

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

I. Description of Operations Financed: This Budget Activity Group (BAG) encompasses nine functions supporting military medical readiness and delivery of patient care worldwide. The nine medical support functions include:

Examining Activities - Resources administering physical examinations and performing evaluations of medical suitability for military service. Includes resources required for Armed Forces Examination and Entrance Stations and the Department of Defense (DoD) Medical Examination Review Board.

Other Health Activities - Resources organizations and functions that support the provision of health care for Department of Defense beneficiaries. Examples include: central medical laboratories; medical services squadrons; Navy Medicine Regional Commands; public affairs; the Women, Infants and Children Program; humanitarian actions; family advocacy; patient affairs; and contribution of resources for beneficiary health care at the Federal Health Care Center North Chicago, Illinois.

Military Public/Occupational Health - Resources Military Public Health manpower, supplies, permits, certification and licensure fees, support equipment, and the associated requirements specifically identified for management, direction, and operation of disease prevention and control. Examples include: epidemiology; medical entomology; drinking water safety; monitoring hazardous waste disposal; food and facility sanitation; wellness/health promotion and education; community health nursing; medical intelligence; disease and climate illness; disease prevention and control; hearing conservation; and health and injury surveillance.

Veterinary Services - Resources the management, direction and operation of DoD's worldwide veterinary missions, as well as veterinary support requirements for other specified federal agencies. Includes veterinary care of government-owned animals,

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

I. Description of Operations Financed (cont.)

procedures involving animals in clinical investigation departments, and control of zoonotic and veterinary public health diseases.

Military Unique - Other Medical Activities - Resources unique military medical functions and activities that have a relationship to the size of the military population supported and are not included in any other program elements. Examples of programs include: physiological training units; drug abuse detection laboratories; optical repair and fabrication laboratories; pandemic influenza preparedness; medical logistics offices; medical support offices; medical materiel activities; deployment planning; and plans, operation and training offices in military treatment facilities.

Aeromedical Evacuation System - Resources the operation and administration of the Aeromedical Evacuation System; costs associated with intra- and inter-theater patient transportation; and operations to sustain the Aeromedical Evacuation Epidemiology Laboratory.

Service Support to Other Health Activities - Resources to support USTRANSCOM's Global Patient Movement Requirements Center.

Joint Pathology Center (JPC) - Resources manpower, equipment, facilities, and the associated operation and maintenance of the JPC including pathology education, consultation, and research services provided to the Department of Defense and other Federal Agencies.

Federal Advisory Committee Act (FACA) Advisory Board Activities - Resources the FACA Advisory Board and subcommittee functions, meetings, support, studies and other activities. FACA is composed of those committees, boards, commissions, councils, task forces and similar groups which have been established to advise officers and agencies in

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

I. Description of Operations Financed (cont.)

the executive branch of the Federal Government and must follow the regulatory and statutory requirements related to FACA in Title 5 Appendix, United States Code (U.S.C.).

II. Force Structure Summary:

Consolidated Health Support includes a variety of programs supporting such functions as examining activities, military public and occupational health, veterinary services, aeromedical evacuation, and various activities that have a relationship to the size of the military population supported and are not included in other Budget Activity Groups.

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

	FY 2014 <u>Actual</u>	Budget <u>Request</u>	FY 2015 <u>Congressional Action</u>			Current <u>Estimate</u>	FY 2016 <u>Estimate</u>
			<u>Amount</u>	<u>Percent</u>	<u>Appropriated</u>		
A. <u>BA Subactivities</u>							
1. Examining Activities	72,102	90,311	-1,624	-1.8	88,687	88,687	92,350
2. Other Health Activities	751,303	929,354	-36,164	-3.9	893,190	893,190	825,655
3. Military Public / Occupational Health	430,395	452,463	-27,067	-5.0	425,396	425,396	517,939
4. Veterinary Services	26,022	33,306	327	.0	33,633	33,633	34,946
5. Military Unique-Other Med Activities	632,125	882,315	-43,744	-4.0	838,571	838,571	861,529
6. Aeromedical Evaluation System	44,852	47,328	0	0.0	47,328	47,328	54,973
7. Service Support to Other Health Activities- TRANSCOM	1,465	1,571	0	0.0	1,571	1,571	2,359
8. Joint Pathology Center (JPC)	21,401	23,537	0	0.0	23,537	23,537	23,952
9. Support to FACA Advisory Board Activities	2,057	1,911	0	0.0	1,911	1,911	1,955
Total	1,981,722	2,462,096	-108,272	-4.4	2,353,824	2,353,824	2,415,658

