



The Seven **Lethal** Acquisition Diseases

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**“Extreme remedies are very appropriate for extreme diseases.”
—Hippocrates**

It's no secret that Department of Defense (DoD) acquisition professionals work in a very challenging, high-pressure environment. The acquisition process involves an integrated product team of diverse functional experts who must employ critical thinking skills, collaborative problem-solving and robust communications to be effective. This dynamic means that the acquisition team's behaviors often can be critical factors in a program's outcome.

During a defense acquisition and industry career spanning more than 35 years, I have observed and participated in both high- and low-performing acquisition teams. The poor performing teams consistently adopted behaviors that I believe contributed to their poor performance while the high performers avoided such behaviors.

The article identifies some poor team behaviors that should be avoided. Each of the behaviors is identified as one of the seven lethal acquisition diseases. On the contrary, the behaviors of the high-performing teams are identified as potential remedies for those afflictions.

“Throw-it-Over-the-Fence-itis”

The throw-it-over-the-fence disease involves a lack of teamwork and collaboration. Developing acquisition alternatives, plans and documents should involve a collaborative effort to get the inputs from functional team members. Asking for inputs on important documents with no subsequent dialogue is a symptom of this disease.

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I observed a classic example with a contracting organization I once worked with. This contracting organization required a list of completed documents before any contracting actions were taken. The well-intentioned rationale was that the program office needed to define the technical scope, base line requirements, and have funding documents available to ensure that the contracting officials were not wasting their time before a procurement package was initiated.

The problem was in implementation. The contracting staff resisted upfront dialogue and early planning discussions because the checklist of completed documents was unavailable. It eventually instilled an attitude of sending documents to each other without discussing key issues, many of which had contractual implications. As a result, communications and collaboration were stifled and teams neither effectively planned nor developed an integrated strategy. A senior leader intervention was needed to stop this behavior and change the process since the situation created an atmosphere of finger pointing and mistrust between the teams.

The remedy? Program managers (PMs) should establish clear expectations for collaboration and team coordination, especially for important program artifacts. Not only will the product quality improve; the quality and performance of the team also should be enhanced. As an example, in our Defense Acquisition University (DAU) Services Acquisition Workshops, we ask that the contracting officer, PM, subject-matter experts and other key team members participate in the entire event.

“Ready-Fire-Aimitis”

This disease involves a team that rushes through tasks without completing key parts of the task or adequate planning. This is a prevalent disease because we are tempted to avoid possibly tedious and time-consuming in-depth planning. A good example is not fully addressing some of questions raised by potential bidders about the draft Request for Proposal (RFP). I have observed teams answering such questions with a mere restatement of the draft requirement. This not only ignored the question but sent a message that the company questions were unimportant. This can result in limited competition, a single bid or even a protest. None of these outcomes is good.

On the industry side, I watched our business unit become too aggressive in chasing new business. We pursued numerous opportunities, many of which were low probability wins since we were either late to the game or did not fully understand the customer requirements. After some reflection, we changed the model to establish more focused and better-informed pursuit decisions. As a result, our win rate increased and our business unit performance exceeded objectives.

The PM can remedy this disease by establishing a clear expectation of robust planning and avoiding the rush mentality. Moving forward from one step to the next involves successful completion of necessary predecessor events and understanding task relationships. In the draft RFP example, the PM should

insist that all questions are answered satisfactorily before a final RFP is developed and released. Establishing a culture of high-quality tasks and documents is another good remedy.

“Cut-and-Paste-itis”

Overuse of cutting and pasting is a symptom of the actual affliction—a lack of critical thinking. While reusing some content can help save time and capture complex concepts, this should not serve as a substitute for thinking through the problem and developing content that enables the best solution.

I worked in a program office that was accustomed to issuing sole-source contracts to the original equipment manufacturer. This sole-source situation was driven by a very complex and unique weapons system configuration and lack of data rights. When it was time to conduct an acquisition strategy, the language to justify a sole-source approach simply was cut and pasted from the last contract action and was rarely questioned. After discussions with another company, we decided to challenge the status quo and quickly learned that not every modification to the aircraft needed to be sole source. We explored some limited competition and began looking at actions to migrate to a more open architecture, enabling even more industry participation and competition.

The remedy for this disease? Apply a disciplined and rigorous thought process when developing important work products for your program. Be careful to avoid cookbook solutions that may not be the best course of action for your situation, even if they worked previously. Conditions will change. Emphasize critical thinking skills to your team, and lead by example.

Critical thinking is one of the fundamental (and more important) skills that acquisition professionals must employ in order to plan and execute programs. There is no one-size-fits-all approach to analyzing a program’s unique aspects and making informed decisions. As a DAU professor, I often see students and workshop teams struggle when asked to think critically. This should not be surprising. Just like other skills, critical thinking requires training and practical experience in order to achieve improvement. Critical thinking tools should be part of the acquisition team problem-solving rhythm since it is too important to be performed on an ad hoc basis or ignored. Numerous examples clearly show the benefits of using these techniques.

