DEFENSE HEALTH PROGRAM
FY 2008 Global War on Terror Request

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DEFENSE HEALTH PROGRAM (DHP)

Global War on Terror (GWOT) / Regional War on Terror (RWOT)

Operation and Maintenance, Defense Health Program (DHP)
Budget Activity 01, Operating Forces

I. Description of Operations Supported:

Funding will provide medical and dental services to active forces (above baseline) and mobilized Reserve Components (RC), and their family members, as they support Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The DHP supplemental request does not provide medical and dental support within the OIF/OEF Area of Responsibility (AOR). Supplemental funding provides for the incremental costs associated with the treatment of casualties at Military Treatment Facilities (MTF). Caring for combat injuries (e.g., amputees, burns, and rehabilitative care) requires a level of effort greater than seen during peacetime operations. Other DHP operational requirements in support of the Global War on Terror (GWOT) include pre/post deployment processing for personnel, aeromedical transportation of casualties from Germany to the US, medical holdover processing, and contracted/civilian medical personnel to backfill deployed staffing at MTF's. Additional support requirements include, command, control and communications (C3) costs, telemedicine, public health support, material management control, veterinary support, and bioenvironmental health support that are above the normal day to day operations. The DHP provides additional blood units and products for casualties, deployment health outreach, medical surveillance analytical support, chemical and biological warfare health threat support activities, and post deployment health assessments (between 3-6 months after deployment), evaluations and treatment for all deployed forces. Furthermore, nearly half of the DHP supplemental funding request supports the healthcare needs of mobilized RC personnel and their family members and these costs are primarily incurred in the private sector.

- **In House Care:**
  - Incremental costs of health care for casualties of war above baseline
  - Incremental costs for deployment related pharmaceuticals

- Increased dental care for mobilized RC personnel
- Backfill of deployed medical personnel to home station MTF

- **Private Sector Care**
  - Healthcare for mobilized RC and their family members
  - Supplemental care for post deployment health reassessments

- **Consolidated Health Support**
  - Incremental costs for the Armed Services Blood Program to provide blood products for OIF/OEF
  - Aeromedical transportation of casualties from Germany to the US
  - Deployment health outreach, medical surveillance analytical support, and chemical and biological warfare health threat support activities
  - Military Public Health manpower, supplies, support equipment, and the associated requirements specifically identified for management, direction, and operation of disease prevention and control for OIF/OEF
  - Incremental support for epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, health promotion and education, health surveillance, medical intelligence, disease and climate illness, disease prevention and control, and injury surveillance in support of OIF/OEF
  - Resources required for the incremental costs for the management, direction and operation of DoD's veterinary missions in support of OIF/OEF
  - Medical laboratories processing of blood samples collected in the pre/post deployment process
  - DHP portion of the Armed Forces Institute of Pathology support to mortuary operations at Dover Air Force Base

- **Information Management**
  - Incremental information management support for medical coding and tracking of patients supporting GWOT
  - Incremental contract support to electronically collect and store healthcare, public health, bioenvironmental, and health surveillance data
  - Incremental funding of telemedicine and teleconferencing initiatives to better leverage technology in the delivery of combat health care
- **Management Activities**
  - Medical command, control and communications in support of OIF/OEF
  - Medical headquarters planning, analysis, reporting, data collection, and after action reviews in support of OIF/OEF
- **Education and Training**
  - Additional trauma training to ensure medical providers receive/retain the necessary skill sets to treat combat trauma injuries
  - Training for medical providers to properly diagnose pre/post-deployment mental health conditions
- **Base Operations/Communications**
  - Sustainment costs for medical facilities at five RC installations utilized for deployment processing

	FY 2007 Title IX/Supplemental	FY 2008 GWOT Request
	1,073,147	1,022,842

II. Financial Summary ($ in Thousands):

A. Subactivity Group – In-House Care

1. 2.3 Medical Support/Health Services	378,852	344,261

Narrative Justification: From FY 2007 to FY 2008 there is a net decrease of $34,091. In FY 2008, the number of mobilized personnel is estimated to decrease slightly. This will reduce the costs associated with supplying pharmaceuticals, and pre-deployment individual equipment items (e.g. eyewear and gas mask eyewear inserts) and prophylactic vaccinations as a direct result of our military personnel's multiple deployments to the OIF/OEF area of responsibility (AOR). Funding supports the continued level of contracted personnel to backfill deployed military medical personnel in support of OIF/OEF. The DHP will continue to fund casualty care activities at MTF's consistent with FY 2007 levels. Landstuhl Regional Medical Center (LRMC) continues to operate its bed expansion program to meet the increased patient load since the start of OIF/OEF. Patients treated at LRMC have complex injuries or wounds that average a 25% higher treatment requirement than patients seen prior to OIF/OEF. Funding also supports the Army amputee centers at Brooke Army Medical Center, San Antonio, TX; Walter Reed Army Medical Center, Washington, DC; and the Navy center at Naval Medical Center, San Diego, CA. Casualty care is also provided at the Defense and Veterans Traumatic Brain Injury and Burn centers in San Antonio. In FY 2008, Brooke Army Medical Center burn unit will continue to operate a bed expansion program to care for OIF/OEF patients. In FY 2005, the DHP instituted the Post-Deployment Health Reassessment (PDHRA) program to identify members who may have mental or physical health conditions as a result of their deployment. The PDHRA program is providing crucial pre/post-deployment mental health data and comparisons never before seen in the Military Health Care system. The DHP continues to contract for mental health providers to provide care in military treatment facilities to ensure redeployed personnel have access to mental health services.

