

7. *Coordination and cooperation*

(a) All aspects of this program require coordination with the Assistant Secretary of Defense (Comptroller) and the Deputy Assistant Secretary of Defense (Military Personnel Policy). Many aspects require coordination with the General Counsel, Department of Defense. No special arrangements, procedures, or agreements are necessary to promote cooperation and coordination within the Office of the Secretary of Defense as such goals are achieved through normal staff procedures.

(b) The Office of the Deputy Assistant Secretary of Defense (Health and Medical) provides a means by which major medical policies and programs are coordinated for the medical departments of the Army, Navy, and Air Force. The major programs involve medical education, professional personnel requirements, and facility planning. The program entitled "Medical Education for National Defense" (MEND) is an example whereby civilian-medical institutions conduct educational programs with specific emphasis on military medicine.

The Armed Forces physicians' appointment and residency consideration program (Berry plan) applies to a medical student upon his graduation from medical school. The young physician who has not, yet fulfilled his military obligation, is offered through the Berry plan, two options. If he wishes to complete his military service as early as possible, the Berry plan offers active duty immediately after internship, or as late as 1 year after internship, in the service of his choice, at a time which is mutually acceptable. If he is anxious to complete specialty training before entering service, he is offered the opportunity to be considered for deferment to complete training in one of the specialties required by the armed services. These specialty requirements are based on carefully calculated estimates and must be filled. Through this option, the physician completes his training in the specialty of his choice and for which he was selected, in the civilian institution of his choice. Upon completion of the specialty training the physician will be brought to duty to serve for 2 years in that specialty.

(c) Public Law 89-264, sponsored by the Department of Defense, eliminates the need for one military department to reimburse another such department for hospital services provided its beneficiaries.

All actions concerning the draft for medical-professional personnel are coordinated in this office, after requirements are received from the Surgeons General of the Army, Navy, and Air Force. Direct liaison is maintained with the Director, Selective Service System.

All programs for the construction of medical facilities in the Army, Navy, and Air Force are coordinated in this Office and supported through all echelons of the Department of Defense, the Bureau of the Budget, and the Congress.

Medical materiel standardization for all the medical services is effected by this Office through the facilities of the Defense Medical Materiel Board, resulting in coordinated selection of items and uniform specifications.

The Office of the Deputy Assistant Secretary of Defense (Health and Medical) maintains membership on all of the professional councils of the National Institutes of Health and in this manner keeps abreast