant Commands shall:

- a. Incorporate end-to-end supply chain support as part of HSS plans.
- b. As required, designate a single integrated medical logistics manager (SIMLM).
- c. In coordination with the MMEA, the Chairman of the Joint Chiefs of Staff, and the commanders of the Military Department component commands (DCC) assigned to support a geographic combatant command:
 - (1) Determine the need for TLAMM designations to support their areas of responsibility.
 - (2) Determine, in coordination with the designated TLAMM, the need for personnel augmentation when required to support contingency operations and request through the Global Force Management process.
 - (3) Establish and synchronize theater medical supply chain policy and strategies.
 - (4) Provide guidance on the use of TLAMM inventories consistent with sound business practices and operational readiness requirements.
- d. In coordination with the MMEA, ensure the logistics supportability of HSS plans.

10. COMMANDER, USTRANSCOM. The Commander, USTRANSCOM, in addition to the responsibilities in section 9 of this enclosure and as the DPO pursuant to DoDD 5158.04 (Reference (f)), shall establish distribution process improvements across all DoD Components to ensure responsive, efficient, and effective distribution support for medical materiel.

ENCLOSURE 3

PROCEDURES

1. GENERAL. The MHS delivers health care to the Military Departments through institutional and operational capabilities across the full range of military operations. These capabilities are under the control of each of the separate Military Departments but operate as interdependent elements of an integrated HSS system. DoD medical logistics capabilities must also operate with a high degree of collaboration and interoperability within a defense medical logistics (DML) enterprise framework. The MMEA enables a DML enterprise through an acquisition and business structure that allows rapid response to medical demands by promoting the strategic and operational relationships necessary to achieve effective and efficient medical supply chain support.

a. Management. The management of specialized medical products and services is an integral part of HSS accomplished under the oversight of the MHS. Health service logistics support (HSLs) units and organizations distribute medical materiel to theater medical elements as part of the integrated HSS system. Medical materiel selection and utilization have a direct bearing upon the quality and the cost of military health care. Medical materiel acquisition, management, and distribution strategies must address several aspects of this commodity to ensure quality, availability, and economy. The management of the medical supply chain must address several aspects of medical materiel, to include:

(1) The high reliance on these specialized products and services for the delivery of health care, of which the HSS system is the exclusive user within the DoD.

(2) The predominance of commercial items subject to national statutory and regulatory standards (e.g., Food and Drug Administration and Drug Enforcement Agency regulations in parts 1 through 1399 of title 21, Code of Federal Regulations (Reference (g))) and the underlying business practices and product identification taxonomies of commercial markets of the U.S. health care industry.

(3) Requirements driven primarily by health care activity rather than density of end-items, weapons systems, or troop population.

(4) Requirements subject to rapid changes in technology and clinical practice and that vary widely with the type and phase of HSS and military operation.

(5) Physical characteristics such as environmental protection in storage and in-transit to prevent deterioration and ensure clinical efficacy.

(6) The financial impact of rapid technological advancements and shelf-life limitations on the cost of establishing and maintaining medical materiel readiness.

(7) The protected status of medical materiel and medical logistics personnel pursuant to the Fourth Geneva Convention (Reference (h)).

(8) Combatant Command-unique requirements such as United States Special Operations Command (USSOCOM) requirements relating to urgency, packaging, and specificity in geographic locations not supported by conventional forces, and United States Northern Command requirements to support populations that are not DoD beneficiaries.

b. Collaboration. The MMEA, the Secretaries of the Military Departments, and the ASD(HA) shall promote collaboration and teaming in the delivery of medical supply chain support to achieve unity of effort, reduce unnecessary redundancy, and promote positive medical outcomes. There are many major roles within the collaborative framework for MMEA implementation.

(1) The MMEA provides the acquisition and financial framework to make medical materiel available to meet the HSS requirements of the Military Departments and synchronizes activities necessary to achieve end-to-end medical supply chain support.

(2) The ASD(HA) provides health guidance as it relates to medical logistics and functional pronency for the medical materiel standardization and the medical information management systems of the MHS.

(3) The Military Departments outfit and deploy capable medical units, to include the capabilities necessary to manage medical materiel requirements and distribute medical materiel for use in support of HSS activity.