1. FY 2014 actuals include \$56.9M for Overseas Contingency Operations (OCO).
2. FY 2014 Omnibus Reprogramming returned to the Department of Defense -\$52.3M.
3. FY 2014 \$130.3M transferred: DoD-VA Health Care Sharing Incentive Fund, Veterans Affairs, P.L. 111-84, section 1706, 123 STAT. 2574 (\$15.0M) and the Joint DoD-VA- Medical Facility Demonstration Fund, Veteran Affairs for the Federal Health Care Center (FHCC), North Chicago, P.L. 113-76, section 8098, 128 STAT, 128, (\$115.3M).
4. FY 2014 available funding without transfer to VA: Actuals (\$1,981.7M) + VA transfer (+\$130.3M) = \$2,139.8M.
5. FY 2015 estimate excludes \$15.3M for OCO.
6. FY 2016 request excludes OCO.

Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support

III. Financial Summary (\$ in thousands)

B. <u>Reconciliation Summary</u>	Change	Change
	<u>FY 2015/FY 2015</u>	<u>FY 2015/FY 2016</u>
Baseline Funding	2,462,096	2,353,824
Congressional Adjustments (Distributed)	-101,400	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)	-6,872	
Subtotal Appropriated Amount	2,353,824	
Fact-of-Life Changes (2015 to 2015 Only)		
Subtotal Baseline Funding	2,353,824	
Supplemental	15,311	
Reprogrammings		
Price Changes		48,123
Functional Transfers		
Program Changes		13,711
Current Estimate	2,369,135	2,415,658
Less: Wartime Supplemental	-15,311	
Normalized Current Estimate	2,353,824	

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

<u>C. Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
FY 2015 President's Budget Request (Amended, if applicable)		2,462,096
1. Congressional Adjustments		-108,272
a. Distributed Adjustments		
1) One time Congressional increase for Wounded Warrior Military Adaptive Sports Program.	5,000	
2) One time Congressional increase for therapeutic service dog training.	1,000	
3) One time program Congressional decrease for historical under execution.	-100,000	
4) One time program Congressional decrease for travel reduction not properly accounted for.	-7,400	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
1) Section 8080 - program decrease for favorable foreign currency exchange rates.	-6,742	
2) Section 8024 - program decrease for Federally Funded Research and Development Centers.	-130	
FY 2015 Appropriated Amount		2,353,824
2. OCO and Other Supplemental Enacted		15,311
a. OCO and Other Supplemental Requested		
1) OCO	15,311	
3. Fact-of-Life Changes		
FY 2015 Baseline Funding		2,369,135
4. Reprogrammings (Requiring 1415 Actions)		
Revised FY 2015 Estimate		2,369,135
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		-15,311
FY 2015 Normalized Current Estimate		2,353,824

