Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
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), Operation INHERENT RESOLVE (OIR), European Reassurance Initiative (ERI) and Post-Operation NEW DAWN Activities in FY 2016. 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) 2015 and further drawdown to an embassy security presence by the end of CY 2016. The resource amounts provided also support the operation 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 higher resource intensive care (e.g., amputees, burn and rehabilitative care) than routine peacetime patients require. Other DHP operational requirements in support of these operations includes: 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 that are 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
  - Backfill of deployed permanent medical personnel to support these operations

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- **Private Sector Care**
  - Healthcare for mobilized RC and their family members
- **Consolidated Health Support**
  - Aeromedical transportation of casualties from Germany to the U.S.
  - Military Public Health manpower, supplies, support equipment, and associated requirements specifically identified for the management, direction, and operation of disease prevention and control for these operations
  - Incremental support for these 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, disease and climate illness training to deploying troops, disease surveillance and control, and injury/high risk mitigation surveillance
- **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	($ in Thousands) FY 2014 Actuals	FY 2015 Enacted	FY 2016 Request
Total DHP OCO	715,484	300,531	272,704

A. Subactivity Group	($ in Thousands) FY 2014 Actuals	FY 2015 Enacted	FY 2016 Request
-In-House Care	352,166	65,902	65,149

Narrative Justification: FY 2016 request is less as it assumes an In-Country troop presence in Afghanistan needed to support OFS, OIR, ERI and Post-Operation NEW DAWN Activities. In addition, smaller projections for deployed active and reserve component forces in FY 2016 contribute to a reduction in the overall requirement. There is a decrease in the FY 2016 requirement for Medical Backfill due to a reduction in force deployment and support activities.

As long as there are deployed personnel supporting these continuing operations, the DHP will continue to incur costs associated with supplying pharmaceuticals, pre-deployment individual equipment items (e.g., eyewear and protective mask eyewear inserts) and prophylactic vaccinations. Additionally, the DHP funds incremental funding requirements for casualty care activities 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.

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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. This request is for the funding necessary to continue to provide the additional incremental medical and dental care for the mobilized forces not funded in the baseline budget. Without these additional funds, MTFs would have to reduce care to non-active duty beneficiaries (retirees and family members) resulting in a disengagement of these beneficiaries to the private sector. If funding is not provided to backfill the MTF positions vacated by active duty medical personnel deployed in support of these operations, fewer beneficiaries can be seen in these MTFs thereby shifting health care to the private sector.

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	($ in Thousands)		
B. Subactivity Group	FY 2014 Actuals	FY 2015 Enacted	FY 2016 Request
-Private Sector Care	288,260	214,259	192,210

Narrative Justification: FY 2016 request is less as it assumes a smaller number of mobilizations in support of OFS, OIR, ERI and Post-Operation NEW DAWN Activities.

OCO PSC funding provides mobilized RC personnel and their family members with healthcare, pharmacy, and dental benefits while they are mobilized in support of OCO. Mobilized RC personnel and their family members are eligible for medical and dental care similar to active duty personnel, including access to private sector providers through the TRICARE Managed Care Support Networks. The TRICARE 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 personnel and their family members, managed care contract administration fees, and RC dental care (funded here and in In-House Care).

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 will 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.

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	($ in Thousands)		
C. Subactivity Group -- Consolidated Health Support	**FY 2014 Actuals**	**FY 2015 Enacted**	**FY 2016 Request**
	56,949	**15,311**	**9,460**

Narrative Justification: FY 2016 request is less as it assumes an In-Country troop presence in Afghanistan needed to support OFS, OIR, ERI and Post-Operation NEW DAWN Activities. In addition, smaller projections for deployed active and reserve component forces in FY 2016 contribute to a reduction in the overall requirement.

As long as there are deployed personnel supporting these continuing operations, the DHP will continue to incur costs associated with aeromedical transportation of casualties from Germany to the U.S.; military public health manpower, supplies, and support equipment for disease prevention and control; and incremental support for these 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, disease and climate illness training to deploying troops, disease surveillance and control, and injury/high risk mitigation surveillance.

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 further internal offsets. This would lead to reduced efficiencies in infrastructure improvements, hiring of civilian personnel, and the delay or cancellation of non-emergency logistic procurements.

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	($ in Thousands)		
D. Subactivity Group -- Education and Training	**FY 2014 Actuals**	**FY 2015 Enacted**	**FY 2016 Request**
	10,501	**5,059**	**5,885**

Narrative Justification: FY 2016 request assumes an In-Country troop presence in Afghanistan needed to support OFS, OIR, ERI and Post-Operation NEW DAWN Activities.

Requested funding is in support of continued Pre-Post Deployment requirements to support these continuing operations based on estimated fill rates for classes military personnel are required to take prior to deployment. In addition, the DHP will continue to provide the additional trauma training to ensure medical providers receive and retain the necessary skill sets to treat combat trauma injuries as well as training to properly diagnose pre/post deployment mental health conditions.

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.