(4) The Combatant Commands develop HSS plans, identify the capabilities necessary for their execution, and direct theater HSS activity.

(5) TLAMMs provide direct medical materiel support to theater medical forces, ensure tactical units are integrated into the end-to-end medical supply chain, and assist the Combatant Commands and the DCC assigned to support the Combatant Command in HSLS planning.

(6) FLAs provide support to the MMEA in the development of medical logistics business processes, identification of functional requirements, and other aspects of HSS necessary to achieve effective medical materiel supply chain support.

(7) USTRANSCOM, as the DoD DPO, provides strategic distribution solutions in support of MMEA acquisition programs to enable the rapid movement of medical materiel from commercial sources to the theater HSS system.

c. Role of the DMLSCC. The DMLSCC shall provide a joint forum for the collaborative assessment and integration of medical supply chain strategies and initiatives relative to the:

(1) Forecast, acquisition, and management of contingency requirements for medical materiel.

(2) Alignment of information systems and architectures for end-to-end medical supply chain management.

(3) Development of programming and budgeting requirements for end-to-end medical supply chain management within the DoD planning, programming, budgeting, and execution process.

(4) Development of concepts, business processes, and performance standards for acquisition and end-to-end distribution of medical materiel in all operational environments, and delineation of roles, responsibilities, and authorities among the organizations and elements that comprise the supply chain.

2. MEDICAL SUPPLY CHAIN PLANNING. HSS requirements and the supporting MMEA business framework require close coordination between the MMEA and medical planners at the Combatant Command, Military Department, and DCC levels. These stakeholders shall accomplish this coordination within the overall adaptive planning and execution process conducted to ensure the supportability of HSS plans and operations.

a. Military Department Medical Planners. The Military Department medical planners shall compute medical materiel requirements based upon planning factors provided by the Combatant Commands and clinical treatment protocols established within the MHS, and shall:

(1) Collaborate with the Combatant Commands for direction on operation plans, planning assumptions, constraints, and other factors relevant to the development of medical materiel requirements.

(2) Use common modeling and computation processes and, to the extent possible, select materiel to meet Military Department requirements that promote joint interoperability as well as commonality between institutional and operational health care.

(3) Delineate medical materiel requirements by the HSS capability-of-care taxonomy (first responder care, forward resuscitative care, theater hospitalization, definitive care, and en-route care).

(4) Forecast requirements over a 180-day sustainment period.

(5) Provide semi-annual medical materiel sustainment requirement forecasts synchronized with POM and budget development milestones to the MMEA.

b. MMEA. The MMEA shall provide POM and budget guidance to the Military Departments for development of a consolidated program; shall budget to support MMEA programs, initiatives, and process improvements in accordance with paragraph 2.e. of Enclosure 2 of this Instruction; and shall:

- (1) Consolidate Military Department requirements and determine joint surge and sustainment requirements for medical materiel.
- (2) Assess the capability to meet forecast requirements through available DLA stock, contingency programs, or industry capacity.
- (3) In coordination with the Military Departments, develop acquisition strategies and programming and budgeting requirements for a consolidated DoD POM and budget submissions for materiel needed for operational surge and sustainment.
- (4) Develop DLA support plans to source and move medical materiel from commercial sources to the theater of operations sources for distribution to theater forces.
- (5) Provide lift requirements to USTRANSCOM for development of strategic lift estimates and transportation feasibility assessments.
- (6) Ensure that MMEA support plans are synchronized with Combatant Command operational plans for HSS and with Military Department plans for deployment of medical forces.

c. Combatant Command Medical Planners

(1) The MMEA, the DLA, and the Military Department medical planners shall collaborate with Combatant Command medical planners in their development of base operational plans and supporting annexes, to include:

- (a) Developing and assessing theater distribution strategies such as forward positioning of materiel and transportation priorities for early entry sustainment inventory.
- (b) Defining and identifying operational medical logistics capabilities needed to support theater storage and distribution of medical supplies through intra-theater channels to the ultimate customer.
- (c) Designating a lead Military Department for provision of SIMLM support to other DCCs, when required.
- (d) Establishing or designating a TLAMM.