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
6. Price Change		48,123
7. Functional Transfers		
8. Program Increases		192,222
a. Annualization of New FY 2015 Program		
b. One-Time FY 2016 Increases		
1) Reverses FY 2015 decrease for historical under execution.	101,070	
2) Reverses FY 2015 decrease for travel reduction not properly accounted for.	7,479	
3) Reverses FY 2015 general provisions decrease for favorable foreign currency exchange rates.	6,814	
4) Reverses FY 2015 general provisions decrease for Federally Funded Research and Development Centers.	131	
c. Program Growth in FY 2016		
1) Warrior Care Program Office:	29,784	
Realigns Warrior Care Program Office from the Management Activities Budget Activity Group (BAG) to the Consolidated Health Support BAG to accurately capture civilian pay and contract support where it will execute. Warrior Care Program Office was transferred to the Defense Health Program (DHP) in FY 2014. This program office provides oversight of the Defense Department's Integrated Disability Evaluation System and Warrior Care Program. The FY 2015 baseline funding for the Warrior Care Program Office is \$30.8M. The FY 2015 baseline staffing is 7 civilian FTEs and 148 contractors.		
2) Temporary Disability Retirement List (TDRL):	12,837	
Realigns funding to the Consolidated Health Support (CHS) Budget Activity Group (BAG) from the In-House		

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

Care BAG (\$7.5M) and Training and Education BAG (\$5.3M) to expedite service member medical status determinations for those members that have been placed on the TDRL, due to a long-lasting or permanent change from a wound, illness or injury by reducing the cycle time of the two evaluation boards reviewing a Service member's case file documentation. A Medical Evaluation Board (MEB) will review the Service member's record to decide if he/she meets medical retention standards. After the MEB, a Physical Evaluation Board (PEB) will be convened to determine the Service member's disposition—return to duty, separation, or retirement, either permanent or temporary. TDRL requirements were previously included in Integrated Disability Evaluation System (IDES) that was funded from FY 2014 to FY 2016. In FY 2015 the TDRL funding was included in the \$104.6M IDES baseline. The FY 2015 IDES staffing is 1,072 civilian FTEs, and 159 contractors. Note: The IDES decrease is found in Section 9.c.1.

- 3) Combating Antibiotic Resistant Bacteria (CARB): Provides funding for the military-relevant programs within the Countering Biological Threats and promoting the Global Health Security Agenda (GHSA), a high priority for the President and his Administration including the National Security Council, the Office of Management and Budget (OMB), and the Office of Science and Technology Policy, consistent with the following objectives: • Strengthen global capabilities with at least thirty

Amount

Totals

10,290

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

	<u>Amount</u>	<u>Totals</u>
partner countries, to prevent, detect, and respond to biological threats, whether naturally occurring, deliberate, or accidental. • Prevent avoidable epidemics; including prevention of naturally occurring outbreaks and intentional or accidental releases. • Detect, characterize, and report emerging biological threats early through real-time bio surveillance. • Respond rapidly and effectively to biological threats of international concern. This is a new program without FY 2015 baseline resources.		
4) Temporary Disability Retired List (TDRL) Legal Support: Provides funding for additional legal support for Army active duty personnel who are undergoing the TDRL process. In FY 2015 the TDRL funding was part of the \$104.6M Integrated Disability System (IDES) baseline. The FY 2015 IDES baseline staffing was 1,072 civilian FTEs, and 159 contractors.	6,000	
5) Equipment (Air Force Medical Service): Increases equipment funding primarily attributable to a realignment by the Air Force to maintain health care support equipment life cycle replacement average rate of eight years, replenish air en-route equipment, and medical readiness training equipment. The FY 2015 Consolidated Health Support equipment baseline funding is \$36.5M.	4,281	
6) One More Civilian Paid Day: Adjusts civilian payroll for one additional pay day for FY 2016. The FY 2015 Consolidated Health Support (CHS) civilian baseline funding is \$980.4M. The CHS	3,756	