Impact if not funded: Providing health care for military members (active as well as mobilized Reserve/Guard members) is the mission of the Military Health System. Baseline funding is available for health care of active duty members but not

at the intensity and complexity of casualty care. This request is for the funding necessary to provide for the additional medical and dental care of the mobilized forces when not in the war zone. Also requested is funding for mental health providers needed to treat post-deployment mental health issues. Without the GWOT funding, the DHP baseline funding appropriated for the care of retirees and all family members (active, mobilized RC, and retirees) would be funneled to care for active and mobilized military members; the care of the non-active, non-mobilized beneficiaries would be shifted to the private sector. In addition, if funding is not provided for the backfill of active duty medical personnel deployed in support of OIF/OEF, fewer beneficiaries can be seen in the Military Treatment Facilities (MTFs) shifting even more care to the private sector. Health care of all DoD beneficiaries is a mandated requirement either through the use of MTFs or the private sector care contracts making it a must pay bill.

B. Subactivity Group -- Private Sector Care

1. 2.3 Medical Support/Health Services 564,164 569,547

Narrative Justification: Provides mobilized Reserve Components (RC) and their family members with healthcare, pharmacy and dental benefits during the time they are on active duty, in support of GWOT. RC personnel and their family members are entitled to the same TRICARE benefits as their active duty counterparts including access to private sector providers through the TRICARE Managed Care Support Networks. The network also provides access to civilian providers for those beneficiaries living in remote locations outside the established network areas. (The TRICARE Reserve Select programs which is offered to RC Component members who enroll and share premiums with the government are not included in this requirement). Health care coverage includes costs for medical care and pharmaceuticals for RC and their family members, managed care contract administration fees and RC dental care. The average annual cost per mobilized RC (includes family members) in FY 2007 is $4,826 and will increase to $5,117 in FY 2008. The average annual cost for FY 2008 was established using actual FY 2005 claims data. The estimated daily average of mobilized RC personnel in FY 2007 is 108-thousand personnel and for FY 2008 is 92-thousand personnel. Funding also provides for supplemental care costs associated with the Post-Deployment Health Reassessment (PDHRA) program. The PDHRA program was instituted in FY 2005 to identify members who may have mental or physical health conditions as a result of their

deployment. The private sector care budget activity request is over half of the total supplemental funds requested by the DHP.

Impact if not funded: Providing health care to mobilized RC personnel and their families is congressionally mandated. This is a must pay bill and the cost will incur even without funding. If this occurs, other beneficiary health care could be compromised and funding would have to be shifted from other priorities including curtailment of treatment in military treatment facilities for non-active duty personnel shifting the increased cost to the private sector care contracts.

C. Subactivity Group -- Consolidated Health Support

1. 2.3 Medical Support/Health Services	**122,830**	**102,268**

Narrative Justification: The projected Armed Services Blood program support for FY 2008 includes 53,315 Red Blood Cell shipments, 27,074 Fresh Frozen Plasma shipments, and 3,204 CRYO (Frozen Blood) shipments. The number of blood products manufactured has gone up since FY 2005 by 14%, and the actual cost to manufacture the products has gone up about 13%. In addition, shipping costs have increased, both quantity of product shipped and the cost per box, by 22% overall. Aeromedical requirements in FY 2008 are projected to remain at the same level as FY 2007. Other health activities, including public health and bioenvironmental engineering, will experience a reduction in costs as the initial influx of support continues to decrease to a minimal baseline support effort. The costs associated with processing blood samples will decrease in FY 2008 due to a reduction in the number of RC mobilized for OIF/OEF. Blood samples are collected during the pre and post deployment process. Community outreach and medical surveillance analytical support provided by the Deployment Health Support Directorate (DHSD) will maintain current levels during FY 2008. DHSD continues to collect, analyze, and store health surveillance information for OIF/OEF. The apparent overall reduction in this budget activity group is attributable to a realignment of funds for Post- Deployment Health Reassessment from Consolidated Health Support to Private Sector Care and In House Care budget activity groups to ensure proper execution.

Impact if not funded: Without funding, the blood program and aeromedical transport missions would require further internal offsets. This would lead to reduced efficiencies as infrastructure improvements, hiring of civilian personnel, and non-emergency logistics procurements would be delayed or cancelled. In addition, patient medical information collection

and storage of critical medical surveillance data sets would be problematic causing medical data integrity issues similar to the Vietnam Conflict agent orange exposure tracking and follow-up medical care issues.

