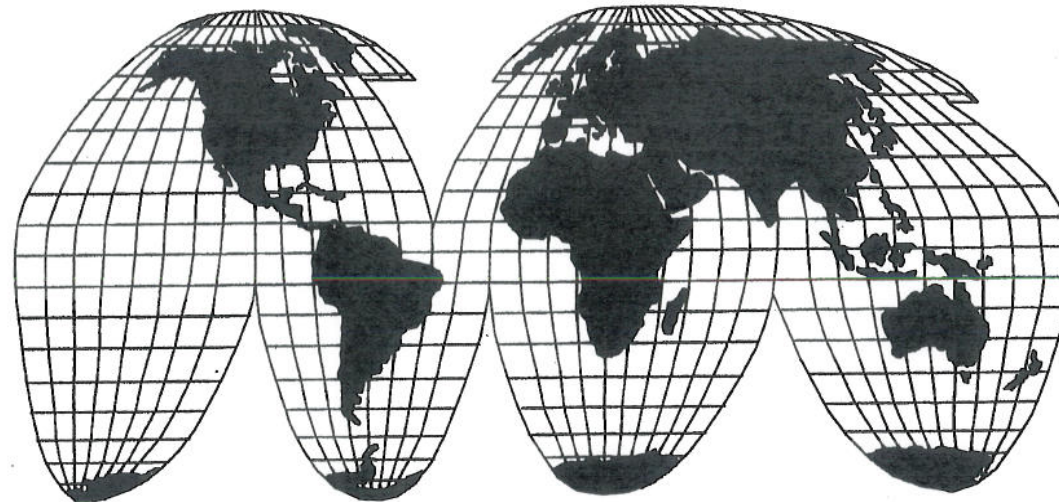


# DEFENSE HEALTH PROGRAM



## FISCAL YEAR (FY) 2011 BUDGET ESTIMATES

OPERATION AND MAINTENANCE

PROCUREMENT

RESEARCH, DEVELOPMENT, TEST AND EVALUATION

CLEARED  
For Open Publication

Volume 1: Justification of Estimates

Volume 2: Data Book

JAN 20 2010 10

February 2010

Office of Security Review  
Department of Defense

The Defense Health Program spans the globe in support of the Department of Defense's most important resource--active and retired military members and their families.

10-C-086

**Defense Health Program  
Fiscal Year (FY) FY 2011 Budget Estimates**

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**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
OP-34 Fund Support for Quality of Life Activities  
(Current \$ Millions - Manpower in Eaches)**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
<b><u>0130 DEFENSE HEALTH PGM</u></b>							
<b>Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support)</b>							
<b><u>Category A--Mission Sustaining Programs</u></b>							
A.1 Armed Forces Entertainment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
A.10 Sports and Athletics	0.339	0.408	0.423	0.115	0.120	0.123	0.126
A.2 Free Admission Motion Pictures	0.000	0.000	0.000	0.000	0.000	0.000	0.000
A.3 Physical Fitness	3.834	4.133	4.226	2.530	2.587	2.652	2.723
A.5 Library Programs & Information Services	0.271	0.312	0.331	0.237	0.255	0.261	0.268
A.6 On-Installation Parks and Picnic Areas	0.014	0.014	0.014	0.000	0.000	0.000	0.000
A.7 Category A Recreation Centers (Military Personnel)	1.974	2.240	2.278	2.089	2.131	2.184	2.243
A.8 Single Service Member Program	0.156	0.167	0.183	0.196	0.207	0.212	0.218
A.9 Shipboard, Company, and/or Unit Level	0.269	0.372	0.377	0.383	0.385	0.395	0.406
<b>Total Cat. A - Direct Program Operation</b>	<b>6.857</b>	<b>7.646</b>	<b>7.832</b>	<b>5.550</b>	<b>5.685</b>	<b>5.827</b>	<b>5.984</b>
Cat. A - Direct Overhead	1.970	1.772	1.805	0.000	0.000	0.000	0.000
<b>Total Direct Support</b>	<b>8.827</b>	<b>9.418</b>	<b>9.637</b>	<b>5.550</b>	<b>5.685</b>	<b>5.827</b>	<b>5.984</b>
Cat. A - Indirect Support	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total Support - Mission Sustaining</b>	<b>8.827</b>	<b>9.418</b>	<b>9.637</b>	<b>5.550</b>	<b>5.685</b>	<b>5.827</b>	<b>5.984</b>
<b><u>Category B--Community Support Programs (without Child Development and Youth Programs)</u></b>							
<b>B.2 Community Programs</b>							
B.2.1 Cable and/or Community Television	0.018	0.020	0.025	0.025	0.025	0.025	0.025
B.2.2 Recreation Information, Tickets,	0.057	0.061	0.064	0.068	0.070	0.071	0.073
B.2.3 Recreational Swimming	0.154	0.138	0.141	0.110	0.114	0.118	0.124
<b>Total Community Programs</b>	<b>0.229</b>	<b>0.219</b>	<b>0.230</b>	<b>0.203</b>	<b>0.209</b>	<b>0.214</b>	<b>0.222</b>
<b>B.3 Programs</b>							
B.3.1 Directed Outdoor Recreation	0.062	0.209	0.215	0.071	0.075	0.076	0.077
B.3.2 Outdoor Recreation Equipment Checkout	0.009	0.082	0.083	0.009	0.011	0.012	0.013
<b>Total B.3 Programs</b>	<b>0.071</b>	<b>0.291</b>	<b>0.298</b>	<b>0.080</b>	<b>0.086</b>	<b>0.088</b>	<b>0.090</b>

**Defense Health Program**  
**Fiscal Year (FY) 2011 Budget Estimates**  
**OP-34 Fund Support for Quality of Life Activities**  
(Current \$ Millions - Manpower in Eaches)

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
<b><u>0130 DEFENSE HEALTH PGM</u></b>							
<b>Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support) (Continued)</b>							
<b><u>Category B--Community Support Programs (without Child Development and Youth Programs) (Continued)</u></b>							
B.4 Programs							
B.4.3 Arts and Crafts Skill Development	0.040	0.043	0.043	0.001	0.001	0.001	0.001
B.4.4 Automotive Skill Development	0.189	0.188	0.191	0.000	0.000	0.000	0.000
B.4.5 Bowling (16 lanes or less)	0.114	0.100	0.102	0.000	0.000	0.000	0.000
<b>Total B.4 Programs</b>	<b>0.343</b>	<b>0.331</b>	<b>0.336</b>	<b>0.001</b>	<b>0.001</b>	<b>0.001</b>	<b>0.001</b>
<b>Total Cat. B - Direct Program Operation</b>	<b>0.643</b>	<b>0.841</b>	<b>0.864</b>	<b>0.284</b>	<b>0.296</b>	<b>0.303</b>	<b>0.313</b>
<b>Total Direct Support</b>	<b>0.643</b>	<b>0.841</b>	<b>0.864</b>	<b>0.284</b>	<b>0.296</b>	<b>0.303</b>	<b>0.313</b>
Cat. B - Indirect Support	1.970	1.772	1.805	0.000	0.000	0.000	0.000
<b>Total Support - Basic Community Support</b>	<b>2.613</b>	<b>2.613</b>	<b>2.669</b>	<b>0.284</b>	<b>0.296</b>	<b>0.303</b>	<b>0.313</b>
<b><u>Category C--Revenue-Generating Programs</u></b>							
C.2 Programs							
C.2.1 PCS Lodging	0.000	0.000	0.000	0.000	0.000	0.000	0.000
C.2.3 Joint Service Facilities and/or AFRCs	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total C.2 Programs</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Total Cat. C - Direct Program Operation</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Total Direct Support</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Cat. C - Indirect Support	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total Support - Revenue-Generating</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Child Development and Youth</b>							
<b><u>Youth Program (MWR Category B)</u></b>							
YouthProgram - Direct Program Operation	0.093	0.111	0.113	0.000	0.000	0.000	0.000
<b>Total Funding</b>	<b>0.093</b>	<b>0.111</b>	<b>0.113</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b><u>Child Development Program (MWR Category B)</u></b>							

**Defense Health Program**  
**Fiscal Year (FY) 2011 Budget Estimates**  
**OP-34 Fund Support for Quality of Life Activities**  
 (Current \$ Millions - Manpower in Eaches)

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
<u>0130 DEFENSE HEALTH PGM</u>							
Child Development and Youth Programs (Continued)							
<u>Child Development Program (MWR Category B)</u>							
Child Development - Direct Program Operation	4.215	3.774	3.865	3.932	4.019	4.109	4.246
Total Support - Revenue-Generating	4.215	3.774	3.865	3.932	4.019	4.109	4.246

**Defense Health Program**  
**Fiscal Year (FY) 2011 Budget Estimates**  
**Exhibit PB-15, Advisory and Assistance Services**

**Appropriation: Operation & Maintenance**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
	<u>Actuals</u>	<u>Estimate</u>	<u>Estimate</u>
I. Management & Professional Support Services			
FFRDC Work			
Non-FFRDC Work	230,108	202,270	205,102
Subtotal	230,108	202,270	205,102
II. Studies, Analyses & Evaluation			
FFRDC Work	39,575	40,367	41,174
Non-FFRDC Work	57,260	53,922	54,434
Subtotal	96,835	94,288	95,608
III. Engineering & Technical Services			
FFRDC Work			
Non-FFRDC Work	1,033	1,045	1,060
Subtotal	1,033	1,045	1,060
Total	327,976	297,603	301,770



**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit PB-22, Major Department of Defense Headquarters Activities**

Category/Organization <u>Appropriation</u>	FY 2009 Actual				FY 2010 Estimate				FY 2011 Estimate			
	Military Avg. <u>Strength</u>	Civ <u>FTEs</u>	Total <u>Mpwr</u>	Total Obligation <u>(\$000s)</u>	Military Avg. <u>Strength</u>	Civ <u>FTEs</u>	Total <u>Mpwr</u>	Total Obligations <u>(\$000s)</u>	Military Avg. <u>Strength</u>	Civ <u>FTEs</u>	Total <u>Mpwr</u>	Total Obligations <u>(\$000s)</u>
Defense Agencies												
DHP, 807798		725	725			609	609			731	731	
O&M, DHP				111,199				101,269				106,897
DHP, 807798	706		706		707		707		712		712	
MILPER				76,493				80,591				83,579

**Notes:**

All military and civilian endstrengths assigned to the Defense Health Program are accounted for by the parent Service in the year of execution. MILPERS dollars are not DHP funded. FY10-11 changes reflect Program Elements realignment for proper program execution.

**PB28 Funds Budgeted for Environmental Quality - Budget Years**

(Current \$ Millions)  
**Defense Health Program**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Active			
<u>Domestic</u>			
<b>Compliance</b>			
<u>Non Recurring-Class I/II</u>			
RCRA C-Hazardous Waste	2.076	1.986	2.026
RCRA D-Solid Waste	0.229	0.251	0.262
RCRA I-Underground Storage Tanks	0.462	0.586	0.610
Clean Air Act	0.246	0.396	0.403
Clean Water Act	2.300	1.371	1.399
Planning	1.554	0.476	0.485
Safe Drinking Water Act	0.379	0.378	0.385
Other Compliance Non-Recurring	0.950	3.240	3.318
<b>Total Compliance Non-Recurring</b>	<b>8.196</b>	<b>8.684</b>	<b>8.888</b>
<u>Recurring-Class 0</u>			
Manpower	7.812	6.415	6.356
Education & Training	1.168	0.763	1.170
<b>Sub-Total Personnel</b>	<b>8.980</b>	<b>7.178</b>	<b>7.526</b>
Permits & Fees	0.262	0.295	0.302
Sampling, Analysis & Monitoring	0.724	1.931	3.432
Waste Disposal	4.990	4.842	4.917
Other Compliance Recurring	4.301	2.222	2.056
<b>Sub-Total Fees</b>	<b>10.277</b>	<b>9.290</b>	<b>10.707</b>
<b>Total Compliance Recurring</b>	<b>19.257</b>	<b>16.468</b>	<b>18.233</b>
<b>Total Compliance</b>	<b>27.453</b>	<b>25.152</b>	<b>27.121</b>

**PB28 Funds Budgeted for Environmental Quality - Budget Years**

(Current \$ Millions)

