

**Defense Health Program  
Fiscal Year (FY) 2017 Budget Estimates  
Operation and Maintenance - Amended Request  
OCO Operation and Maintenance Detail**

**Budget Activity 1, Operation and Maintenance**

**Detail by Subactivity Group**

**I. Description of Operations Supported:** Provides resources needed to fund the incremental (above baseline) costs in support of Operation FREEDOM'S SENTINEL (OFS). The resource amounts provided are consistent with the President's direction to narrow the U.S. mission in Afghanistan and complete a responsible drawdown to 5,500 by the end of calendar year (CY) 2016 and further drawdown to an embassy security presence by January 2017. The resource amounts provided also support the operations to eliminate the Islamic State of Iraq and the Levant (ISIL), responding to terrorist threats and reassuring NATO partners. These incremental funds provide medical and dental services to active forces, mobilized Reserve Components (RC), and their family members in support of these operations. The Defense Health Program (DHP) baseline budget request does not fund the medical and dental support requirements within the Area of Responsibility (AOR). Overseas Contingency Operations (OCO) funds incremental costs associated with the treatment of combat casualties at Military Treatment Facilities (MTFs). Combat casualties require more resource intensive healthcare (e.g. amputees, burn and rehabilitative care) than routine peacetime patients require. Other DHP operational requirements in support of these operations include: Pre/Post deployment processing for personnel, aeromedical transportation of casualties from Germany to the U.S., and contracted/civilian medical personnel to backfill deployed permanent MTF staff. Additionally, support requirements include command, control, and communication (C3) costs, telemedicine for theater care, public health support, material management control, and bioenvironmental health support costs above the baseline budget. The DHP also performs post deployment health assessments (between 3-6 months after deployment), evaluations, and treatment for all mobilized RC and their family members.

- **In House Care:**
  - Incremental costs for health care for casualties above the baseline budget
  - Incremental costs for deployment related prophylactic pharmaceuticals
  - Medical and dental care for mobilized RC personnel
  - Backfill of deployed permanent medical personnel.
- **Private Sector Care**
  - Healthcare for mobilized RC and their family members
- **Consolidated Health Support**
  - Aeromedical transportation of casualties from Germany to the US

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- Military Public Health manpower, supplies, support equipment, and associated requirements specifically identified for the management, direction, and operation of disease prevention and control
- Incremental support for epidemiology, medical entomology, safe drinking water, monitoring hazardous waste disposal, food and facility sanitation, deployment health promotion and education, health surveillance, medical intelligence, disease and climate illness training to deploying troops, disease surveillance and control, and injury/high risk mitigation surveillance
- Medical laboratories processing and storage of blood samples collected during the pre/post deployment process
- **Education and Training**
  - Additional trauma training to ensure medical providers, as well as all other medical personnel, receive/retain the necessary skill sets to treat combat trauma injuries
  - Training for medical providers and other medical personnel to properly diagnose pre- and post-deployment mental health conditions

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**II. Financial Summary:**

Total DHP OCO	(\$ in Thousands)				
	FY 2015	FY 2016	FY 2017	FY 2017	FY 2017
	Actuals	Enacted	Request	Amendment	Total Amended Request
	344,645	272,704	331,764	2,547	334,311

**A. Subactivity Group – In-House Care**

	(\$ in Thousands)				
	FY 2015	FY 2016	FY 2017	FY 2017	FY 2017
	Actuals	Enacted	Request	Amendment	Total Amended Request
	111,856	65,149	95,366	0	95,366

**Narrative Justification:** FY 2017 Overseas Contingency Operations (OCO) request is based on the projected in-country troop presence in Afghanistan to support Operation FREEDOM'S SENTINEL. Funding in this budget activity group directly supports Role 3 Afghanistan activities, pre-post deployment activities such as medical records reviews, hearing and vision exams, medical evaluations, immunizations and behavioral health screening for all deploying and returning soldiers. Funding also supports backfill of deployed personnel with medical staff to sustain the delivery of patient care in Military Treatment Facilities (MTFs).