D. Subactivity Group – Information Management

1. 2.3 Medical Support/Health Services 1,799 1,598

Narrative Justification: The Military Health System (MHS) has been electronically tracking patients departing the areas of responsibility (AORs) since the beginning of GWOT. The decrease in funding is due to a reduction in sustainment costs in FY 2008. Tracking of patients allows the MHS to know where casualties are located as they travel from the AOR thru or to Germany and to CONUS Military Treatment Facilities (MTFs). This is vital to ensure patients are provided the specialized medical care required and to ensure the MTF's readiness to receive casualties. The MHS also collects, analyzes, and stores all AOR public health, bioenvironmental hazard, and health surveillance data by using information management contracts to support this capability. Telemedicine and teleconferencing initiatives enable AOR medical personnel to leverage global military healthcare expertise in their treatment of combat casualties before patients depart to CONUS for advanced care. At this time, sufficient hardware and software is available to support these missions and the funding requested is for sustainment.

Impact if not funded: If funding is not available for patient tracking, patients may arrive at a destination hospital that is not properly equipped to care for the patient. Vital health surveillance data collected within the theaters of operation would not be stored. This data is crucial for investigating possible healthcare conditions resulting from service in OIF/OEF AOR in future years. If funding is not available for the incremental costs associated with information management activities, the electronic collection and storage of all casualty health care records would be greatly reduced.

E. Subactivity Group – Management Activities

1. 2.3 Medical Support/Health Services 1,993 1,636

Narrative Justification: The DHP will continue providing management activities in support of OIF/OEF. The Army Medical Command operations center provides the Department of the Army with vital information for command and control of medical assets. The center is operational 24 hours a day. The center coordinates the sourcing of operations and rotations, manages medical policy and operational issues, and performs reporting functions. The center also functions as the medical coordinator between the theaters (OIF/OEF) and the US. The center integrates all the medical operating systems including hospitalization, evacuation, medical logistics, personnel, dental, and veterinary functions. Prior to the start of GWOT this center functioned with less than half of the current staffing and only operated during normal duty hours. The operations center will continue to operate 24 hours a day, in FY 2008. The FY 2008 decrease is due to a slight reduction in logistical management support.

Impact if not funded: Army Medical Command operations center hours would be curtailed and staffing would be decreased to support only a normal duty hour function. The backload of information would cause a tremendous burden with decreased staff support. The DHP would not be able to effectively manage the logistical support for medical units assigned to OIF/OEF. If funding is not provided there would be a coordination gap in the movement of supplies, equipment, and medical personnel in support of OIF/OEF. In addition, the coordination of patient movement between overseas locations to stateside Military Treatment Facilities would be delayed or interrupted.

F. Subactivity Group – Education and Training

1. 2.3 Medical Support/Health Services 2,349 2,174

Narrative Justification: Additional trauma training is required to ensure combat trauma injury medical skill sets are retained at the highest levels to treat patients in support of OIF/OEF. Just-in-time training is vital in preparing deploying medical personnel with the latest healthcare threat information for each theater of operation. In FY 2005, the DHP instituted the Post-Deployment Health Reassessment (PDHRA) program to identify members who may have mental or

physical health conditions as a result of their deployment. The PDHRA program is providing crucial pre/post-deployment mental health data and comparisons never before seen in the Military Health Care system. As the program continues to evolve, military mental health providers are afforded the opportunity to continue to refine pre/post-deployment counseling and assessment techniques to ensure the readiness and mental health of deploying forces.

Impact if not funded: Without funding the proficiency of medical personnel, in treating the types of combat injuries that regular day-to-day peacetime health care typically does not afford, would be diminished. Without pre-deployment training valuable time in the AOR would be devoted to elevating medical skills to proper readiness levels. In addition, specialized training to identify and treat pre/post deployment mental illnesses would not be available causing the possible deployment of non-ready forces.

G. Subactivity Group – Base Operations/Communications

1. 2.3 Medical Support/Health Services 1,660 1,358

Narrative Justification: Funds the sustainment costs of medical facilities at five Reserve Component (RC) installations utilized for deployment processing. Sustainment costs include; utilities, communications, housekeeping, and minor repairs. These sites were opened to provide healthcare support to deploying RC forces. These facilities have been operating since the beginning of GWOT and will continue to support medical pre and post-deployment activities, in FY 2008, at slightly lower levels. Continued operations and maintenance of the medical facilities is vital to the overall mission of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). Additionally, costs associated with this budget activity includes $160,000 for communications support provided at Landstuhl Regional Medical Center, Germany for the Deployed Warrior Medical Management Center (DWMMC) which supports all personnel evacuated out of Theater.

Impact if not funded: The additional medical facilities at the five RC installations will be closed and medical processing will need to be accomplished at other installations causing disruption to the processing of personnel for deployment. Centralized RC processing centers ensure all resources required for mobilization are available at one location. If funding is not provided, the medical portion of the RC processing would be geographically separated from where administrative,

logistics, and equipment processing takes place. This would burden the RC with additional costs for transportation and logging. In addition the communications support for DWMMC would be curtailed.