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
staffing baseline is 10,728 civilian FTEs.		
7) Leased Space (Air Force Medical Service): Realigns funding to the Consolidated Health Support (CHS) Budget Activity Group (BAG) from the Base Operations and Communications BAG for real property leases aligning these costs with their supporting programs including the Multi-Market Office and Central Appointing Office in San Antonio, Texas. The FY 2015 Air Force CHS baseline funding is \$305.0M. The FY 2015 Air Force CHS baseline staffing is 1,054 civilian FTEs, and 640 contractors.	3,150	
8) MILCON Transition Requirements (Army): Provides additional funding to support transition requirements for Army MILCON projects including: the Hospital replacement at Fort Irwin, California; dental and behavioral health clinic addition at Schofield Barracks, Hawaii; and a health clinic alteration at Vilseck, Germany. The FY 2015 Army Consolidated Health Support Transition baseline funding is \$37.0M.	2,441	
9) Public Health Testing and Screening (Navy - Bureau of Medicine and Surgery): Increases funding for Navy Medicine support for mandated public health testing and screening for active duty (e.g., Hepatitis B and Hepatitis C and human immunodeficiency virus). The FY 2015 Navy Consolidated Health Support funding baseline is \$55.9M. The Navy baseline staffing is 1,579 civilian FTEs and 1,609 contractors.	2,200	
10) Support for Operations of Defense Health Agency	1,429	
		Consolidated Health Support CHS-10

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

Amount

Totals

(DHA) Shared Services - Medical Logistics and Public Health:

Realigns resources to the Consolidated Health Support Budget Activity Group (BAG) for the following Shared Services and Budget Activities:

Medical Logistics.

(\$-0.1M, -1 FTEs), Base Operations/Communications BAG (\$-0.9M, -8 FTEs), Management Activities BAG.

Public Health.

(\$-0.3, 5 FTEs), Management Activities BAG (\$-0.1M, -1 FTE), In-House Care BAG.

The FY 2015 Consolidated Health Support (CHS) baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilians FTEs and 3,396 contractors.

11) Travel:

560

Increases Consolidated Health Support (CHS) Budget Activity Group (BAG) travel to support military population health, occupational health, and disease prevention requirements including occupational safety and health inspections and combating antibiotic resistant bacteria around the globe. The FY 2015 CHS travel baseline funding is \$52.0M.

9. Program Decreases

-178,511

a. Annualization of FY 2015 Program Decreases

b. One-Time FY 2015 Increases

1) Reverses one time Congressional increase for Wounded Warrior Military Adaptive Sports Program.

-5,053

2) Reverses one time Congressional increase for therapeutic service dog training.

-1,010

Consolidated Health Support
CHS-11

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
c. Program Decreases in FY 2016		
1) Integrated Disability Evaluation System (IDES): Reduces funding for the Integrated Disability System (iDES). iDES was funded for a two years, from FY 2014 to FY 2016. Some IDES requirements are now included in the Temporary Disability Retired List (TDRL) effort that expedites service member medical status determinations for those members that have been placed on the TDRL, due to long-lasting or permanent change from wound, illness, or injury. The FY 2015 IDES funding baseline was \$104.6M. The FY 2015 IDES staffing baseline was 1,072 civilian FTEs, and 159 contractors.	-49,177	
2) Reduced Requirements for Traumatic Brain Injury/Psychological Health (TBI/PH) and Wounded, Ill and Injured (WII) Programs: Resource requirements have decreased for the TB/PH and WII programs. Current data shows the number of redeployers have dropped by 26%, for which there is a corresponding decrease in associated workload. The FY 2015 Army CHS baseline funding is \$1,258.3M. The FY 2015 Army CHS baseline staffing is 7,672 civilian FTEs, and 516 contractors.	-27,049	
3) Wounded, Ill and Injured (WII) Realignment to Other Core Programs: Realigns available funding from the Consolidated Health Support (CHS) Budget Activity Group (BAG) to In-House Care BAG (for contract clinical pharmacists and equipment to enhance the capability to efficiently provide telehealth consultations over a	-21,900	

