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)

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

($ in Thousands)

A. Subactivity Group – In-House Care	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

B. Subactivity Group -- Private Sector Care	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

C. Subactivity Group -- Consolidated Health Support	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

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

Narrative Justification: Decrease in FY 2010 is due to the Wounded Warrior mission being Baselined 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)

E. Subactivity Group -- Management Activities	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

F. Subactivity Group -- Education and Training	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

G. Subactivity Group -- Base Operations/ Communications	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

H. Activity Group -- Research, Development, Test, & Evaluation	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	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)

I. Activity Group -- Procurement	FY 2009 Actuals	FY 2010 Enacted	FY 2010 Supplemental Request	FY 2010 Total	FY 2011 Request
	-	-	-	-	-

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

Impact if not funded: Not applicable.