(2) The MMEA, the Military Departments, and the TLAMM(s) (when designated) shall provide subject matter expertise to Combatant Command medical planners in the ongoing refinement and assessment of base plans to ensure feasibility and address changing circumstances and operational requirements for HSS. These contingent requirements may include:

- (a) The development of theater pharmaceutical formulary and policies for medical materiel standardization and supply discipline.

(b) Theater management of special interest materiel such as medical, biological, and chemical defense materiel; investigational drugs and vaccines; controlled substances; and other medical special programs under the purview of the joint force surgeon.

(c) The status and actions necessary to accomplish Combatant Command-required preparatory tasks for plan execution, such as the movement of sustainment materiel from MMEA commercial contingency programs to forward storage in the theater.

(d) Theater policies and processes for the refill of prescription medications for chronic medical conditions of assigned and attached personnel.

(e) Area supply support for primary care during joint reception, staging, and onward integration of arriving forces.

(f) Ongoing analysis of theater demands for medical materiel to anticipate changes in requirements resulting from HSS operations and to adjust sourcing strategies as necessary.

d. DPO. The MMEA shall coordinate with the DPO for the movement of medical materiel from commercial sources in the United States to TLAMM or other intra-theater distribution points. The predominant method for inter-theater movement of medical materiel during peacetime is commercial air. The MMEA, in coordination with the DPO, must be prepared to adjust to operational limitations that dictate changes to strategic movement channels or modes.

3. DESIGNATION AND ACTIVITIES OF TLAMMs

a. Designation

(1) The Chairman of the Joint Chiefs of Staff shall make TLAMM designations in accordance with section 8 of Enclosure 2 of this Instruction, upon the recommendation of the MMEA and in coordination with the Combatant Commands and the Military Departments. Upon designation, the TLAMM unit shall have:

(a) Responsibility to provide medical materiel supply chain support to all Service members assigned or attached to the Combatant Command and to coalition or other non-U.S. customers specified by the Combatant Command.

(b) Authority for direct communication with supported customers, the MMEA, and supporting national-level organizations.

(c) Authority for joint augmentation as appropriate for the Military Departments' demographics as validated by the Combatant Command and directed by the Chairman of the Joint Chiefs of Staff.

(d) Authority to operate within the DWCF when extended within the scope of PBAs or other formal agreements established between DLA and the parent Military Department.

(2) A TLAMM designation may be conferred upon an existing organization that is part of the institutional MHS or upon a provisional organization created as required through the deployment of operational medical logistics capabilities.

(3) TLAMMs remain within the chain of command of their parent organization (parent Military Department, Combatant Command, DCC, or other DoD Component).

b. Activities

(1) TLAMMs manage demand-supported medical materiel inventory to support HSS operations and maintain relations with theater customers, national-level suppliers, and theater distribution management activities.

(2) TLAMMs operate within the business framework and system architecture established by the MMEA and the ASD(HA) for management of medical materiel for HSS operations. As they provide medical logistics functions assigned by their parent organization to support the HSS system, they may vary in functional capabilities; however, they shall always provide:

- (a) Direct accountability to the HSS system.
- (b) Theater-level medical materiel storage and distribution in coordination with intra-theater distribution management activities.
- (c) The primary physical link between commercial sources of supply and the theater medical supply chain.
- (d) A single customer support structure for all assigned medical logistics functions.
- (e) Medical logistics subject matter expertise to the Combatant Commands and the DCC for medical supply chain planning.
- (f) Other medical logistics capabilities assigned by their parent organization such as medical equipment maintenance, optical fabrication, or medical set assembly.

4. DESIGNATION AND ACTIVITIES OF FLAs

a. Designation

(1) The ASD(HA) shall designate and charter FLAs when required in accordance with paragraph 6.d. of Enclosure 2 of this Instruction, in coordination with the MMEA and the Military Departments.

(2) The MMEA shall recognize the authority of FLAs to act in concert with and on behalf of the MMEA within the scope of their charters.

b. Activities. FLAs shall provide the MMEA a single MHS point of contact for functions for which the ASD(HA) or the Military Departments' medical departments are the proponent.

