



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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WASHINGTON DC 20301-3000

ACQUISITION
TECHNOLOGY
AND LOGISTICS

SEP 17 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
(ATTN: ACQUISITION EXECUTIVES)
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
COMMANDERS OF THE COMBATANT COMMANDS
DIRECTORS OF DEFENSE AGENCIES

SUBJECT: Contractor Healthcare Services – Defense Contractors Outside the United States

Healthcare services provided to contractors supporting U.S. Forces deployed outside the United States are limited to resuscitative and emergency care, unless authorized by the Combatant Commander. The attached memorandum from Major General Scott, Commander, Joint Contracting Command – Iraq/Afghanistan, outlines the seriousness of this issue in the Iraqi Theater of Operations and strain placed on an overburdened service designed primarily to support the warfighter.

For those contracts containing the clause at DFARS 225.7040, the contracting officer must clearly specify in the contract the authorized level of medical or dental care approved by the combatant commander. These procedures can be found in the DFARS Procedures, Guidance and Information (PGI) 224-74, Defense Contractors Outside the United States, at: http://www.acq.osd.mil/dpap/dars/pgi/pgi_hm/PGI225_74.htm.

Additionally, the PGI contains other guidance and theater specific information to assist the contracting officer in determining available and approved government support in the desired Area of Operations.

Further questions can be directed to my contingency contracting action officer LTC Jeff Grover at commercial phone: 703-695-9764 or email: Jeffrey.Grover@osd.mil.

Shay D. Assad
Director, Defense Procurement
and Acquisition Policy

cc:
U.S. Department of State
U.S. Agency for International Development
DSMC, Ft. Belvoir

Attachment:
As stated



HEADQUARTERS
JOINT CONTRACTING COMMAND-IRAQ/AFGHANISTAN
APO AE 09316



FJC-CG

13 August 2007

MEMORANDUM FOR Director, Defense Procurement and Acquisition Policy and Strategic Sourcing, 3060 Defense Pentagon, Room 3E1044, Washington, D.C. 20301-3060

SUBJECT: Contractor Healthcare Services in the Iraqi Theater of Operations (ITO)

1. References:

- a. FRAGMENTATION ORDER (FRAGO) 09-1038 Contractor Care in CENTCOM AOR
- b. DoDI 3020.41 Contractor Personnel Authorized to Accompany U.S. Armed Forces
- c. The Defense Federal Acquisition Regulation Supplement (DFARS), subpart 225.74, Defense Contractors Outside the United States
- d. The DFARS Procedures, Guidance and Information (PGI) 225.74, Defense Contractors Outside the United States

2. Background:

a. US Department of Defense (DoD) contractor personnel in the Iraqi Theater of Operations (ITO) number approximately 129,000. The DoD is only required to provide contractor personnel with resuscitative and emergency healthcare, unless explicitly stated in the contract. The Military Healthcare System has the capability to provide a limited amount of primary healthcare to contract employees, and cannot support routine healthcare services to the large number of contractors in theater without diminishing care to coalition military forces.

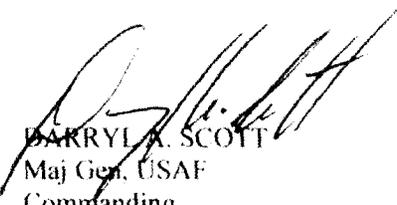
b. Vague contract language has resulted in Letters of Authorization (LOA) that have obligated the DoD to provide primary healthcare for numerous contractors, who contractually are not authorized routine health care services at military treatment facilities. Further, other DoD agencies operating in Iraq do not adhere to the referenced documents and write contracts authorizing primary and routine care.

c. The Joint Contracting Command Iraq/Afghanistan (JCCI/A) has created theater-specific contract language to clarify the healthcare available in Iraq. This language must be used whenever the Reference (c) clause is used. Contracting officers can find this language by using the web link in the PGI in Reference (d).

d. The Reference (a) FRAGO requires that contracting officers coordinate with the CENTCOM Staff Judge Advocate before authorizing other than resuscitative care to contracts. Further, the FRAGO requires that letters of authorization state medical insurance and other critical information. Contracting officers are not consistently adhering to these requirements.

3. Recommendation:

Recommend Director, Defense Procurement and Acquisition Policy and Strategic Sourcing continue to emphasize that contracting officers adhere to the Reference (d) PGI. Further, request your support in sharing this information with other Federal agencies writing contracts in support of Iraq operations.



BARRY A. SCOTT
Maj Gen, USAF
Commanding