“Schedule-Driven-itis”

This disease can be highly contagious in acquisition organizations because important program milestones are highly visible and have broad implications for acquisition outcomes. “Time is money” is a common acquisition saying and means that we incur additional costs as schedules slip to the right. Allowing time constraints to drive unreasonable schedules is a root cause of the disease. But be aware of the symptoms.

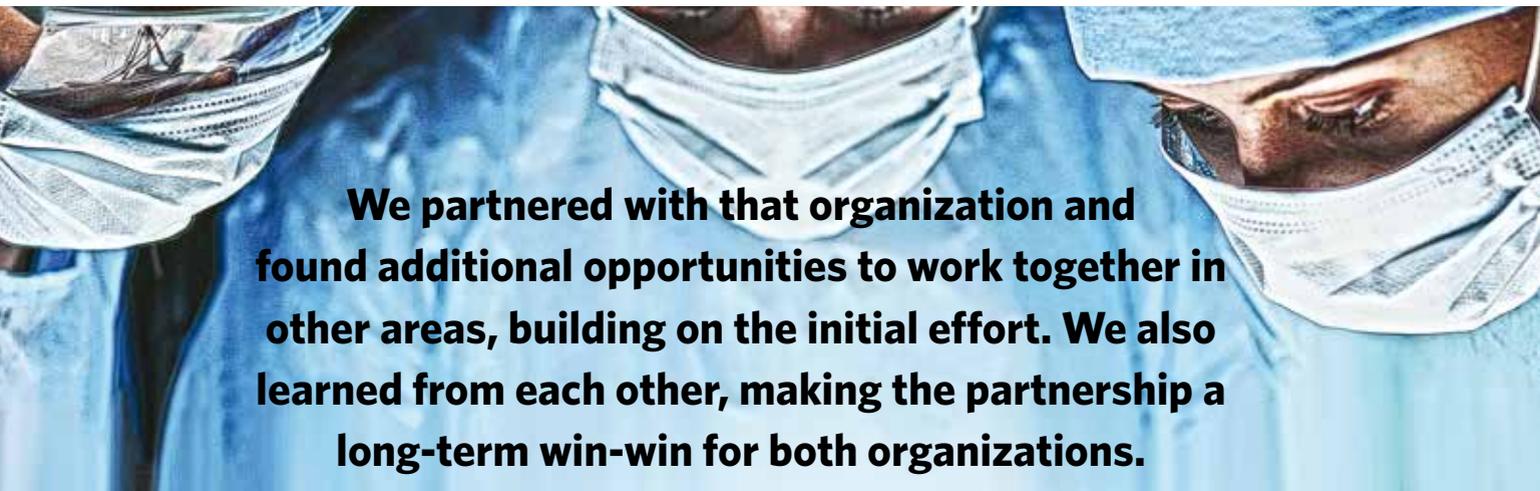
I was involved early in my career with an advanced voice and data communications system program. This major program

was very visible and it was imperative to get the system through development and fielding to our joint warfighters. Unfortunately, we kept missing major schedule milestones due to developmental issues and redesign work to correct system deficiencies discovered during testing. The DoD PM readily accepted the contractor's get-well plan and revised schedule, even though the contractor's track record was not credible. In the end, the entire team, both DoD and contractor, lost credibility and the program suffered.

The "remedy" for this disease is adoption of event-driven scheduling, including robust schedule analysis. An event-driven schedule will assess a reasonable duration based on

I had the opportunity to observe two users (the United States and an allied partner) of basically the same system diverge in developing a major upgrade to that common system. While the reasons for the divergence included some good reasoning, the end result was two divergent fleet configurations with significant challenges to interoperability, supportability and affordability.

How do we overcome this disease? The remedy simply is to foster a mindset of exploring possibilities. We earlier considered the necessity for critical thinking. An essential part of critical thinking models is exploration of alternatives. PMs should keep an open mind to solutions available from outside



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task complexity, resources, task dependencies and other relevant factors related to a credible plan to complete the required work successfully. An event-driven schedule mentality recognizes that programs may have compelling schedule-driven milestones and that not adhering to these risks significant consequences. However, the PM and team should assess and understand the risks of signing up to a schedule-driven milestone. Adopting an event-driven mentality will enable informed decision making.

"Not-Invented-Here-itis"

While the symptoms vary, the root cause of this disease is resistance to change. In practice, not-invented-here means that an organization will not use the products, services or processes of others. The organization's leadership may believe it is successful and has no need for outside help. The organization also may believe that the incorporation of external products or processes could introduce risks and even threaten the unit's future workload or survival.