Combat casualties require more resource intensive care and treatment than garrison healthcare patients. Although these patients are considered "dual eligible" who are

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eligible to receive care at MTFs or VA facilities, they return to the MTFs for continued care. Funding supports prosthetics and socket replacements, and advances in prosthesis technologies to enhance the capabilities of wounded service members with amputations. DHP funds additional requirements needed for treatment of casualties at amputee centers at San Antonio Military Medical Center, San Antonio, TX; Walter Reed National Military Medical Center, Bethesda, MD; and Naval Medical Center, San Diego, CA.

**Impact if not funded:** The Military Treatment Facilities' (MTFs') primary mission is to provide healthcare to uniformed service personnel (active and mobilized Reserve Component members). Funding is required to provide the additional medical and dental care for the mobilized forces not funded in the baseline budget. Without this funding, MTF services and access to care will be adversely impacted. MTFs would have to reduce access to care for non-active duty beneficiaries (retirees and family members) resulting in disengagement of these beneficiaries to the private sector for healthcare services. If funding is not provided to backfill the healthcare positions vacated in the MTFs by deployed medical personnel, components will have to redirect funding from other direct care system requirements to sustain the continuity of healthcare to patients.

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**A. Subactivity Group –Private Sector Care**

(\$ in Thousands)				
FY 2015	FY 2016	FY 2017	FY 2017	FY 2017
Actuals	Enacted	Request	Amendment	Total Amended Request
214,259	192,210	233,073	2,547	235,620

**Amendment Justification:** Request supports the increased private sector care requirements for additional reserve component service members and their families associated with increased mobilizations for Operation FREEDOM SENTINEL (Afghanistan) consistent with the POTUS announcement on July 6, 2016, and the approved increased troop presence for Operation INHERENT RESOLVE (Iraq/Syria).

**Narrative Justification:** Request sustains the level of healthcare services required in support of Operation FREEDOM’s SENTINEL (OFS). Funding provides Reserve Component (RC) personnel and their family members with healthcare, pharmacy and dental benefits. Mobilized RC personnel and their family members are eligible for medical and dental similar to active duty personnel, including access to private sector care providers through the TRICARE Managed Care Support Contract (MCSC) provider networks. This access to MCSC provider networks also support those beneficiaries living in remote locations outside the established network areas. TRICARE Reserve Select program, offered to RC members who enroll and share premiums with the government, is not included in this requirement. Healthcare coverage includes costs for medical care pharmaceuticals and associated managed care contract administration fees and dental care when military dental treatment facilities are not available.

**Impact if not funded:** Providing healthcare to mobilized RC personnel and their families is congressionally mandated. This is a must-pay bill and the cost will be incurred

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regardless of the availability of funding. If funding is not provided, lower priority healthcare requirements will be delayed so that funding can be shifted to pay for the healthcare services.

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**A. Subactivity Group –Consolidated Health Support**

(\$ in Thousands)				
FY 2015	FY 2016	FY 2017	FY 2017	FY 2017
Actuals	Enacted	Request	Amendment	Total Amended Request
<b>12,993</b>	<b>9,460</b>	<b>3,325</b>	<b>0</b>	<b>3,325</b>

**Narrative Justification:** Requirements in this budget activity group cover costs associated with pre-deployment individual equipment items (e.g. eyewear and protective mask eyewear inserts), military public health manpower, supplies and support equipment for disease prevention and control, incremental support for operations in epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, deployment health promotion and education, health surveillance, medical intelligence, and disease and climate illness training to deploying troops. Funding also supports the cost to transport wounded warriors by aircraft from outside the theater of operations to the United States and costs to resupply medical evacuation equipment and ground transportation costs for patients outside of the theater. Smaller projections for deployed active and reserve component forces in FY 2017 contribute to a reduction in the overall requirement.

**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 optical fabrication and aeromedical transport missions would require additional internal funding offsets such as delays in infrastructure improvements and equipment or supply procurement.

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**A. Subactivity Group –Education and Training**

(\$ in Thousands)				
FY 2015	FY 2016	FY 2017	FY 2017	FY 2017
Actuals	Enacted	Request	Amendment	Total Amended Request
5,114	5,885	0	0	0

**Narrative Justification:** Funding for the Pre-Deployment Trauma Training to ensure medical skills for treating combat trauma and injuries are retained at the highest levels for all deployment operations is incorporated in the FY 2017 DHP base budget and is no longer an OCO requirement.

**Impact if not funded:** None.