



DEPARTMENT OF DEFENSE
COORDINATOR FOR DRUG ENFORCEMENT
POLICY AND SUPPORT

1510 DEFENSE PENTAGON
WASHINGTON DC 20301-1510

MAY 8 1997



MEMORANDUM FOR ACTING ASSISTANT SECRETARY OF DEFENSE FOR
HEALTH AFFAIRS

SUBJECT: Outsourcing of Defense Health Program (DHP) Non-Core Competencies

I recently became aware of a tasking from your office to the Military Services' Surgeons General to identify all non-core competency activities as potential candidates for outsourcing. Included in this list of potential functions for outsourcing were Drug Testing Laboratories. If these testing laboratories are the clinical drug testing laboratories at military clinical centers, we are not involved and have no opinion on the initiative. Alternatively, if the drug testing laboratories addressed are the military Demand Reduction drug testing laboratories (laboratories testing for the use of illegal drugs), we are concerned and are directly involved. Specifically, we do not agree with any initiative that would outsource these Demand Reduction laboratories, which are under the policy and funding responsibilities of the DoD Coordinator for Drug Enforcement Policy and Support.

We consider commercial contracting for Demand Reduction drug testing of active duty service members to be a mistake from a personnel and readiness perspective. The unequalled forensic integrity of the military drug testing laboratories is crucial given the career-ending consequence of a positive illegal drug test. In this context, only the highest standards can be acceptable, unless we are willing to impose on our active duty members the continuing concerns of false positives and uncertain forensic integrity. Although of high quality, the commercial sector simply does not have the same rigorous administrative procedures that are exercised by our military laboratories.

In addition, since drug abuse dramatically impairs the abilities of users and endangers co-workers, illegal drug abuse directly impacts the ability of the Department to field ready and capable forces. Consequently, the DoD active duty military drug testing program is considered a military readiness program.

As with all of the Department's counterdrug policy, funding, programs, and civilian billets, the DoD Coordinator for Drug Enforcement Policy and Support is responsible for the drug testing program. Funds for these activities are appropriated directly to the Office of the Secretary of Defense (Counterdrug Central Transfer Account), and subsequently released to the Services/Defense Agencies for execution under this office's program and policy guidance. Counterdrug civilian billets are also unique. Allocated as OSD billets to the counterdrug program and, required to remain wholly dedicated to counterdrug efforts, they are then provided at the DoD Coordinator's discretion and with the corresponding counterdrug funding to the Services/Defense Agencies--over and above their normal ceiling. In this context, it would be inappropriate for the issue of outsourcing of the military Demand Reduction drug testing laboratories to be considered under the aegis of the Defense Health Program.



Therefore, I request that no unilateral action should be pursued with respect to military Demand Reduction drug testing without the appropriate policy approval of the office of the DoD Coordinator for Drug Enforcement Policy and Support. I also request that any reference to outsourcing of the Demand Reduction military drug testing laboratories (or associated drug testing) be removed from DHP reports and taskings.

In summary, it is our objective to ensure that the Department's military drug testing program is executed efficiently and with the requisite concern for readiness, resources, and the impact on our Service men and women. My point of contact is Mr. Lennard Wolfson, Director, Demand Reduction and Systems, who may be contacted at 693-1917.



Brian E. Sheridan
Principal Deputy

CF:
Military Services' Surgeon General