**Defense Health Program**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Active			
<u>Domestic</u>			
<b>Pollution Prevention</b>			
<u>Non Recurring-Class I/II</u>			
RCRA C-Hazardous Waste	0.000	1.078	1.098
RCRA D-Solid Waste	0.000	0.125	0.125
Clean Air Act	0.000	0.233	0.233
Clean Water Act	0.000	0.787	0.798
Hazardous Material Reduction	0.000	0.556	0.561
Other Pollution Prevention Non-Recurring	0.000	0.652	0.622
<b>Total Pollution Prevention Non-Recurring</b>	<b>0.000</b>	<b>3.431</b>	<b>3.437</b>
<u>Recurring-Class 0</u>			
Manpower	0.000	0.000	0.000
<b>Sub-Total Personnel</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Pollution Prevention Recurring	0.000	0.028	0.029
<b>Total Pollution Prevention</b>	<b>0.000</b>	<b>3.459</b>	<b>3.466</b>
<b>Conservation</b>			
<u>Non Recurring-Class I/II</u>			
Threatened & Endangered Species	0.000	0.000	0.000
Wetlands	0.000	0.074	0.076
Other Natural Resources Non-Recurring	0.000	0.563	0.563
Historical & Cultural Resources	0.000	0.051	0.053
<b>Total Conservation Non-Recurring</b>	<b>0.000</b>	<b>0.688</b>	<b>0.692</b>
<u>Recurring-Class 0</u>			
Manpower	0.000	0.000	0.000
<b>Sub-Total Personnel</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Conservation Recurring	0.530	0.256	0.263
<b>Total Conservation</b>	<b>0.530</b>	<b>0.944</b>	<b>0.955</b>
<b>Total Domestic</b>	<b>27.983</b>	<b>29.555</b>	<b>31.542</b>
<u>Foreign</u>			

**PB28 Funds Budgeted for Environmental Quality - Budget Years**

(Current \$ Millions)

**Defense Health Program**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Active			
<u>Foreign</u>			
<b>Compliance</b>			
<u>Non Recurring-Class I/II</u>			
RCRA C-Hazardous Waste	0.010	0.010	0.010
RCRA D-Solid Waste	0.007	0.007	0.007
RCRA I-Underground Storage Tanks	0.022	0.023	0.023
Clean Air Act	0.109	0.111	0.113
Clean Water Act	0.091	0.092	0.094
Planning	0.031	0.031	0.032
Safe Drinking Water Act	0.064	0.067	0.068
Other Compliance Non-Recurring	0.029	0.029	0.030
<b>Total Compliance Non-Recurring</b>	<b>0.363</b>	<b>0.370</b>	<b>0.377</b>
<u>Recurring-Class 0</u>			
Manpower	0.012	0.012	0.012
Education & Training	0.001	0.001	0.001
<b>Sub-Total Personnel</b>	<b>0.013</b>	<b>0.013</b>	<b>0.013</b>
Permits & Fees	0.000	0.000	0.000
Sampling, Analysis & Monitoring	0.000	0.000	0.547
Waste Disposal	0.296	0.300	0.313
Other Compliance Recurring	0.000	0.000	0.000
<b>Sub-Total Fees</b>	<b>0.296</b>	<b>0.300</b>	<b>0.860</b>
<b>Total Compliance Recurring</b>	<b>0.309</b>	<b>0.313</b>	<b>0.873</b>
<b>Total Compliance</b>	<b>0.672</b>	<b>0.683</b>	<b>1.250</b>

**PB28 Funds Budgeted for Environmental Quality - Budget Years**

(Current \$ Millions)

**Defense Health Program**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
Active			
<u>Foreign</u>			
<b>Pollution Prevention</b>			
<u>Non Recurring-Class I/II</u>			
RCRA C-Hazardous Waste	0.000	0.067	0.067
RCRA D-Solid Waste	0.000	0.027	0.027
Clean Air Act	0.000	0.031	0.031
Clean Water Act	0.000	0.023	0.023
Hazardous Material Reduction	0.000	0.014	0.014
Other Pollution Prevention Non-Recurring	0.000	0.000	0.000
<b>Total Pollution Prevention Non-Recurring</b>	<b>0.000</b>	<b>0.162</b>	<b>0.162</b>
<u>Recurring-Class 0</u>			
Manpower	0.000	0.000	0.000
<b>Sub-Total Personnel</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Pollution Prevention Recurring	0.000	0.000	0.000
<b>Total Pollution Prevention</b>	<b>0.000</b>	<b>0.162</b>	<b>0.162</b>
<b>Conservation</b>			
<u>Non Recurring-Class I/II</u>			
Threatened & Endangered Species	0.000	0.000	0.000
Wetlands	0.000	0.000	0.000
Other Natural Resources Non-Recurring	0.000	0.000	0.000
Historical & Cultural Resources	0.000	0.000	0.000
<b>Total Conservation Non-Recurring</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<u>Recurring-Class 0</u>			
Manpower	0.000	0.000	0.000
<b>Sub-Total Personnel</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Conservation Recurring	0.000	0.000	0.000
<b>Total Conservation</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Total Foreign</b>	<b>0.672</b>	<b>0.845</b>	<b>1.412</b>

**PB28 Funds Budgeted for Environmental Quality - Budget Years**

(Current \$ Millions)

**Defense Health Program**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
<b>Total OPR &amp; MAINT</b>			
Domestic	27.983	29.555	31.542
Foreign	0.672	0.845	1.412
<b>Total</b>	<b>28.655</b>	<b>30.400</b>	<b>32.954</b>

**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit PB-31Q, Manpower Changes in Full-Time Equivalent**

	<u>Foreign National</u>		<u>Total</u>
	<u>US Direct Hire</u>	<u>Direct Hire</u> <u>Indirect Hire</u>	
1. FY 2009 FTEs	52,687	678      1,669	55,034
Changes are primarily the result of higher than budgeted FY 2009 actual execution, and reverse military to civilian conversion in FY 2010.	(5,143)	(37)      58	(5,122)
2. FY 2010 FTEs	47,544	641      1,727	49,912
Changes are primarily the result of ongoing workforce reengineering efforts, to include insourcing activity in FY 2011.	3,365	1      0	3,366
3. FY 2011 FTEs	50,909	642      1,727	53,278
4. SUMMARY			
FY 2009			
O&M Total	52,687	678      1,669	55,034
Direct Funded	52,282	645      1,489	54,416
Reimbursable Funded	405	33      180	618
FY 2010			
O&M Total	47,544	641      1,727	49,912
Direct Funded	47,152	607      1,577	49,336
Reimbursable Funded	392	34      150	576
FY 2011			
O&M Total	50,909	642      1,727	53,278
Direct Funded	50,517	608      1,577	52,702
Reimbursable Funded	392	34      150	576

**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit PB-31R, Personnel Summary**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>Change</u> <u>FY 2010/2011</u>
<u>Active Military End Strength (E/S) (Total)</u>	<u>80,364</u>	<u>84,085</u>	<u>84,946</u>	<u>861</u>
Officer	30,272	31,244	31,392	148
Enlisted	50,092	52,841	53,554	713
 <u>Reserve Drill Strength (E/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Reservists on Full Time Active Duty (E/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Civilian End Strength (Total)</u>	 <u>58,587</u>	 <u>51,151</u>	 <u>54,568</u>	 <u>3,417</u>
U.S. Direct Hire	56,087	48,713	52,129	3,416
Foreign National Direct Hire	741	669	670	1
Total Direct Hire	56,828	49,382	52,799	3,417
Foreign National Indirect Hire	1,759	1,769	1,769	0
(Reimbursable Civilians Included Above (Memo))	395	411	411	0
 <u>Active Military Average Strength (A/S) (Total)</u>	 <u>81,560</u>	 <u>82,225</u>	 <u>84,516</u>	 <u>2,291</u>
Officer	30,475	30,758	31,318	560
Enlisted	51,085	51,467	53,198	1,731
 <u>Reserve Drill Strength (A/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0
 <u>Reservists on Full Time Active Duty (A/S) (Total)</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>	 <u>0</u>
Officer	0	0	0	0
Enlisted	0	0	0	0



**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit PB-31R, Personnel Summary**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>Change</u> <u>FY 2010/2011</u>
<u>Civilian FTEs (Total)</u>	55,034	49,912	53,278	3,366
U.S. Direct Hire	52,687	47,544	50,909	3,365
Foreign National Direct Hire	678	641	642	1
Total Direct Hire	53,365	48,185	51,551	3,366
Foreign National Indirect Hire	1,669	1,727	1,727	0
(Reimbursable Civilians Included Above (Memo))	618	576	576	0

Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Procurement Program

Appropriation: Procurement (\$ M)

Date: February 2010

Line No.	Item Nomenclature	FY 2009 Actuals	FY 2010 Estimate	FY 2011 Base Funding	FY 2011 OCO Funding	FY 2011 Total Request
1	Items less than \$5,000,000 each:					
	Medical Equipment - Replacement/Modernization	324.095	296.654	469.543	0.000	469.543
	Medical Equipment - New Facility Outfitting	37.516	70.038	50.378	0.000	50.378

Remarks:

The Defense Health Program (DHP) procurement budget represents a critical element of the Department's capability to provide high quality, cost effective health care for active duty and other eligible beneficiaries. Funds identified in this submission support the acquisition of equipment for facilities in the Army, Navy, and Air Force. Those facilities range from sophisticated tertiary care medical centers to outpatient and dental clinics and physiological training units. This equipment is essential to provide high quality health care services that meet accepted standards of practice. The required safety standards, related laws and regulatory requirements from credentialing and health care standard setting organizations influence and affect the requirement for, cost of, and replacement and modernization of medical equipment. Without the identified resources, the DHP's capability to meet the Department's medical equipment requirements will be severely degraded.

The Department, through the DHP, procures a wide variety of medical items ranging from surgical, radiographic, and pathologic apparatus to medical administrative support equipment. The items to be procured by the resources identified in this schedule are selected by way of a thorough investment equipment justification process. The identification and justification process begins at the medical treatment facility (MTF) level. From there, the requirements are reviewed by functional specialty advisor groups (Surgeon General level), medical logistics experts (Service component), Health Care Support Offices (geographically oriented), and ultimately the Defense Health Council (Tri-Service level). At each level, the requirements are reviewed for the necessity, value, and utility of investment.

Development of an effective equipment replacement and modernization program is a complicated process. In comparison to equipment in other functional areas, the useful life of medical equipment is short. As the current inventory reaches obsolescence, replacements are generally more sophisticated, technologically advanced, and expensive. To ensure that the Department is procuring the appropriate technology for deployment in the most useful locations, the DHP incorporates functional expertise from each echelon of the Department's medical structure into the budget development process. This submission represents a balanced, resource constrained approach to the DHP's investment equipment requirements.

The needs fulfilled by the DHP's procurement budget are diverse. They are used to replace the aging real property support system in existing facilities. Also they are used for medical information system implementation of AHLTA. AHLTA integrates patient data from different times, providers and sites of care and will contain a Service member's life-long medical record of all illnesses and injuries, care and inoculations received and exposure to different hazards.

**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Budget Item Justification, Procurement Program**

BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2010	
APPROPRIATION / BUDGET ACTIVITY : 97*0130	P-1 ITEM NOMENCLATURE: Replacement/Modernization						
	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
	Actuals	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Quantity							
Cost (\$ M)	324.095	296.654	469.543	577.245	481.056	539.522	352.133
<b>REMARKS</b>							
<p>FY 2009 actuals includes \$30.185M from the Supplemental Appropriations Act, 2009, Title III (P.L. 111-32).</p> <p>The most significant investments will be in the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. The most significant procurement investment in information systems relates to the deployment, implementation, initial training activities and supporting infrastructure cost for AHLTA, which integrates patient data from different times, providers and sites of care and will contain a Service member's life-long medical record of all illnesses and injuries, care and inoculations received and exposure to different hazards; Defense Medical Human Resources System - internet which will standardize and optimize the management of human resource assets across the MHS; and infrastructure and hardware replacement such as End User Devices, LAN upgrades and blade servers supporting Tri-Service IM/IT programs.</p> <p>Financing an adequate equipment acquisition budget is critical in retaining the Department's medical workload in-house and controlling escalating purchased healthcare O&amp;M costs in the private sector. The items supported by this budget are the result of an extensive investment equipment justification process and are necessary to provide properly trained medical department personnel and high quality, cost effective health care services for the eligible beneficiary population.</p>							

**Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Budget Item Justification, Procurement Program**

BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2010	
APPROPRIATION / BUDGET ACTIVITY : 97*0130	P-1 ITEM NOMENCLATURE: New Facility Outfitting						
	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
	Actuals	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Quantity							
Cost (\$ M)	37.516	70.038	50.378	54.549	43.959	39.496	16.017
<p><b>REMARKS</b></p> <p>FY 2009 actuals includes \$20.000M from the Supplemental Appropriations Act, 2009, Title III (P.L. 111-32).</p> <p>The new facility outfitting program element of the DHP's procurement budget funds the acquisition and installation of commercially available equipment to furnish new and expanded facilities being completed under military construction projects in support of dental services, health care delivery, health care training, and other health care activities. The items range from dental, surgical, radiographic, and pathologic equipment to medical administrative support equipment. The new facility outfitting program provides critical support to the DHP's military medical construction program.</p>							

**Defense Health Program**  
**Fiscal Year (FY) 2011 Budget Estimates**  
**RDT&E Programs**

Appropriation: RDT&E, Defense Health Program (\$s M)