5. SUPPLY CHAIN PERFORMANCE MEASUREMENT. The MMEA shall adhere to the guidance established by the USD(AT&L) to ensure efficient and effective medical supply chain management, and shall use metrics to evaluate the performance and cost of medical supply chain operations. The ultimate measure of medical supply chain performance is the effectiveness of HSS in protecting the health of the force and delivering positive patient outcomes. HSS provides overall context for assessment of all other medical supply performance measures. The DMLSCC shall serve as the forum for development of metrics and comparison benchmarks appropriate for overall medical supply chain performance (e.g., perfect order fulfillment or total life-cycle costs), as well as for determining specific segments or functional areas to target for process improvement.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCDR	Combatant Commander
DCC	Military Department component commands
DLA	Defense Logistics Agency
DML	defense medical logistics
DMLSCC	Defense Medical Logistics Supply Chain Council
DoDD	DoD Directive
DoDI	DoD Instruction
DPO	distribution process owner
DWCF	Defense Working Capital Fund
FLA	functional lead agent
HSLs	health service logistics support
HSS	health service support
MHS	military health system
MMEA	DoD Medical Materiel Executive Agent
PBA	performance based agreement
POM	program objective memorandum
SIMLM	single integrated medical logistics manager
TLAMM	theater lead agent for medical materiel
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(C)/CFO	Under Secretary of Defense (Comptroller)/Chief Financial Officer, Department of Defense
USD(P)	Under Secretary of Defense for Policy

USD(P&R) Under Secretary of Defense for Personnel and Readiness
USSOCOM United States Special Operations Command
USTRANSCOM United States Transportation Command

PART II. DEFINITIONS

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

definitive care. Defined in Joint Publication 1-02 (Reference (i)).

DML. A function of HSS that provides the specialized products and services needed by military health care. It includes the management of medical supply, medical equipment and its maintenance, optical fabrication, medical facilities, blood storage and distribution, and the life-cycle management of medical assemblages.

DML enterprise. The coalition of medical logistics organizations and activities of the Military Departments and the Defense Agencies that provides focus, collaboration, teamwork, and a shared sense of purpose and vision for meeting the needs of military health care across the full range of military operations.

DMLSCC. A collaborative forum established by the MMEA to develop the strategic and operational relationships, capabilities, performance standards, and system integration necessary for effective and efficient medical supply chain support.

DPO. Defined in Reference (f).

DWCF. Defined in Reference (i). Managed by DLA.

en-route care. Defined in Reference (i).

Executive Agent. Defined in DoDD 5101.1 (Reference (j)).

first responder care. Defined in Reference (i).

FLA. An organization designated and chartered by the ASD(HA) to represent the MHS in support of the MMEA for specified functions or initiatives.

forward resuscitative care. Defined in Reference (i).

HSLs. Defined in Reference (i).

HSS. Defined in Reference (i).

material. Property that may be consumed or expended during the performance of a contract, component parts of a higher assembly, or items that lose their individual identity through

incorporation into an end-item. Material does not include equipment, special tooling, special test equipment or real property.

materiel. All items necessary to equip, operate, maintain, and support military activities without distinction as to its application for administrative or combat purposes, excluding real property, installations, and utilities. Materiel is either serviceable (i.e., in an issuable condition) or unserviceable (i.e., in need of repair to make it serviceable).

MHS. Defined in Reference (i).

PBA. A written agreement between the support provider and the customer, with the fulfillment agent, that describes measurable service and performance-level parameters based on customer requirements and expectations.

POM. A memorandum that the Military Departments, Defense Agencies, and USSOCOM submit to the Secretary of Defense for approval, documenting a 6-year projected blueprint of their respective proposals for updating DoD programs. The approved POM defines the programs that are targeted to be supported.

SIMLM. Defined in Reference (i).

surge. The rapid provision of materiel and equipment to fill shortages, meet unanticipated requirements, or achieve contingency stock levels in theater. This materiel is normally released from military or commercial storage locations within hours of notification.

sustainment. Defined in Reference (i).

theater hospitalization capability. Defined in Reference (i).

TLAMM. An organization or unit designated to serve as a major theater medical distribution node and to provide the customer-facing support interface for medical logistics and supply chain management.