There are many dire consequences associated with this disease, but I believe the primary negative is the duplication of effort from trying to reinvent the wheel. Imagine the cost and schedule implications of developing a new capability that is already available as a production item. On top of these costs, the delay in providing the capability to the warfighter can create an even greater problem.

the organization. I remember an air traffic management system we were planning that used a new sensor technology. The only organization we could find that had expertise in this area was outside of the DoD. We partnered with that organization and found additional opportunities to work together in other areas, building on the initial effort. We also learned from each other, making the partnership a long-term win-win for both organizations.

"Treat-the-Symptom-itis"

The "treat-the-symptom" disease indicates poor risk management and reactive versus proactive management. Managing risk is clearly one of the big areas of emphasis for DoD PMs. Part of risk management is the development of precise future root cause statements. Similarly, for issue management, PMs need to identify the root cause, which may not be easily visible without some examination, often using relevant data to assist. This prevents using scarce resources to manage symptoms that don't solve the root-cause problem. I have observed programs with very elaborate risk management plans that were nothing more than shelfware. When I asked why the plans were not used, the answer was along the lines of "we don't need to use it or don't have the time and resources for this small program."

As an example, I exercised some oversight of a team that had a great track record in acquiring and deploying production

radars in diverse environments for foreign military sales customers. Given their past efforts, why should they waste time worrying about risks?

This same team subsequently had a major customer express dissatisfaction with the performance of their newly installed radar. The surveillance coverage was very limited and did not detect aircraft of interest. It did not matter to the customer that the mountainous terrain blocked the view of the sensor; the program office needed to fix the problem.

In hindsight, robust risk management could have helped the team identify the terrain as a limiting factor in surveillance coverage. As a mitigation, the team should have assessed the siting options, using models to better understand the various alternatives, working with the customer before installation to plan for the best option. This could have helped avoid a costly redeployment of the radar to a more favorable site.

“Conspiracy-of-Hope-itis”

This disease is associated with overly optimistic planning assumptions about a team’s ability to execute a program within cost, schedule and performance constraints. Some common symptoms include poor program start-up planning, lack of analytical rigor and heavy reliance on contractor sales pitches of program possibilities.

Several motivations make this disease prevalent and hard to prevent. These include the “can-do” attitude of high-performing teams; a desire to work on high-visibility programs; the wish to keep a team or organization employed and to obtain or justify funding, and many others factors. PMs must be very careful with this disease, which can lead to significant negative outcomes.

An example of a personal experience with this disease involved a significant development effort for a command and control system. This occurred in the days of acquisition lightning bolts that in part called for smaller DoD acquisition program offices with greater reliance on contractor expertise to manage the cost-performance aspects of a program through its life cycle. In this case, the PM and the contractor were extremely optimistic that the joint team could deliver on a very complex development with minimal help from the DoD.

It turned out that the DoD program office did a poor job planning for the contract’s scope and complexity. Furthermore, the program office, with its limited team, could not effectively manage the cost-performance trades and keep up with design review and approvals, and this affected the contractor’s ability to execute in a tight schedule. The contract suffered significant cost growth and had to be renegotiated to incorporate a more realistic program. Several years and many millions of dollars later, the program recovered, but the optimism lesson lingers.

Treating this optimism disease involves a more complex diagnosis because the root cause needs to be diagnosed be-

fore there can be any treatment. Treatment can range from improved program start-up planning and cost estimating to ethics training.

Additional Treatment Considerations

Building an organizational environment of trust, empowerment and integrity helps lay a foundation to avoid these diseases. PMs and their program office leadership team must lead by example in this area and ensure that staff members are empowered to speak up without fear of incurring retribution or criticism. This type of environment is crucial to effective critical thinking; people must be open to sharing ideas and feel that their input is valued.

Some of these PM leadership qualities can be associated with soft skills such as emotional intelligence, critical thinking, change leadership, coaching, mentoring, and managing conflict. Many training courses and workshops are available to develop these skills, including those at DAU. Most of these workshops can be highly tailored to address the specific areas of concern and offer a great opportunity for the acquisition team to reflect on specific actions that can improve performance. PMs should consider these training opportunities and also consider intact team efforts to get the best return on the training investment.

There always is a danger that the seven lethal diseases will become resistant to treatment. It is important to identify the root causes and ensure the affliction is treated promptly so it does not get worse. While treatments usually are effective, good preventive maintenance always is the best approach because it can help avoid the diseases altogether! 

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MDAP/MAIS Program Manager Changes

With the assistance of the Office of the Secretary of Defense, *Defense AT&L* magazine publishes the names of incoming and outgoing civilian and military program managers for major defense acquisition programs (MDAPs) and major automated information system (MAIS) programs. One change of leadership was reported for September and October 2016.

Navy/Marine Corps

CAPT Laura Schuessler relieved **CAPT Scott Porter** as program manager for the Integrated Defensive Electronic Countermeasures System (ALQ-214) Program (PMA 272) on Oct. 14.