Date: February 2010

R-1 Line	Program Element	Budget	FY 2009	FY 2010	FY 2011	FY 2011	FY 2011	
Item No	Number	Activity	Actuals	Estimate <sup>1</sup>	Base Funding	OCO Funding	Total Request	
1	0601101	In-House Laboratory Independent Research (ILIR)	2	2.431	2.747	2.875	2.875	
2	0601117	Basic Operational Medical Research Sciences	2	0.000	55.302	0.000	0.000	
3	0602115	Applied Biomedical Technology	2	3.150	90.525	28.658	28.658	
4	0602787	Medical Technology (AFRRI)	2	2.977	3.332	3.553	3.553	
5	0603002	Medical Advanced Technology (AFRRI)	2	0.736	0.719	0.752	0.752	
6	0603115	Medical Technology Development	2	766.234	768.347	133.376	133.376	
7	0604110	Medical Products Support and Advanced Concept Development	2	122.850	205.865	160.168	160.168	
8	0605013	Information Technology Development	2	169.224	125.379	136.761	136.761	
9	0605145	Medical Products and Support Systems Development	2	0.000	0.803	0.000	0.000	
10	0605502	Small Business Innovation Research (SBIR) Program	2	27.170	15.528	0.000	0.000	
11	0606105	Medical Program-Wide Activities	2	0.000	0.000	13.770	13.770	
12	0607100	Medical Products and Capabilities Enhancement Activities	2	0.000	19.500	20.000	20.000	
Total Budget Activity 2				1094.772	1288.047	499.913	0.000	499.913

Notes:

1.) FY 2010 estimate includes \$8 million for laboratory surveillance at overseas medical RDT&E labs transferred from the Department of Health and Human Services for Pandemic Influenza Preparedness and Response appropriated under Public Law 111-32, Supplemental Appropriations Act, 2009, Title VIII.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 1  
 In-House Laboratory Independent Research  
 (ILIR)  
 0601101HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0601101</b>	2.431	2.747	2.875	2.935	2.997	3.057	3.118
<b>Combat Casualty Care (Army)</b>	0.014	0.000	0.000	0.000	0.000	0.000	0.000
<b>Combat Casualty Care (USUHS)</b>	1.035	1.184	1.239	1.265	1.292	1.318	1.344
<b>Infectious Disease (USUHS)</b>	0.264	0.385	0.403	0.411	0.419	0.427	0.436
<b>Military Operational Medicine (USUHS)</b>	1.118	1.178	1.233	1.259	1.286	1.312	1.338

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** For the Army in FY09 this one year requirement provided research support to the Uniformed Services University of the Health Sciences (USUHS) through the Armed Forces Health Surveillance Center, US Army Center for Health Promotion and Preventive Medicine (USACHPPM). The focus was to support the research protocol entitled "Epigenetic Patterns of PTSD: DNA Methylation in Serum of OIF/OEF Service Members."

For the Uniformed Services University of the Health Sciences (USUHS), this program element supports basic medical research at the Uniformed Services University of the Health Sciences (USUHS). It facilitates the recruitment and retention of faculty; supports unique research training for military medical students and resident fellows; and allows the University's faculty researchers to collect pilot data towards military relevant medical research projects in order to secure research funds from extramural sources (estimated \$25-\$30 million annually). Approximately 55 intramural research projects are active each year, including 27 faculty start-ups. Projects are funded on a peer-reviewed, competitive basis. Results from these studies

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 1  
 In-House Laboratory Independent Research  
 (ILIR)  
 0601101HP

contribute to the fund of knowledge intended to enable technical approaches and investment strategies within Defense Science and Technology (S&T) programs.

The ILIR program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of Defense in the areas of Combat Casualty Care, Infectious Diseases, Military Operational Medicine, and Chemical, Biological, and Radiologic Defense. The portfolio of research projects will vary annually because this research is investigator-initiated.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	2.431	2.817	2.875	2.935
SBIR	0.000	-0.070	0.000	0.000
FY11 Budget Submission RDT&E	2.431	2.747	2.875	2.935

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0601101 - In-House Laboratory Independent Research (ILIR) to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$.070 million).

FY11:  
 No Change.

FY12:  
 No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None

Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2010  
R1 Item Nomenclature: 1  
In-House Laboratory Independent Research  
(ILIR)  
0601101HP

**D. ACQUISITION STRATEGY:** Not Required

**E. PERFORMANCE METRICS:**

FY 2010 and out years - Efforts will continue within Infectious Disease, Military Operational Medicine and Combat Casualty Care research areas. Specific investigator-initiated projects compete for funding each year, usually with two or three-year project periods. Therefore, no detailed description of the research is possible at this time.



Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 2  
 Basic Operational Medical Research Sciences  
 0601117HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0601117</b>	0.000	55.302	0.000	0.000	0.000	0.000	0.000
<b>GDF-Basic Operational Medical Research Sciences (GDF-BOMRS)</b>	0.000	55.302	0.000	0.000	0.000	0.000	0.000

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** This Program Element (PE) provides support for basic medical research directed toward greater knowledge and understanding of the fundamental principles of science and medicine that are relevant to the improvement of Force Health Protection. Research in this PE is designed to address areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Research supported by this PE includes trauma, polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, psychological health and well-being for military personnel and families, and medical informatics, modeling and simulation. Funds in this PE were only available for fiscal year 2010 and as such, were used for a special one-year, primarily extra-mural, solicitation for basic research that promises to provide important new approaches to complex military medical problems. In subsequent years, the most promising of these efforts will be transitioned to applied research or technology development funded in PEs 0602115HP and 0603115HP as appropriate to the Technology Readiness Level (TRL) of the effort.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 2  
 Basic Operational Medical Research Sciences  
 0601117HP

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	0.000	56.720	0.000	0.000
SBIR	0.000	-1.418	0.000	0.000
FY11 Budget Submission RDT&E	0.000	55.302	0.000	0.000

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No funding programmed.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0601117 - Basic Operational Medical Research Sciences to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$1.418 million).

FY11:  
 No funding programmed.

FY12:  
 No funding programmed.

**C. OTHER PROGRAM FUNDING SUMMARY:** None

**D. ACQUISITION STRATEGY:** Not Required

**E. PERFORMANCE METRICS:**

The benchmark performance metric for transition of research conducted with Basic Medical Research Sciences funding will be the attainment of a maturity level that is typical of TRL3 or the equivalent for knowledge products.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 3  
 Applied Biomedical Technology  
 0602115HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0602115</b>	3.150	90.525	28.658	33.805	35.725	29.797	47.023
<b>AF-Epidemic Outbreak Surveillance (Air Force)</b>	0.975	0.000	0.000	0.000	0.000	0.000	0.000
<b>GDF-Applied Biomedical Technology (GDF-ABT)</b>	0.000	87.297	25.264	30.326	32.159	26.160	43.313
<b>Medical Modernization Programs (Air Force)</b>	1.395	0.000	0.000	0.000	0.000	0.000	0.000
<b>USAF Advanced Diagnostics &amp; Therapeutics (Air Force)</b>	0.000	3.228	3.394	3.479	3.566	3.637	3.710
<b>USAF Operational Medicine Research &amp; Development (Air Force)</b>	0.780	0.000	0.000	0.000	0.000	0.000	0.000

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** The Air Force Medical Service Biomedical Research & Development program supports the Air Force Surgeon General's (AFSG's) vision for medical modernization and the capabilities and objectives outlined in the AFMS Concept document for medical modernization in the areas of 1) Ensure a Fit and Healthy Force; 2) Prevent Casualties; 3) Restore Health; 4) Enhance Human Performance. Specific examples of validated Surgeon General's Requirements for Operational Capabilities Council (SGROCC) initiatives that will be addressed by funding in this PE include: Advanced Diagnostics & Therapeutics applied

Defense Health Program  
Fiscal Year (FY) 2011 Budget Estimates  
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2010  
R1 Item Nomenclature: 3  
Applied Biomedical Technology  
0602115HP

research (Micro array Automation/Gene Expression), Directed Energy Injury/Human Effects Detection, Identification, Quantification and Mitigation, Human Systems Integration, Critical Care Air Transport Modernization, Genetic/Genomic/Proteinomic (Personalized Medicine)/related research efforts to improve care for the Wounded Warrior.

Epidemic Outbreak Surveillance (EOS) & Advanced Diagnostic & Therapeutics is a comprehensive effort to accelerate our ability to make informed decisions involving infectious diseases and to provide advance therapies for same. As the Advanced Concept Technology Demonstration project funded in FY05 transitions in FY09, we will begin to build upon the concepts and capabilities demonstrated by focusing efforts on bridge technologies during FY08 and FY09 leading to anticipated technological advancements throughout industry in the arena of Personalized Medicine (G2P).

The Clinical Research Program promotes/conducts biomedical research and medical education in support of aerospace expeditionary operations and military families and ensures protection of subjects when participating in research projects. Funding for applied research focused toward specific physical and mental effectiveness of AF personnel as well as public health and epidemiological technologies. This program supports transition of basic research into applied biomedical solutions; research activities are conducted at 9 investigative sites, 3 with active animal laboratories.

The Medical Modernization Program supports the RDT&E efforts needed to address ongoing and planned Air Force Medical Service modernization initiatives, which are aimed to meet new or enhanced capabilities including Modernization projects aimed to address critical continuity of care issues for our Wounded Warriors, improve recovery and rates of return to duty/productive members of society. The program funds initiatives across the spectrum of biomedical development to include Directed Energy Human Effects Countermeasures (as defined by the DETF), Human Systems Integration projects, Critical Care Air Transport Modernization, & Genetic/Genomic/Proteinomic (Personalized Medicine)/related research efforts.

GDF program funds are for applied research to refine concepts and ideas into potential solutions to military health and performance problems with a view towards evaluating technical feasibility. Included are studies and investigations leading to candidate solutions that may involve use of animal models for testing in preparation for initial human testing. Research in this PE is designed to address areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 3  
 Applied Biomedical Technology  
 0602115HP

Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Research supported by this PE includes trauma, polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, and psychological health and well-being for military personnel and families.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	3.150	92.846	28.658	33.805
SBIR	0.000	-2.321	0.000	0.000
FY11 Budget Submission RDT&E	3.150	90.525	28.658	33.805

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0602115-Applied Biomedical Technology to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$2.321 million).

FY11:  
 No Change.

FY12:  
 No Change.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 3  
 Applied Biomedical Technology  
 0602115HP

**C. OTHER PROGRAM FUNDING SUMMARY:**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	0.725	0.747	0.769	0.792	0.816	0.840	0.866
BA-1, PE 0807714	0.725	0.747	0.769	0.792	0.816	0.840	0.866

**D. ACQUISITION STRATEGY:** Not Required

**E. PERFORMANCE METRICS:**

The benchmark performance metric for transition of research conducted with Applied Research funding will be the attainment of a maturity level that is at least TRL 4, and typically TRL 5, or the equivalent for knowledge products. Products nearing attainment of TRL 5 will be considered for transition.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 4  
 Medical Technology (AFRRI)  
 0602787HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0602787</b>	2.977	3.332	3.553	3.694	3.841	3.918	3.996
<b>Biodosimetry (USUHS)</b>	0.452	0.680	0.724	0.753	0.783	0.799	0.815
<b>Internal Contamination (USUHS)</b>	0.315	0.353	0.377	0.391	0.410	0.418	0.426
<b>Radiation Countermeasures (USUHS)</b>	2.210	2.299	2.452	2.550	2.648	2.701	2.755

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** For the Uniformed Services University of the Health Sciences (USUHS), Armed Forces Radiobiology Research Institute (AFRRI), this program supports developmental research to investigate new approaches that will lead to advancements in biomedical strategies for preventing, treating, assessing and predicting the health effects of human exposure to ionizing radiation. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation that represent the highest probable threat to U.S. forces in current tactical, humanitarian and counter-terrorism mission environments. New protective and therapeutic strategies will broaden the military commander's options for operating within nuclear or radiological environments by minimizing both short-and long-term risks of adverse health consequences. Advancements in field-based biological dose assessment systems to measure radiation exposures will enhance triage, treatment decisions and risk assessment. Accurate models to predict casualties will promote effective command decisions and force structure planning to ensure mission success.

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 4  
 Medical Technology (AFRRI)  
 0602787HP

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	2.977	3.417	3.553	3.694
SBIR	0.000	-0.085	0.000	0.000
FY11 Budget Submission RDT&E	2.977	3.332	3.553	3.694

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0602787-Medical Technology (AFRRI) to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$0.085 million).

FY11:  
 No Change.

FY12:  
 No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

By FY 2010 develop decision criteria for antibiotic use after radiation injury.

By FY 2011 identify 4 promising new drugs and/or therapeutic approaches for radiation injury.

By FY 2012 begin characterization of a new large animal model to supplement an alternative to the non-human primate.



Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 5  
 Medical Advanced Technology (AFRRI)  
 0603002HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0603002</b>	0.736	0.719	0.752	0.767	0.783	0.799	0.815
<b>Biodosimetry (USUHS)</b>	0.441	0.431	0.451	0.460	0.470	0.480	0.489
<b>Radiation Countermeasures (USUHS)</b>	0.295	0.288	0.301	0.307	0.313	0.319	0.326

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** For the Uniformed Services University of the Health Sciences (USUHS), Armed Forces Radiobiology Research Institute (AFRRI), the programs support applied research for advanced development of biomedical strategies to prevent, treat and assess health consequences from exposure to ionizing radiation. They capitalize on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation that represent the highest probable threat to US forces in current tactical, humanitarian and counter terrorism mission environments. Findings from basic and developmental research are integrated into highly focused advanced technology development studies to produce the following: (1) protective and therapeutic strategies; (2) novel biological markers and delivery platforms for rapid, field-based individual dose assessment; (3) experimental data needed to build accurate models for predicting casualties from complex injuries involving radiation and other battlefield insults; and (4) methodologies for neutralization of bio-threat agents using ionizing radiation. The Armed Forces Radiobiology Research Institute (AFRRI), because of its multidisciplinary staff and exceptional laboratory and radiation facilities, is uniquely positioned to execute the program as prescribed by its mission.

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**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	0.736	0.737	0.752	0.767
SBIR	0.000	-0.018	0.000	0.000
FY11 Budget Submission RDT&E	0.736	0.719	0.752	0.767

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0603002-Advanced Technology (AFRRI) to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$0.018 million).

FY11:  
 No Change.

FY12:  
 No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

By FY 2010 transition up to 4 new drugs for FDA approval for treatment of radiation injury.

By FY 2011 provide new/advanced forward-fieldable biodosimetric tools.

By FY 2012 provide validated automated cytogenetic biodosimetric assays.

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COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0603115</b>	766.234	768.347	133.376	165.507	175.907	229.234	257.744
<b>CoE-Breast Cancer Center of Excellence (Army)</b>	0.000	5.177	9.980	10.160	10.342	10.529	10.718
<b>CoE-Gynecological Cancer Center of Excellence (Army)</b>	0.000	4.699	8.720	8.877	9.037	9.199	9.365
<b>CoE-Integrative Cardiac Health Care Center of Excellence (Army)</b>	0.000	3.403	3.680	3.746	3.814	3.882	3.952
<b>CoE-Pain and Neuroscience Center of Excellence (Army)</b>	0.000	3.900	3.680	4.730	4.815	4.902	4.990
<b>CoE-Prostate Cancer Center of Excellence (USUHS)</b>	0.000	3.296	7.285	7.581	7.890	8.211	8.545
<b>CSI-Amyotrophic Lateral Sclerosis (ALS) (Army)</b>	5.000	7.500	0.000	0.000	0.000	0.000	0.000

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CSI-Army Reserve Component Personal Empowerment Package (ARCPEP)(Army)	0.000	3.375	0.000	0.000	0.000	0.000	0.000
CSI-Assistive Technology Research (TMA)	0.000	3.000	0.000	0.000	0.000	0.000	0.000
CSI-Autism Research (Army)	8.000	8.000	0.000	0.000	0.000	0.000	0.000
CSI-Biothreat Test Pouch for Film Array System (AF)	0.798	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Bone Marrow Failure Disorder Research (Army)	5.000	3.750	0.000	0.000	0.000	0.000	0.000
CSI-Breast Cancer Center (Army)	15.000	9.690	0.000	0.000	0.000	0.000	0.000
CSI-Cancer Immunotherapy and Cell Therapy Initiative (Navy)	1.600	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Comprehensive Clinical Phenotyping and Genetic Mapping for Autism Susceptibility (Air Force)	1.600	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Copper Antimicrobial Research Program (Army)	1.600	0.000	0.000	0.000	0.000	0.000	0.000
CSI-DoD Brain Injury Rescue and Rehabilitation Project (BIRR) (Army)	1.200	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Ex-Rad Radiation Protection Program (USUHS)	4.975	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Genetics Studies of Food Allergies (Army)	2.500	1.875	0.000	0.000	0.000	0.000	0.000
CSI-Global HIV/AIDS Prevention (Navy)	8.000	10.000	0.000	0.000	0.000	0.000	0.000
CSI-Gulf War Illness Peer Reviewed Research Programs (Army)	0.000	8.000	0.000	0.000	0.000	0.000	0.000
CSI-Gynecological Cancer Center (WRAMC/WRNNMC) (Army)	6.000	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Gynecological Cancer Center at Walter Reed AMC (Army)	0.000	1.180	0.000	0.000	0.000	0.000	0.000
CSI-Hand Transplant Research (Army)	0.000	4.500	0.000	0.000	0.000	0.000	0.000
CSI-Hawaii Federal Healthcare Network (Army)	20.000	18.000	0.000	0.000	0.000	0.000	0.000
CSI-Health Research & Disparities Eradication Program (Army)	14.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Health Surveillance System(AF)	1.596	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Health Technology Integration for Clinical, Patient Records and Financial Management (Army)	0.400	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Homeland Emergency Learning and Preparedness Center (AF)	2.992	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Identifying Health Barriers for Military Recruits (Army)	3.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Integrated Cardiac Health Care at Walter Reed AMC (Army)	0.000	3.510	0.000	0.000	0.000	0.000	0.000
CSI-Integrated Patient Electronic Records System for Application to Defense Information Technology (Army)	1.200	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Integrated Translational Prostate Disease Research at Walter Reed AMC (USUHS)	4.000	0.620	0.000	0.000	0.000	0.000	0.000
CSI-Integrative Cardiac Health Care (WRAMC/WRNNMC) (Army)	7.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Lung Injury Management Program (Navy)	1.200	1.160	0.000	0.000	0.000	0.000	0.000
CSI-Madigan Army Medical Center Digital Pen (Army)	0.200	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Management of the Wounded Soldier from Air Evac to Rehabilitation (Air Force)	2.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Microencapsulation & Vaccine Delivery Research (Army)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Military Trauma Training Program (Air Force)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Mobile Diabetes Management (Air Force)	1.600	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Multiple Sclerosis (Army)	5.000	4.500	0.000	0.000	0.000	0.000	0.000
CSI-Muscular Dystrophy Research (Army)	4.000	3.750	0.000	0.000	0.000	0.000	0.000
CSI-Neuregulin Research (Army)	1.520	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Neuroscience Clinical Gene Therapy (Air Force)	0.800	0.000	0.000	0.000	0.000	0.000	0.000



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CSI-New National Diabetes Model Program (Air Force)	15.500	15.000	0.000	0.000	0.000	0.000	0.000
CSI-Operating Room of the Future for Application to Mobile Army Surgical Hospital Improvements (Army)	2.400	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Ovarian Cancer Research (Army)	20.000	18.750	0.000	0.000	0.000	0.000	0.000
CSI-Pacific Based Joint Information Technology Ctr (JITC) (Army)	0.920	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Pain and Neuroscience Center (WRAMC/WRNNMC) (Army)	8.000	4.000	0.000	0.000	0.000	0.000	0.000
CSI-Patient Care Improvement Project at Kessler Med Ctr (Air Force)	0.000	3.280	0.000	0.000	0.000	0.000	0.000
CSI-Patient Tracking Ontology (Army)	2.500	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Pediatric Medication Administration Product & Training (Army)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Breast Cancer Research (Army)	150.000	150.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Medical Research Program (Army)	50.000	50.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Neurofibromatosis (NF) Research (Army)	0.000	13.750	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Neurotoxin Exposure Treatment Parkinsons Research Program (Army)	0.000	25.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Prostate Cancer Research (Army)	80.000	80.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Cancer Research Program (Army)	16.000	15.000	0.000	0.000	0.000	0.000	0.000

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CSI-Peer-Reviewed Lung Cancer Research Program (Army)	20.000	15.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Orthopedic Research (Army)	61.000	22.500	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Spinal Cord Research Program (Army)	35.000	11.250	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Vision Research (Army)	4.000	3.750	0.000	0.000	0.000	0.000	0.000
CSI-Pharmacological Countermeasures to Ionizing Radiation (USUHS)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Proton Therapy (Army)	4.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI- Pseudofolliculitis Barbae (PFB) Topical Treatment (Air Force)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Regional Telepathology Initiative at Keesler AFB (AF)	2.493	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Research in Alcohol and Substance Use Disorders (Army)	0.000	6.375	0.000	0.000	0.000	0.000	0.000
CSI-Research to Improve Emotional Health and Quality of Life for Service members w/Disabilities (Army)	2.400	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Reservist Medical Simulation Training Program (Army)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Security Solutions from Life in Extreme Environments Ctr (USUHS)	1.200	0.800	0.000	0.000	0.000	0.000	0.000
CSI-Severe Disorders of Consciousness (Army)	6.400	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Stress Disorders Research Initiative at Fort Hood (Army)	1.600	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	76.200	120.000	0.000	0.000	0.000	0.000	0.000

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CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Navy)	13.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Tuberous Sclerosis Complex (TSC) Research (Army)	6.000	6.000	0.000	0.000	0.000	0.000	0.000
CSI-U.S. Military Cancer Institute (USUHS)	4.000	5.000	0.000	0.000	0.000	0.000	0.000
CSI-Vanadium Safety Readiness (Army)	1.600	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Virtual Medical Trainer (Air Force)	4.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Web Based Teaching Programs for Military Social Work (Army)	3.200	0.000	0.000	0.000	0.000	0.000	0.000
Deployed Warfighter Protection (Army)	4.875	4.972	5.202	5.306	5.412	5.520	5.630
Epidemic Outbreak Surveillance (Air Force)	1.560	0.000	0.000	0.000	0.000	0.000	0.000

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<b>GDF-Medical Technology Development (GDF-MTD)</b>	0.000	6.932	26.763	50.747	58.488	109.164	135.070
<b>Medical Development (Lab Support) (Navy)</b>	19.752	32.630	34.208	34.965	35.739	36.454	37.184
<b>Medical Modernization Programs (Air Force)</b>	2.162	0.000	0.000	0.000	0.000	0.000	0.000
<b>Medical Modernization Programs (Army)</b>	0.500	0.000	0.000	0.000	0.000	0.000	0.000
<b>Regenerative Medicine (USUHS)</b>	0.000	3.412	7.000	7.140	7.283	7.428	7.577
<b>USAF Advanced Diagnostics &amp; Therapeutics (Air Force)</b>	0.000	6.630	6.900	11.482	11.886	12.303	12.732
<b>USAF Center for Advanced Molecular Diagnostics (CAMD) (Air Force)</b>	1.255	4.862	4.444	4.905	5.050	5.399	5.649
<b>USAF Directed Energy Injury/Human Effects (Air Force)</b>	0.000	1.073	1.100	1.100	1.100	1.100	1.000

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USAF Human Physiology, Systems Integration, Evaluation & Optimization Research (Air Force)	3.001	5.462	6.664	6.665	5.800	4.401	3.606
USAF Operational Medicine Research & Development (Air Force)	2.535	7.459	7.750	8.103	9.251	10.742	11.726
USAMRIID Laboratory (Army)	0.000	16.575	0.000	0.000	0.000	0.000	0.000

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** For the Navy Medical Department, this program element includes RDT&E,DHP funds for operating and miscellaneous support costs at RDT&E,DHP laboratories and other installations, facility and civilian personnel costs not directly chargeable to RDT&E,DHP projects. Also includes RDT&E,DHP funds for RDT&E,DHP laboratories and facilities for research, support, equipment and other investment and materiel support costs not directly chargeable to RDT&E,DHP projects. Excludes military manpower and related costs, non-RDT&E,N base operating costs, and military construction costs which are included in other appropriate programs.

The seven CONUS medical R&D Labs are 100% reimbursable laboratories, all costs related to laboratory management and overhead or salaries of government employees are paid from science/research competitively awarded funding. The OCONUS laboratories conduct focused medical research on vaccine development for Malaria, Diarrhea Diseases, and Dengue Fever. In addition to entomology, HIV studies, surveillance and outbreak response under the GEIS program and risk assessment studies on a number of other infectious diseases that are present in the geographical regions where the laboratories are located. The CONUS laboratories conduct research on Military Operational Medicine, Combat Casualty Care, Diving and Submarine Medicine, Infectious Diseases, Environmental and Occupational Health, Directed Energy, and Aviation Medicine and Human Performance.

The Navy Medical Department also receives two Congressional Special Interest (CSI) directed research programs.  
 1) Global HIV/AIDS Prevention - Program emphasis is placed on (1) building a national research infrastructure

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by funding large, multidisciplinary program projects focused on detection; (2) encouraging innovative approaches to research by funding new ideas and technology with or without supporting preliminary data; and (3) recruiting new, independent investigators for careers in research, as well as more senior investigators new to the research field. Congressionally directed research in FY 10 includes HIV prevention educational activities undertaken in connection with I.S. military training, exercises, and humanitarian assistance activities. 2) The Lung Injury Management initiative focuses on providing and evaluating a novel antioxidant formulation to U.S. Marines in training who are at risk for developing lung disease during intense exertional environments from their time as recruits on through to active duty. The effectiveness of antioxidant micronutrients for optimal health and as a complement to standard therapy in a variety of diseases is now becoming widely appreciated, if the proper, scientifically-based and comprehensive supplementation is employed. These compounds may reduce acute and chronic (long-term) biological damage caused by increased oxidative stress (tissue damage caused by excessive free radicals/harmful molecules in the cell) and associated inflammation as well as enhance immune function. Formulations of the agents developed by Premier Micronutrient Corporation (PMC) have been approved for evaluation by the U.S. military in several recent investigations.

For the Air Force Medical Service elements, the Medical Research and Development program supports the Research, Development, Test and Evaluation efforts needed to address ongoing and planned modernization initiatives aimed to:

- 1) Improve recovery of individuals from illness and/or injury, enhance clinical response (modernized diagnostics, therapeutics, and critical care air transport capabilities), treatment and management, and return of individuals to duty status. Enhance human health and performance to maximize effectiveness and ability to operate;
- 2) Improve human ability (i.e. visual, auditory, cognitive) to operate under adverse environments to include CBRNE, directed energy, and high operational tempo (human system integration initiatives will play a pivotal role in addressing these requirements);
- 3) Enhance capabilities for the maintenance of a fit and healthy force (example mission foods/special diets for the warfighter based on mission scenarios);
- 4) Enhance Force Health Protection through advanced Health Surveillance capabilities emphasizing improved diagnostics (Epidemic Outbreak Surveillance platforms);
- 5) Improve healthcare delivery effectiveness (diagnosis, treatment) through Advanced diagnostics, therapeutics & forensics with emphasis on organ systems, diseases, vectors, toxins, occupational toxicology and analytical systems-specific technologies such as: molecular diagnostics, surface detection to molecule sensitivity, gene therapy, miniaturization-hand held/point of care delivery tools, and surveillance capabilities;



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- 6) Optimize warfighter performance through effective Human Systems Integration in all environments; maintain warfighter orientation and awareness; and providing technologies for the detection, prevention, and mitigation of adverse human effects;
- a. Optimization efforts will focus on: hydration, nutrition, musculoskeleton, fatigue, cognitive, and fitness factors.
  - b. Orientation and awareness efforts will address: spatial disorientation countermeasures, ocular enhancement, auditory enhancement, and proprioceptive enhancement issues
- 7) Improve clinical processes, methods, tools and techniques for prevention, diagnosis, treatment, and rehabilitation of critically wounded warriors, addressing the needs for advanced devices and protocols for trauma resuscitation, enroute critical care air transport, organ failure and intervention, TBI, PTSD, wound care, pain, infection & clinically-based visual acuity/cognitive assessments (operationally-based vision assessment).
- 8) Address injury/effects to Humans from Directed Energy (DE), with emphasis on injury /effect detection, identification, quantification and mitigation (DIQM).

For the Army, the Deployed Warfighter Protection project provides for the development of new or improved protection of ground forces from disease-carrying insects. The focus of this program is to: develop new or improved systems for controlling insects that carry disease under austere, remote, and combat conditions; understand the physiology of insecticidal activity to develop new compounds with greater specific activity and/or higher user acceptability; examine existing area repellents for efficacy and develop new spatially effective repellent systems useful in military situations; develop new methods or formulations for treating cloth to prevent vector biting; and expand the number of active ingredients and formulations available for safe, insecticidal application.

Five Centers of Excellence (CoE) have also been established. These include the Breast Cancer CoE, Gynecological CoE, Integrative Cardiac Health Care CoE, Prostate Cancer CoE and the Pain and Neuroscience CoE.

The Breast Cancer CoE will provide a multidisciplinary approach as the standard of care for treating breast diseases and breast cancer. This approach integrates prevention, screening, diagnosis, treatment and continuing care, incorporation of advances in risk reduction, biomedical informatics, tissue banking and translational research. It will provide a balance environment between two competing and yet complementary research paradigms of hypothesis-driven research and hypothesis-generating research.

The Gynecological CoE will focus on characterizing the molecular alterations associated with benign and

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malignant gynecologic disease and facilitate the development of novel early detection, prevention and novel biologic therapeutics for the management of gynecologic disease. The objective of this research is to reduce the incidence, morbidity, and mortality of gynecologic diseases among all military beneficiaries.

The Integrative Cardiac Health Care CoE will use cutting edge patient centric approaches to comprehensive cardiac event prevention as well as molecular research to detect cardiovascular disease at an early stage to find new genes that significantly increase risk for heart attack in service members and identify molecular markers of obesity and weight loss.

The Pain and Neuroscience CoE will focus on a wide range of pain, neurological and neurosurgical disorders affecting the uniformed service member. Pain efforts will provide inpatient acute pain services, outpatient chronic pain, pain behavioral health, and addiction medical services. Further advancements in battlefield pain control from point of injury, air evacuation, to CONUS will continue. The neuroscience component will conduct research in three core areas: acute neurology, neuromuscular disorders and headache. Research to be conducted will examine the relationship between acute and chronic pain focusing on finding, implementing, and evaluating the most effective methods of relieving the acute pain caused by combat trauma and the effect this has throughout the continuum to rehabilitation and reintegration.

For FY10 a one-time requirement is established to provide funds to support USAMRIID initial outfitting research equipment and transition costs related to their new MILCON.

The Army also receives Congressional Special Interest (CSI) directed research programs. The strategy for Congressionally directed research identified above is to stimulate innovative research through a competitive, peer reviewed research program, as well as focused medical research at selected Army sites.

Specific CSI research efforts for FY09 include: Amyotrophic Lateral Sclerosis (ALS); Autism Research; Bone Marrow Failure Research; a Breast Cancer Center; DoD Brain Injury Rescue and Rehabilitation Project; Copper Antimicrobial Research Program; Genetics Studies of Food Allergies; a Gynecological Cancer Center; Hawaii Federal Health Care Network; Health Research and Disparities Eradication Program; Health Technology Integration for Clinical, Patient Records and Financial Management; Identifying Health Barriers for Military Recruits; Integrative Cardiac Health Care; Integrated Patient Electronic Records System for Application to Defense Information Technology; Madigan Army Medical Center Digital Pen; Microencapsulation and Vaccine Delivery; Multiple Sclerosis; Muscular Dystrophy Research; Neuregulin Research; Operating Room of the Future for Application to Mobile Army Surgical Hospital Improvements; Pacific Based Joint Information Technology

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Center; a Pain and Neuroscience Center; Patient Tracking Ontology; Pediatric Medication Administration Product and Training; Peer Reviewed Programs to include: Medical Research, Breast Cancer Research, Cancer Research, Lung Cancer Research, Orthopedic Research, Ovarian Cancer Research, Prostrate Cancer Research, Spinal Cord Research, and Vision Research; Proton Therapy; Research to Improve Emotional Health and Quality of Life for Service Members with Disabilities; Reservist Medical Simulation Training Program; Severe Disorders of Consciousness; Stress Disorders Research Initiative at Fort Hood; Traumatic Brain Injury/Psychological Health; Tuberos Sclerosis Complex (TSC); and Vanadium Safety Readiness. Because of the CSI annual structure out-year funding is not programmed.

CSI programs for FY10 include: Amyotrophic Lateral Sclerosis (ALS); Army Reserve Component Personal Empowerment Package; Autism Research; Bone Marrow Failure Disease Research; Breast Cancer Center; Duchenne Muscular Dystrophy; Genetics Studies of Food Allergies; Gynecological Cancer Center; Hand Transplant Research; Hawaii Federal Health Care Network; Integrative Cardiac Health Care; Military Medical Research (TBI and PH); Multiple Sclerosis; Pain and Neuroscience Center; Peer-Reviewed Programs: Breast Cancer Research, Cancer Research, Gulf War Illness, Lung Cancer Research, Medical Research, Neurofibromatosis (NF) Research, Neurotoxin Exposure Treatment, Orthopedic Research, Ovarian Cancer Research, Prostate Cancer Research, Spinal Cord Research, and Vision Research; Research in Alcohol and Substance Use Disorders; Traumatic Brain Injury and Psychological Health; and Tuberos Sclerosis Complex. As with FY09 CSIs, due to the CSI annual structure out-year funding is not programmed.

For the Uniformed Services University of the Health Sciences (USUHS), Medical Development programs include the Prostate Cancer Center of Excellence, the Center for Neuroscience and Regenerative Medicine, and Congressional Special Interest medical research programs.

The Prostate Cancer Center of Excellence (COE), formerly a Congressional Special Interest program, was chartered in 1992 to conduct basic, clinical and translational research programs to combat diseases of the prostate. The program has affiliations with the Walter Reed Army Medical Center, the Armed Forces Institute of Pathology, the Walter Reed Army Institute of Research, the National Human Genome Project and nine Tri-Service medical centers located throughout the United States.

The Center for Neuroscience and Regenerative Medicine is a unique collaborative effort of USUHS, the National Institutes of Health, the DoD Center of Excellence for Traumatic Brain Injury and Psychological Health, and the military hospitals to advance research aimed at improving the treatment of traumatic brain injury and post

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traumatic stress disorder.

USUHS goals for Congressional Special Interest medical research programs are: (1) building a national research infrastructure by funding large, multidisciplinary program projects focused on detection and disease/injury prevention and treatment; (2) conducting research into biomedical strategies for preventing, treating, assessing and predicting the health effects of human exposure to ionizing radiation; (3) encouraging innovative approaches to research by funding new ideas and technology with or without supporting preliminary data; and (4) recruiting new, independent investigators for careers in research, as well as more senior investigators new to the research field.

This PE also provides funds for promising candidate solutions are selected for initial safety and efficacy testing in small scale human clinical trials regulated by the U.S. Food and Drug Administration (FDA) prior to licensing for human use. Research in this PE is designed to address areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Research supported by this PE includes Trauma, Polytrauma and Blast Injury, Rehabilitation, Diagnosis and Treatment of Brain Injury, Operational Health and Performance, Psychological Health and Well-Being for Military Personnel and Families, and Medical Informatics, Modeling and Simulation.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	758.144	113.316	133.376	165.507
CSI	0.000	657.865	0.000	0.000
Reprogram	11.200	0.000	0.000	0.000
SBIR	-0.110	-2.834	0.000	0.000
Transfer	-3.000	0.000	0.000	0.000
FY11 Budget Submission RDT&E	766.234	768.347	133.376	165.507

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**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY 09:

- Internal Reprogramming, FY 09-21 IR, for Congressional Special Interest item Web-Based Teaching Programs for Military Social Work (+\$3.200 million)

- Prior Approval Reprogramming, FY 09-26 PA, for Congressional Special Interest item CSI-Health Research and Disparities Eradication Program (+\$8.000 million)

SBIR Transfer from DHP RDT&E, PE 0603115-Medical Technology Development to DHP RDT&E PE 0605502-SBIR (-\$0.110 million).

- Transfer of partial Congressional Special Interest item Hawaii Federal Healthcare Network from DHP RDT&E PE 0603115-Medical Technology Development to DHP RDT&E PE 0605013-Information Technology Development (-\$3.000 million).

FY 10:

- DoD Appropriation Act, FY 2010 (P.L. 111-118) increase for Congressional Special Interest items (+\$657.865 million).

SBIR Transfer from DHP RDT&E PE 0603115-Medical Technology Development to DHP RDT&E PE 0605502-SBIR (-\$2.834 million).

FY11:

No Change.

FY12:

No Change.

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**C. OTHER PROGRAM FUNDING SUMMARY:**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	1.000	7.000	12.017	12.382	12.757	13.144	13.543
BA-1, PE 0806721	0.000	4.000	8.000	8.244	8.495	8.755	9.022
BA-1, PE 0807714	1.000	3.000	4.017	4.138	4.262	4.389	4.521
BA-1, PE 0807724	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807781	0.000	0.000	0.000	0.000	0.000	0.000	0.000
DHP Procurement	1.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-3, PE 0807721	1.000	0.000	0.000	0.000	0.000	0.000	0.000
DTRA. RDT&E	0.000	5.020	0.000	0.000	0.000	0.000	0.000
BA-6, 0605384 (CBDP)	0.000	5.020	0.000	0.000	0.000	0.000	0.000

**D. ACQUISITION STRATEGY:** Not Required

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**E. PERFORMANCE METRICS:**

Prostate Cancer Center of Excellence: Performance is judged on the amount of extramural funding received, the number of active protocols, the number of articles that appear in peer reviewed journals, and the number of contact hours in support of the training of residents and fellows in the Military Health System.

Center for Neuroscience and Regenerative Medicine: In FY10 through FY12, identify, design protocols, perform scientific and program reviews, and conduct research in Clinical Core activities such as Phenotyping, Imaging and Imaging Analysis, to aid in patient diagnosis and evaluation.

US Military Cancer Institute: Continue to access specimens to the Biospecimen Network for proteomic and genomic analyses.

Security Solutions from Life in Extreme Environments Center: Conduct basic research of "extremophilic" microorganisms radiation resistance to aid in the development of biotechnological innovations in radiation countermeasures, cancer radiation/chemical therapy, and other applications relevant to humans, livestock and/or crops.

The benchmark performance metric for transition of research conducted with Advanced Technology Development funding will be the attainment of maturity level that is typical of TRL 6 or the equivalent for knowledge products.

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COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0604110</b>	122.850	205.865	160.168	170.481	146.814	106.175	77.927
<b>CSI-Hawaii Federal Healthcare Network (TMA)</b>	0.000	5.000	0.000	0.000	0.000	0.000	0.000
<b>CSI-Orthopedic Research (Army)</b>	49.725	0.000	0.000	0.000	0.000	0.000	0.000
<b>CSI-Traumatic Brain Injury/Psychological Health Research (Army)</b>	73.125	0.000	0.000	0.000	0.000	0.000	0.000
<b>GDF-Medical Products Support and Advanced Concept Development (GDF-MPSACD)</b>	0.000	193.065	160.168	170.481	146.814	106.175	77.927
<b>Biological Agent Identification and Diagnostic System (JBAIDS) (Army)</b>	0.000	7.800	0.000	0.000	0.000	0.000	0.000

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** Funding is provided for Advanced Component Development of medical products that are regulated by the U.S. Food and Drug Administration (FDA) and the accelerated transition of FDA licensed and unregulated products and medical practice guidelines to the military operational user through clinical and field validation studies. Research in this PE is designed to address



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areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Research includes trials for accelerated transition of modeling and simulation technology for medical training/education/treatment; trials for accelerated transition of medical technology to include the Joint Medical Information and Biotechnology support to the Warfighter under the JITC-Maui (\$34.3M), practice guidelines and standards; medical products - advanced component development; and medical information technology development.

The Army Medical Department received Congressional Special Interest (CSI) directed research programs for FY 2009. The strategy for Congressionally directed research is to stimulate innovative research through a competitive, peer reviewed research program, as well as focused medical research at selected Army sites. For FY 2009, CSI effort included Orthopedic Research and Traumatic Brain Injury/Psychological Health Research. Because of the CSI annual structure out-year funding is not programmed.

For FY 2010, the Army Medical Department received funding for Joint Biological Agent Identification and Diagnostic System (JBAIDS) research to explore H1N1 viral identification. Funding was appropriated in the Supplemental Appropriations Act, 2009, Title VIII (P.L. 111-32) and transferred from Department of Health and Human Services (DHHS) to Department of Defense for Pandemic Influenza Preparedness and Response.

For the Navy Medical Department, this research supports the product development efforts resulting from a previously initiated project for Hyperbaric Oxygenation for Chronic, Mild Traumatic Brain Injury. Clinical trials conducted by that project entail the development, initiation, operation, and analysis, including publication, from a multi-center, prospective, randomized controlled trial comparing multiple outcomes of enrolled subjects more than four months after mild hyperbaric chamber exposures. The project is comparing and assessing the long-term benefit of hyperbaric oxygen therapy on service members with mild traumatic brain injury. The project is being managed by Naval Health Research Center in conjunction with the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

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**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	122.850	198.015	160.168	170.481
CSI	0.000	5.000	0.000	0.000
Transfer	0.000	7.800	0.000	0.000
SBIR	0.000	-5.150	0.000	0.000
FY11 Budget Submission RDT&E	122.850	205.865	160.168	170.481

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 Congressional Special Interest increase for CSI-Hawaii Federal Health Network (TMA) (PE 0604110) (+\$5.000 million)

Transfer from Health and Human Services (HHS) under Supplemental Appropriations Act, 2009, Title VIII (P.L. 111-32), for Pandemic Influenza Preparedness and Response, for Joint Biological Agent Identification and Diagnostic System (JBAIDS) Lab Testing to provide diagnostic capability at deployed and remote locations for influenza viruses (+\$7.800 million).

SBIR Transfer from DHP RDT&E Program Element 0604110-Medical Products Support and Advanced Concept Development to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$4.950 million); and from Pandemic Influenza Preparedness and Response to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$0.200 million).

FY11:  
 No Change.

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FY12:  
No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL 7, or the equivalent for TRL 8, such as practice guidelines and standards, which are intended for rapid transition to operational use.

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COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0605013</b>	169.224	125.379	136.761	175.840	196.437	140.634	88.110
<b>Defense Center of Excellence (FHP&amp;RP)</b>	0.000	0.000	1.205	1.230	1.256	1.282	1.309
<b>Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force)</b>	0.975	1.000	1.000	0.000	0.000	0.000	0.000
<b>Armed Forces Health Longitudinal Technology Application (AHLTA) (Army)</b>	0.000	1.473	1.556	1.603	1.651	1.684	1.718
<b>Armed Forces Health Longitudinal Technology Application (AHLTA) (TMA)</b>	11.938	6.120	4.467	1.976	1.627	1.340	1.103
<b>Army Medicine CIO Management Operations (Army)</b>	0.800	0.000	0.000	0.000	0.000	0.000	0.000
<b>Army Warrior Care and Transition System (AWCTS) (Army)</b>	0.287	0.000	0.000	0.000	0.000	0.000	0.000

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Health Services Data Warehouse (HSDW) (Air Force)	0.836	1.600	1.665	0.000	0.000	0.000	0.000
Centralized Credentials and Quality Assurance System (CCQAS)(TMA)	0.000	1.400	0.211	0.000	0.000	0.000	0.000
Composite Health Care System (CHCS)(TMA)	9.872	7.936	2.466	2.962	2.963	0.784	0.000
Composite Occupational Health & Operational Risk Tracking System (COHORT) (Air Force)	1.268	1.300	1.400	0.000	0.000	0.000	0.000
CSI-Composite Occupational Health & Risk Tracking (COHORT) (Air Force)	0.000	2.400	0.000	0.000	0.000	0.000	0.000
CSI-Hawaii Federal Healthcare Network (TMA)	3.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Pacific Based Joint Information Technology Ctr (JITC) (TMA)	3.880	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Theater Enterprise Wide Logistics System (Army)	2.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI- Regional Telephathy Initiative at Keesler AFB (Air Force)	0.000	1.680	0.000	0.000	0.000	0.000	0.000
Enterprise Blood Management System (EBMS) (TMA)	2.499	6.200	2.925	0.975	0.975	0.975	1.072
Defense Medical Human Resources System (internet) DMHRSI (TMA)	6.347	6.680	0.000	0.000	0.000	0.000	0.000
Defense Medical Logistics Standard Support (DMLSS) (TMA)	16.111	7.727	12.755	9.086	6.572	2.668	0.000
Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRs-IH) (TMA)	6.229	0.000	3.721	15.632	0.142	3.942	0.000
DOEHRs HC (TMA)	1.346	0.000	0.000	0.000	0.000	0.000	0.000

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<b>Electronic Health Record (EHR) Way Ahead (Budgeted)(TMA)</b>	0.000	0.000	41.620	86.715	119.700	64.700	11.700
<b>Enterprise Wide Scheduling and Registration (EWS-R) (TMA)</b>	1.712	0.000	0.000	0.000	0.000	0.000	0.000
<b>Executive Information/Decision Support (EI/DS) (TMA)</b>	3.093	4.138	1.949	2.810	2.786	4.914	4.297
<b>Expense Assignment System IV (EAS IV) (TMA)</b>	3.850	8.222	0.000	0.000	0.000	0.000	0.000
<b>IM/IT Development (Army) at TMA-DMLSS</b>	0.900	0.000	0.000	0.000	0.000	0.000	0.000
<b>IM/IT Test Bed (Air Force)</b>	1.852	2.057	2.223	2.300	2.400	2.395	2.501
<b>Integrated Clinical Database (ICDB-AF)</b>	0.731	0.500	0.500	0.000	0.000	0.000	0.000
<b>Joint Electronic Health Record Interoperability (JEHRI) (TMA)</b>	7.522	5.760	0.000	0.000	0.000	0.000	0.000
<b>Joint Theater Trauma Registry (JTTR) (Army)</b>	0.332	0.000	0.000	0.000	0.000	0.000	0.000

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<b>Medical Operational Data System (MODS) (Army)</b>	1.454	3.121	3.253	3.350	3.450	3.519	3.589
<b>MHS CIO Management Operations (TMA)</b>	0.000	3.797	1.462	1.462	1.462	1.462	1.109
<b>Navy Medicine CIO Management Operations (Navy)</b>	1.258	3.973	4.156	4.239	4.323	4.409	4.497
<b>Neuro Cognitive Assessment Tool (NCAT) (TMA)</b>	0.000	2.837	2.897	0.000	0.000	0.000	0.000
<b>OCO-Central IM/IT (FHP&amp;RP)</b>	2.028	0.000	0.000	0.000	0.000	0.000	0.000
<b>OCO-Central IM/IT (OCIO)</b>	30.736	0.000	0.000	0.000	0.000	0.000	0.000
<b>Other Related Technical Activities (TMA)</b>	0.000	0.000	1.691	1.702	1.514	1.488	1.480
<b>Patient Accounting System (PAS) (TMA)</b>	0.507	0.000	0.000	0.000	0.000	0.000	0.000
<b>Patient Safety Reporting (PSR) (TMA)</b>	2.722	0.000	0.000	2.294	0.935	0.000	0.000
<b>Remote Patient Home Monitoring (Navy)</b>	0.350	0.000	0.000	0.000	0.000	0.000	0.000



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<b>Theater Electronics Health Records (TMA)</b>	1.659	0.000	0.000	0.000	0.000	0.000	0.000
<b>Theater Enterprise Wide Logistics System (TEWLS) (Army)</b>	8.559	0.000	0.000	0.000	0.000	0.000	0.000
<b>Theater Medical Information Program (TMIP) (TMA)</b>	21.721	37.232	32.550	28.746	41.227	41.542	50.127
<b>Third Party Outpatient Collection System (TPOCS) (TMA)</b>	0.000	0.507	0.459	0.378	0.000	0.000	0.000
<b>TMA E-Commerce (TMA)</b>	6.334	6.744	5.630	3.380	3.454	3.530	3.608
<b>TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) (AF)</b>	4.231	0.000	0.000	0.000	0.000	0.000	0.000
<b>Tricare on Line (TOL) (TMA)</b>	0.285	0.975	0.000	0.000	0.000	0.000	0.000
<b>Universal Immunization Tracking System (UITS) (Air Force)</b>	1.834	0.000	0.000	0.000	0.000	0.000	0.000

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<b>Virtual Lifetime Electronic Record (VLER) (Budgeted) (TMA)</b>	0.000	0.000	5.000	5.000	0.000	0.000	0.000
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**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** The Army Medical Command's focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include development projects for Army service level support for the Armed Forces Health Longitudinal Technology Application (AHLTA); Army Medical CIO Management Operations (AMCMO) to support development and execution of business intelligence requirements; Army Warrior Care and Transition System (AWCTS) which supports the Warriors in Transition to ensure coordination of care and monitoring as they move through the transition process; the Joint Theater Trauma Registry (JTTR) that support the capture and reporting of theater trauma care information; the Medical Occupational Data System (MODS) that provides a responsive and reliable human resource and readiness information management data system for all categories of military and civilian medical and support personnel; and the Theater Enterprise Wide Medical Logistics System (TEWLS) which ties the national, regional, and deployed units into a single business environment to accomplish essential care in the theater through a single customer facing portal.

For FY09 a Congressional Special Interest (CSI) program was added for the Theater Enterprise Wide Logistics System (TEWLS). Because of the CSI annual structure out-year funding is not programmed.

The Navy Medical IM/IT service RDT&E funds the development required for those systems that are integral to Navy Medicine (i.e. Shipboard Medical Immunization Tracking and Snap Automated Medical System (SAMS)). Navy Medicine also funds, when appropriate, a number of small-scale, opportunistic business improvements when the technology makes a sudden advance. These projects are generally not in the scope of the TMA Central Programs. This year, Navy medicine has taken advantage of World Wide Web (WWW) technology and communications protocols to promote health awareness and problem intervention, remotely verify and disperse prescriptions, and provide physicians a convenient platform to access patient information via a secure connection.

The Air Force Medical Service IM/IT modernization program includes the following initiatives: Air Force - Integrated Clinical Database which integrates disparate systems to provide decision support for Air Force medical clinical and business activities; Composite Occupational Health & Risk Tracking System (COHORT) to monitor disease morbidity factors and alert epidemiologists that an infectious disease could affect a portion of the serviced beneficiary population; AF Integrated Framework Health Care Toolset (AFIFHCT) which provides for rapid integration of new advanced toolsets and enhancements to existing automated tools; Assessment

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Demonstration Center (ADC) builds prototypes for concept and technology demonstration applications of various health related activities; IM/IT Test Bed (IMIT-TB) is a dedicated OT location and staff encompassing the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.

The MHS centrally-managed, IM/IT program includes RDT&E funding for the following initiatives of special interest: 1) AHLTA, which is DoD's current Electronic Health Record (EHR), serves as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients' medical records, making it a key enabler of military medical readiness; 2) Electronic Health Record (EHR) Way Ahead is a proposed Major Automated Information System (MAIS) program designed to replace/sunset the current portfolio of systems providing initial EHR capability, AHLTA and CHCS. EHR Way Ahead will establish a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of every patient. This longitudinal electronic health record will support virtual lifetime electronic record (VLER); 3) Theater Medical Information Program-Joint (TMIP-J) integrates the military health information systems to ensure timely interoperable medical support; 4) Defense Medical Logistics Standard Support (DMLSS) provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services; 5) Executive Information/Decision Support (EI/DS) receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available for the management of the business of health care; 6) Enterprise Blood Management System (EBMS) is a world-wide AIS for the management of blood donor processing, blood banking, transfusions and inventories. DoD will use the solutions in theater and in CONUS and OCONUS Military Treatment Facilities; and 7) various Wounded, Ill and Injured (WII) Warrior initiatives such as Neuro Cognitive Assessment Tool (NCAT), Behavioral health (BH) notes that will improve BH workflow, and developing a web-based solution for DoD and VA healthcare providers. The Central IM/IT Program also contains RDT&E funding for mission essential initiatives such as: Defense Medical Human Resources System (internet) (DMHRSi), TRICARE On Line (TOL), Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH), Joint Electronic Health Record Interoperability (JEHRI), Expense Assignment System IV (EAS IV), and Third Party Outpatient Collection System (TPOCS).

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System: This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce is composed of several major applications including: Contract Management (CM), utilizing Comprizon.Buy software to support contract action development and documentation; Resource Management (RM), employing Oracle Federal Financials

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and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; Document Management, utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting, utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care and Contractor's Resource Center web sites that provide up-to-date financial information for both TMA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes an infrastructure of over 60 servers supporting development, test, and production. E-Commerce is employed by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without influencing system performance or support to any individual user. Server configurations must remain current with respect to security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	164.512	124.410	90.141	84.125
Change Proposal	0.000	0.000	46.620	91.715
CSI	0.000	4.080	0.000	0.000
Reprogram	1.756	0.000	0.000	0.000
SBIR	-0.044	-3.111	0.000	0.000
Transfer	3.000	0.000	0.000	0.000
FY11 Budget Submission RDT&E	169.224	125.379	136.761	175.840

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY 09:

- Prior Approval Reprogramming, FY 09-26 PA, for Congressional Special Interest item Enterprise Wide Scheduling and Registration (EWS-R) (+\$1.756 million)

SBIR Transfer from DHP RDT&E, PE 0605013-Information Technology Development to DHP RDT&E PE 0605502-SBIR

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(-\$0.044 million).

Transfer of partial Congressional Special Interest item Hawaii Federal Healthcare Network to DHP RDT&E PE 0605013-Information Technology Development from DHP RDT&E PE 0603115-Medical Technology Development (-\$3.000 million).

FY10:

- DoD Appropriation Act, FY 2010 (P.L. 111-118) increase for Congressional Special Interest items (+\$4.080 million).

SBIR Transfer from DHP RDT&E PE 0605013-IM/IT Development to DHP RDT&E PE 0605502-SBIR (-\$3.111 million).

FY11:

Change Proposal increase to DHP RDT&E PE 0605013-IM/IT Development for Electronic Health Record Way Ahead (+\$46.620 million).

FY12:

Change Proposal increase to DHP RDT&E PE 0605013-IM/IT Development for Electronic Health Record Way Ahead (+\$91.715 million).

**C. OTHER PROGRAM FUNDING SUMMARY:**

	<u>FY 2009</u> <u>Estimate</u>	<u>FY 2010</u> <u>Estimate</u>	<u>FY 2011</u> <u>Estimate</u>	<u>FY 2012</u> <u>Estimate</u>	<u>FY 2013</u> <u>Estimate</u>	<u>FY 2014</u> <u>Estimate</u>	<u>FY 2015</u> <u>Estimate</u>
<b>DHP Operation &amp; Maintenance</b>	735.681	717.483	840.076	832.044	886.993	909.979	791.273
BA-1, PE 0807709	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807714	1.180	1.215	1.252	0.000	0.000	0.000	0.000
BA-1, PE 0807715	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807724	5.668	0.000	0.000	0.000	0.000	0.000	0.000

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BA-1, PE 0807752	13.526	15.957	11.772	11.950	12.212	12.481	12.756
BA-1, PE 0807781	222.255	209.375	214.835	212.700	214.224	219.754	226.639
BA-1, PE 0807783	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807793	474.335	469.637	590.963	586.064	639.058	655.788	529.457
BA-1, PE 0807795	16.476	18.214	18.154	18.213	18.366	18.753	19.146
BA-1, PE 0807798	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807995	2.241	3.085	3.100	3.117	3.133	3.203	3.275
BA-1, PE 0901200	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>DHP Procurement</b>	<b>66.022</b>	<b>36.557</b>	<b>179.639</b>	<b>255.411</b>	<b>159.402</b>	<b>207.071</b>	<b>15.029</b>
BA-3, PE 0807721	65.522	36.047	179.119	254.881	158.861	206.519	14.466
BA-3, PE 0807720	0.500	0.510	0.520	0.530	0.541	0.552	0.563

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

Program cost, schedule and performance are measured using a systematic approach. The results of these measurements are presented to management on a regular basis to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Program performances are highlighted within each project's plans and accomplishments.

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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 9  
 Medical Products and Support Systems Dev  
 0605145HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0605145</b>	0.000	0.803	0.000	18.959	64.094	91.126	98.607
<b>GDF-Medical Products and Support Systems Development (GDF- MPSSD)</b>	0.000	0.803	0.000	18.959	64.094	91.126	98.607

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** This Program Element (PE) funds system development and demonstration of medical commodities delivered from Medical Advanced Component Development that are directed at meeting validated requirements prior to full-rate initial production and fielding, including initial operational test and evaluation and clinical trials. Research in this PE is designed to address areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Research includes development and demonstration of medical modeling and simulation systems for training/education/treatment, and medical system development and demonstration.

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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 9  
 Medical Products and Support Systems Dev  
 0605145HP

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	0.000	0.824	0.000	18.959
SBIR	0.000	-0.021	0.000	0.000
FY11 Budget Submission RDT&E	0.000	0.803	0.000	18.959

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
 No Change.

FY10:  
 SBIR Transfer from DHP RDT&E Program Element 0605145-Medical Products and Support Systems Development to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$0.021 million).

FY11:  
 No Change.

FY12:  
 No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL 8.



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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 10  
 Small Business Innovation Research (SBIR)  
 Program  
 0605502HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0605502</b>	27.170	15.528	0.000	0.000	0.000	0.000	0.000
<b>Small Business Innovation Research (SBIR) (Army)</b>	27.170	15.528	0.000	0.000	0.000	0.000	0.000

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** The Small Business Innovation Research (SBIR) program was established in the Defense Health Program, Research, Development, Test and Evaluation appropriation during FY 2001, and is funded in the year of execution. The program funds small business proposals chosen to enhance military medical research and information technology research. The focus for this period will be developing new technology-based approaches for near real-time surveillance of the health threats and health status of the Force, for epidemiology research, and for delivery of health education and training. Funds have been transferred from budgeted DHP RDT&E programs at the rate of 2.5%. It does not include 2.5% of Congressional Special Interest (CSI) programs as specified by Sec. 8006 of the DoD Appropriation Act, 2010 (P.L. 111-118).

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	27.016	0.000	0.000	0.000
SBIR	0.154	15.528	0.000	0.000
FY11 Budget Submission RDT&E	27.170	15.528	0.000	0.000

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY 09:

SBIR Transfer to RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) from DHP RDT&E Program Element 0603115-Medical Technology Development (+\$0.110 million) and from DHP RDT&E Program Element 0605013-Information Technology Development (+\$0.044 million).

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Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2010  
R1 Item Nomenclature: 10  
Small Business Innovation Research (SBIR)  
Program  
0605502HP

FY 10:

SBIR Transfer to RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) from budgeted programs in all DHP RDT&E Program Elements (+\$15.238 million), and from RDT&E Program Element 0604110, Joint Biological Agent Identification and Diagnostic System (JBAIDS) Program (+\$0.200 million)

FY 11:

No Change.

FY 12:

No Change.

**C. OTHER PROGRAM FUNDING SUMMARY\*:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:** Not Required.

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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 11  
 Medical Program-Wide Activities  
 0606105HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0606105</b>	0.000	0.000	13.770	53.090	50.298	7.838	4.373
<b>USAMRICD (Army)</b>	0.000	0.000	10.705	21.885	8.415	0.000	0.000
<b>USAMRIID (Army)</b>	0.000	0.000	3.065	31.205	41.883	7.838	4.373

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:**

This program element (PE) provides support for maintenance and modernization of medical RDTE installations or operations. The focus for this program will be to support the initial outfitting equipment and transition cost requirements for replacement RDTE medical laboratories funded under multi-year military construction (MILCON) projects. Funds are designated as appropriations from other than MILCON.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	0.000	0.000	13.770	53.090
FY11 Budget Submission RDT&E	0.000	0.000	13.770	53.090

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY 09:  
 No funding programmed.

FY 10:  
 No funding programmed.

FY 11:  
 No Change.

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Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2010  
R1 Item Nomenclature: 11  
Medical Program-Wide Activities  
0606105HP

FY 12:  
No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

Metric includes completed and documented analysis by the performer reflecting program execution and completion dates based on approved phasing.

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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 12  
 Medical Products and Capabilities Enhancement  
 Activities  
 0607100HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0607100</b>	0.000	19.500	20.000	19.488	20.445	19.375	23.082
<b>GDF-Medical Products and Capabilities Enhancement Activities (GDF- MPCEA)</b>	0.000	19.500	20.000	19.488	20.445	19.375	23.082

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** This Program Element (PE) funds enhancement activities for fielded medical products and the pre-planned improvement of fielded medical products, including information management/information technology (IM/IT) systems. Research in this PE is designed to address areas of interest to the Secretary of Defense and to close medical capability gaps associated with the Joint Force Health Protection Concept of Operations (JFHP CONOPS) and derivative Joint Capability Documents (JCD). Program development and execution is peer-reviewed and fully coordinated with all Services and other agencies through the Expanded-Joint Technology Coordinating Groups under the Armed Services Biomedical Evaluation and Management (ASBREM) Committee to assure quality, relevance, and responsiveness to military operational needs, the needs of the Military Health System and the JFHP CONOPS and JCDs. Army, Navy and Air Force do not have analogous PEs to perform this type of fielded product enhancement activity. Research includes Medical IM/IT Pre-Planned Product Improvement and Support, and Support to Fielded Systems.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	0.000	20.000	20.000	19.488
SBIR	0.000	-0.500	0.000	0.000
FY11 Budget Submission RDT&E	0.000	19.500	20.000	19.488

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Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2010  
R1 Item Nomenclature: 12  
Medical Products and Capabilities Enhancement  
Activities  
0607100HP

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY09:  
No Change.

FY10:  
SBIR Transfer from DHP RDT&E Program Element 0607100-Medical Products and Capabilities Enhancement Activities to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) (-\$0.500 million).

FY11:  
No Change.

FY12:  
No Change.

**C. OTHER PROGRAM FUNDING SUMMARY:** None.

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

The benchmark performance metric for research supported in this PE will be the enhancement of a maturity level that is typical of TRL 9.

**DEFENSE HEALTH PROGRAM**  
**FY 2011 Overseas Contingency Operations (OCO): Operation Enduring Freedom/ Operation**  
**Iraqi Freedom**  
**Operation and Maintenance, Defense Health Program (DHP)**

**O-1 Line Item Summary**  
(Dollars in Thousands)

Major Category: Operations\*

Sub-Activity Group	Sub-Activity Group Name	FY 2009 Actuals**	FY 2010			FY 2011 Request
			FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	
01	In-House Care	792,607	569,030	5,192	574,222	709,004
02	Private Sector Care	501,635	530,567	28,175	558,742	538,376
03	Consolidated Health Support	231,559	134,392	0	134,392	128,412
04	Information Management	52,915	3,032	0	3,032	2,286
05	Management Activities	5,364	1,246	0	1,246	518
06	Education and Training	22,491	16,599	0	16,599	18,061
07	Base Operations/Communications	45,113	1,809	0	1,809	1,435
		1,651,684	1,256,675	33,367	1,290,042	1,398,092

Notes:

\*Excludes Operation Noble Eagle

\*\*OCO RDT&E actuals in FY 2009 = \$2,532K

**DEFENSE HEALTH PROGRAM (DHP)**  
**FY 2011 Overseas Contingency Operations: Operation Enduring Freedom/ Operation Iraqi Freedom**  
**Operation and Maintenance, Defense-Wide**  
**Budget Activity 1, Operation and Maintenance**

**Detail by Subactivity Group**

**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 increasingly support Operation Enduring Freedom (OEF) in addition to Operation Iraqi Freedom (OIF). 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 OIF/OEF include pre/post deployment processing for personnel, aeromedical transportation of casualties from Germany to the US, and contracted/civilian medical personnel to backfill deployed staffing at MTF's. Additional support requirements include command, control, and communication (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 also provides additional blood units and products for casualties and post deployment health assessments (between 3-6 months after deployment), evaluations, and treatment for all deployed forces.

• **In House Care:**

- Incremental costs for health care for casualties of war above baseline



- Incremental costs for deployment related pharmaceuticals
- Health and dental care for mobilized RC personnel
- Backfill of deployed medical personnel to home station MTF
- Temporary incremental requirement for health care for the additional 19,500 work years of the Army active duty forces and 4,400 Navy Individual Augmentees
- **Private Sector Care**
  - Healthcare for mobilized RC and their family members
  - Temporary incremental requirement for health care for the additional 19,500 work years of the Army active duty forces and 4,400 Navy Individual Augmentees
- **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
  - Military Public Health manpower, supplies, support equipment, and associated requirements specifically identified for the 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

- **Information Management**
  - Incremental information management support for medical coding and tracking of patients supporting OCO
  - 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- and post-deployment mental health conditions
- **Base Operations/Communications**
  - Sustainment costs for medical facilities at five RC installations utilized for deployment processing
  - Increased square footage in support of Post Deployment Health Re-Assessments to include utilities and housekeeping
- **Research, Development, Test, and Evaluation**
  - Bi-directional exchange of information between DoD and VA
- **Procurement**

- Procure software licensing for Theater Imaging and other computer applications in support of OIF/OEF medical efforts

(\$ in Thousands)

<u>II. Financial</u> <u>Summary (\$ in</u> <u>Thousands):</u>	<u>FY 2009</u> <u>Actuals</u>	<u>FY 2010</u> <u>Enacted</u>	<u>FY 2010</u> <u>Supplemental</u> <u>Request</u>	<u>FY 2010</u> <u>Total</u>	<u>FY 2011</u> <u>Request</u>
	1,651,684	1,256,675	33,367	1,290,042	1,398,092

**Defense Health Program (DHP)**  
**FY 2011 Overseas Contingency Operations: Operation Enduring Freedom/ Operation Iraqi Freedom**  
**Budget Activity 01, Operation & Maintenance**

(\$ in Thousands)

<u>A. Subactivity Group -</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>
<u>In-House Care</u>	<u>Actuals</u>	<u>Enacted</u>	<u>Supplemental</u>	<u>Total</u>	<u>Request</u>
			<u>Request</u>		
	792,607	569,030	5,192	574,222	709,004

**Narrative Justification:** Increase in FY 2011 due to the temporary incremental requirement for health care for the additional 19,500 work year growth of the Army active duty forces and 4,400 Navy Individual Augmentees (\$10,257 cost per). Most of this requirement (65%) is for In-House Care for the health care for active duty and their family members in Military Treatment Facilities. These increases add \$159.669M to the OCO request. The increase is also due to \$100.347M added for the increased effort in OEF.

In FY 2011 Army's portion of the Guard/Reserve Healthcare requirement is moved from the Private Sector Care Subactivity Group to In House Care where it is actually executed, therefore allowing better visibility when comparing obligations to funds received. In addition, the DHP will continue to incur costs associated with supplying pharmaceuticals, 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 deployments to the OIF/OEF area of responsibility (AOR). The DHP will continue to fund casualty care activities at MTFs, albeit costs for Army amputee centers at Brooke Army Medical Center, San Antonio, TX; Walter Reed Army Medical Center, Washington, DC; and the Navy amputee center at Naval Medical Center, San Diego, CA, as well as burn centers that have been included in our baseline funding request. Roughly 60% of the previously funded PDHRA requirement, a program to identify members who may have mental or physical health conditions because of their deployment, is now funded in the base budget.

**Impact if not funded:** Providing health care for military members (active as well as mobilized RC 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 the OCO missions. This request is for the funding necessary to provide the additional medical and dental care for the mobilized forces. Without OCO funding, the DHP baseline funding appropriated for the care of retirees and all family members would be funneled to care for active and mobilized military members; thereby limiting the funds available for the care of the non-active, non-mobilized, retirees, and beneficiaries. This limitation will shift the requirement to the private sector. If funding is not provided to backfill the MTF positions vacated by active duty medical personnel deployed in support of OIF/OEF, fewer beneficiaries can be seen in these MTFs thereby shifting even more care to the private sector. The healthcare 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.

(\$ in Thousands)

<u>B. Subactivity Group --</u> <u>Private Sector Care</u>	<u>FY 2009</u> <u>Actuals</u>	<u>FY 2010</u> <u>Enacted</u>	FY 2010	<u>FY 2010</u> <u>Total</u>	<u>FY 2011</u> <u>Request</u>
			<u>Supplemental</u> <u>Request</u>		
	501,635	530,567	28,175	558,742	538,376

**Narrative Justification:** OCO Private Sector Care funding provides mobilized RC personnel and their family members with healthcare, pharmacy, and dental benefits during the time they are on active duty, in support of OCO. Mobilized 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 program, offered to RC members who enroll and share premiums with the government, is 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 (funded here and in In-House Care). The average annual cost per mobilized RC (includes family members) in FY 2010 is \$6,395 and will increase to \$7,062 in FY 2011. The average annual cost for FY 2011 was established using actual FY 2008 claims data. The increase in the FY 2011 request over the FY 2010 request is due to the additional 19,500 work year growth (\$10,436 cost per) of the Army active duty forces and 4,400 Navy Individual Augmentees (\$10,257 cost per).

**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 healthcare requirements would be compromised as funding is shifted from other priorities. This may include curtailing the amount of medical treatment obtained in MTFs for non-active duty personnel, thereby shifting those costs to the private sector care contracts.

(\$ in Thousands)

<u>C. Subactivity Group --</u> <u>Consolidated Health Support</u>	<u>FY 2009</u> <u>Actuals</u>	<u>FY 2010</u> <u>Enacted</u>	FY 2010	<u>FY 2010</u> <u>Total</u>	<u>FY 2011</u> <u>Request</u>
			<u>Supplemental</u> <u>Request</u>		
	231,559	134,392	-	134,392	128,412

**Narrative Justification:** Decrease in FY 2011 is due to reductions in OIF only slightly offset by increased support in OEF. The reduction is seen in the Pre/Post Deployment, Medical Backfill, and Non-MTF Support Activities OCO missions. Not affected by the reduction is the Armed Services Blood Program in which, starting in FY 2010, growth is attributed to an increase in flights into theater. Historically, one flight carries blood products each week and beginning in FY 2010 increases to two flights per week. The projected requirement for FY 2011 includes 40,000 Red Blood Cell shipments, 27,000 Fresh Frozen Plasma shipments, and 4,000 CRYO (Frozen Blood) shipments.

**Impact if not funded:** Lack of funding for collection, documentation, analysis, feedback, and storage of critical patient medical surveillance data sets would cause medical data integrity issues similar to the Vietnam Conflict agent orange exposure tracking and follow-up medical care issues. In addition, the blood program and aeromedical transport missions would require further internal offsets. This would lead to reduced efficiencies in infrastructure improvements, hiring of civilian personnel, and non-emergency logistics procurements would be delayed or cancelled.

(\$ in Thousands)

<u>D. Subactivity Group --</u> <u>Information Management</u>	<u>FY 2009</u> <u>Actuals</u>	<u>FY 2010</u> <u>Enacted</u>	<u>FY 2010</u> <u>Supplemental</u> <u>Request</u>	<u>FY 2010</u> <u>Total</u>	<u>FY 2011</u> <u>Request</u>
	52,915	3,032	-	3,032	2,286

**Narrative Justification:** Decrease in FY 2010 is due to the Wounded Warrior mission being Baseline in FY 2010. Decrease in FY 2011 is due to reductions in OIF only slightly offset by increased support in OEF. The reduction is seen in the Pre/Post Deployment, Medical Backfill, and Non-MTF Support Activities OCO missions. The requested funding level provides for continued efforts to electronically track patients departing the areas of responsibility (AORs). Patient tracking allows the MHS to know where casualties are as they travel from the AOR thru or to Germany and 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.

**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 them. 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. Without funding for the incremental costs associated with information management activities, the electronic collection and storage of all casualty health care records would be greatly reduced.

(\$ in Thousands)

<u>E. Subactivity Group -- Management Activities</u>	<u>FY 2009 Actuals</u>	<u>FY 2010 Enacted</u>	FY 2010		<u>FY 2011 Request</u>
			<u>Supplemental Request</u>	<u>FY 2010 Total</u>	
	5,364	1,246	-	1,246	518

**Narrative Justification:** Although the Management Activity subactivity group requirement decreases in FY 2011, the DHP will continue providing management activities in support of OIF/OEF. The Army Medical Command operations center,

which provides the Department of the Army with vital information for command and control of medical assets, will remain operational 24 hours a day. The center coordinates the sourcing of operations and rotations, manages medical policy and operational issues, performs reporting functions, and functions as the medical coordinator between theater (OIF/OEF) and the U.S. The center integrates all the medical operating systems including hospitalization, evacuation, medical logistics, personnel, dental, and veterinary functions.

**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 MTFs would be delayed or interrupted.

(\$ in Thousands)

<u>F. Subactivity Group --</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>
<u>Education and Training</u>	<u>Actuals</u>	<u>Enacted</u>	<u>Supplemental</u>	<u>Total</u>	<u>Request</u>
			<u>Request</u>		
	22,491	16,599	-	16,599	18,061

**Narrative Justification:** The increase in FY 2011 is primarily due the requirement for mandated pre-deployment training that drives the Education and Training requirement. These courses include: (1) Trauma training provided to Brigade Combat Teams as well as any other medic who will deploy and is assigned to combat arms and combat service support units. (2) Joint Forces Trauma Management Course provides trauma training for physicians, physician assistants, nurses, certified registered nurse anesthetists, and nurse practitioners assigned to Level III missions. (3) Tactical Combat Medical Care Course teaches PA's and physicians unique and critical combat medical care skills and prepares them to train their own units using an exportable package. (4) Military Transition Team NCO Course teaches skills necessary to operate as a medic in remote/isolated hostile environments; teaches the role of medical advisor to U.S. and coalition leadership on health care matters; emphasizes adaptability, improvisation, innovation, self reliance, and self-sufficiency. (5) The Army Trauma Training Course is required by every medical professional prior to deployment.

**Impact if not funded:** Without funding, the proficiency of medical personnel in treating the types of combat injuries that regular day-to-day peacetime healthcare typically does not afford would be greatly diminished. Without pre-deployment training, valuable time in the field 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, therefore causing the possible deployment of non-ready forces.

(\$ in Thousands)

<u>G. Subactivity Group --</u> <u>Base Operations/</u> <u>Communications</u>	<u>FY 2009</u> <u>Actuals</u>	<u>FY 2010</u> <u>Enacted</u>	<u>FY 2010</u>		<u>FY 2011</u> <u>Request</u>
			<u>Supplemental</u> <u>Request</u>	<u>FY 2010</u> <u>Total</u>	
	45,113	1,809	-	1,809	1,435

**Narrative Justification:** Decrease in FY 2011 is due to the projected decrease in forces. The reduction is seen in the Pre/Post Deployment, Medical Backfill, and Non-MTF Support Activities OCO missions. The requested funding level provides for continued operations and maintenance of the medical facilities vital to the overall mission of OIF/OEF.

**Impact if not funded:** Without adequate funding, essential OIF/OEF infrastructure costs will have to be funded from existing resources which places an additional burden on peacetime healthcare resources. As an entitlement program, it is not possible to deny eligible beneficiaries health care. Thus, care that cannot be provided within the military medical treatment facilities will be referred to the Private Sector, sometimes at a much higher cost to the Department and taxpayer.

Defense Health Program (DHP)  
 FY 2011 Overseas Contingency Operations: Operation Enduring Freedom/ Operation Iraqi  
 Freedom  
 Budget Activity 02, Research, Development, Test, & Evaluation

(\$ in Thousands)

<u>H. Activity Group --</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>
<u>Research, Development, Test,</u>	<u>Actuals</u>	<u>Enacted</u>	<u>Supplemental</u>	<u>Total</u>	<u>Request</u>
<u>&amp; Evaluation</u>			<u>Request</u>		
	2,532	-	-	-	-

**Narrative Justification:** There is no OCO RDT&E funding required in FY 2011.

**Impact if not funded:** Not applicable.

Defense Health Program (DHP)  
 FY 2011 Overseas Contingency Operations: Operation Enduring Freedom/ Operation Iraqi  
 Freedom  
 Budget Activity 03, Procurement

(\$ in Thousands)

<u>I. Activity Group --</u>	FY 2009	FY 2010	FY 2010	FY 2010	FY 2011
<u>Procurement</u>	<u>Actuals</u>	<u>Enacted</u>	<u>Supplemental</u>	<u>Total</u>	<u>Request</u>
			<u>Request</u>		
	-	-	-	-	-

**Narrative Justification:** There is no OCO Procurement funding required FY 2011.

**Impact if not funded:** Not applicable.