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

	<u>Amount</u>	<u>Totals</u>
greater geographic area); Management Activities BAG (for Rehabilitation and Reintegration (R2R) programs for the Wounded Ill and Injured), and Education and Training BAG (for wellness education courses addressing unhealthy lifestyles and behaviors for the Army Medical Department Center and School). The FY 2015 Consolidated Health Service BAG baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilian FTEs and 3,396 contractors.		
4) Savings from Defense Health Agency (DHA) Public Health and Medical Logistics Shared Services: Reduced requirements based on Shared Services' savings: Public Health Shared Service: (\$-11.9M) from optimization of service member medical assessments, streamlining and elimination duplicate referral, and optimizing medical surveillance activities and databases) and \$-8.6M for Medical Logistics Shared Service: (\$-8.6M) from a focus on Supply Management, Equipment Management and MEDLOG Services. The consolidation of like services across the MHS will produce savings by reducing redundancies and consolidating key functional and business support areas. The FY 2015 Consolidated Health Support (CHS) baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilians FTEs and 3,396 contractor CMEs.	-20,543	
5) Defense Centers of Excellence (DCoE) Reduction: Reduces funding based on reduced requirements for DCoE. Current data shows the number of redeployers have dropped by 26%, for which there is a	-15,000	

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
corresponding decrease in associated workload. The FY 2015 CHS baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilian FTEs, and 3,396 contractors.		
6) Post Deployment Health Reassessment Assessment Reduction: Reduces funding for comprehensive health screening requirements that examine physical and behavioral concerns associated with service member deployments due to a reduction of deployments and redeployments. The FY 2015 Consolidated Health Support (CHS) baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilian FTEs, and 3,396 contractors.	-12,500	
7) Occupational Medicine (Air Force Medical Service): Reduced requirements for occupational medicine service contracts within the Air Force Medical Service based upon an operational medicine support analysis. The FY 2015 Air Force baseline funding is \$305.0M. The FY 2015 Air Force baseline staffing is 1,054 civilian FTEs, and 640 contractors.	-11,548	
8) Support for Operation of Defense Health Agency Shared Services - Health Information Technology, Contracting and Facilities: Realigns resources from the Consolidated Health Support (CHS) Budget Activity Group (BAG) for the operation of the following Shared Services: Health information Technology. (-\$2.8M, -30 FTEs), Information Management BAG; Contracting. (-\$4.3M, -44 FTEs), Management Activities BAG. Facilities. (-\$0.9M,	-8,013	

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

	<u>Amount</u>	<u>Totals</u>
-10 FTEs), Management Activities BAG. The FY 2015 CHS baseline funding is \$2,353.8M. The FY 2015 CHS baseline staffing is 10,728 civilians FTEs and 3,396 contractors.		
9) Civilian Manpower Analysis: Decreases civilian personnel requirements including (-29) Army FTEs due to a reduction of deployments and redeployments and to support the Secretary of Defense's direction to shape a properly sized and highly capable civilian workforce that complements the military and provides sufficient oversight and management of the contract support elements of the Total Force. The FY 2015 Consolidated Health Support civilian pay baseline funding is \$2,353.8M. The FY 2015 Consolidated Health Support baseline staffing is 10,728 civilian FTEs and 3,396 contractors.	-2,999	
10) Population Health (Air Force Medical Service): Reduced Air Force Medical Service requirements for service support from other non-federal agencies based on a reduction of Active Duty and family members. The FY 2015 Air Force CHS baseline funding is \$305.0M. The FY 2015 Air Force CHS baseline staffing is 1,054 civilian FTEs, and 640 contractors.	-1,924	
11) Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Training: Realigns funding from the Consolidated Health Support (CHS) Budget Activity Group (BAG) to the Education and Training BAG for proper execution. The FY 2015 Defense Health Agency (DHA) CHS baseline funding is \$347.7M. The FY 2015 DHA CHS baseline staffing is 53	-1,271	

Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support

III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
civilian FTEs, and 554 contractors. 12) Comprehensive Pain Management Realignment (Defense Health Agency (DHA) - National Capital Region Medical Directorate - NCR-MD): Realigns funding supporting the transfer of the Comprehensive Pain Management projects, including Extension of Community Health Outcomes, from the Consolidated Health Support Budget Activity Group to the In-House Care Budget Activity Group for proper execution. The FY 2015 DHA NCR-MD baseline funding is \$55.9M. The FY 2015 DHA NCR-MD CHS baseline staffing is 332 civilian FTEs, and 77 contractors.	-524	
FY 2016 Budget Request		2,415,658

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

IV. Performance Criteria and Evaluation Summary:

	FY 2014 Actuals	FY 2015 Estimate	FY 2016 Estimate	Change FY 2014/2015	Change FY 2015/2016
Active Duty Force Structure	1,583,179	1,533,579	1,515,677	-49,600	-17,902
Military Entrance Processing Stations Workload (000's)	274	267	273	-7	6
1) Spectacles/Inserts Fabricated (000's)	2,470	2,335	2,372	-135	37
2) Veterinary Lab Procedures (000's)	109	268	293	159	25

1) Spectacles/Inserts. FY 2014 to FY 2015 decrease reflects the Department of Defense forces drawdown. The FY 2015 to FY 2016 increase reflects the anticipated extension of new frame types to retirees.

2) Veterinary Lab Procedures: FY 2014 to FY 2015 increase reflects FY 2014 actual procedures lower than forecast due to the Brooke Army Medical Center, Texas closure from May to August and FY 2014 laboratory shortages at Camp Humphrey, Korea. The FY 2015 to FY 2016 increase reflects additional annual requirements met by increased capacity due to equipment modernization.

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

V. <u>Personnel Summary</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>Change FY 2014/ FY 2015</u>	<u>Change FY 2015/ FY 2016</u>
<u>Active Military End Strength (E/S) (Total)</u>	9,052	8,843	8,739	-209	-104
Officer	2,894	2,804	2,818	-90	14
Enlisted	6,158	6,039	5,921	-119	-118
<u>Active Military Average Strength (A/S) (Total)</u>	9,024	8,948	8,791	-76	-157
Officer	2,842	2,849	2,811	7	-38
Enlisted	6,182	6,099	5,980	-83	-119
<u>Civilian FTEs (Total)</u>	10,023	10,728	9,748	705	-980
U.S. Direct Hire	9,437	10,134	9,164	697	-970
Foreign National Direct Hire	227	141	141	-86	0
Total Direct Hire	9,664	10,275	9,305	611	-970
Foreign National Indirect Hire	359	453	443	94	-10
Average Annual Civilian Salary (\$ in thousands)	92.9	95.3	96.9	2.4	1.6
<u>Contractor FTEs (Total)</u>	2,703	2,539	2,305	-164	-234

Military End Strength: The decrease from FY 2014 to FY 2015 of (-209) includes Army transfer of Warrior Transition Units to Army Line (-143); Army internal realignments (-16), Navy internal realignments (+24), and Air Force reductions to meet Budget Control Act requirements (-10), and Air Force reversal of previously programmed reductions for closure of military treatment facility at Eielson AFB, Alaska (+34). The decrease from FY 2015 to FY 2016 of (-104) includes Navy and Air Force internal realignments reductions to meet the requirements of the Budget Control Act and Army reductions due to the service drawdown.

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

Civilian FTEs: The increase of civilian personnel from FY 2014 - FY 2015 is accounted for by the Warrior Care, Combating Antibiotic Resistant Bacteria and Temporary Disability Retirement List programs. The decrease in civilian personnel from FY 2015 - FY 2016 reflects the end of the two-year iDES incremental funding, manpower reductions supporting a civilian workload analysis, Public Health and Contracting shared service efficiencies, and the Secretary of Defense's mandated 20% reduction in headquarters funding.

Contractor FTEs: The decreases in contractor personnel from FY 2014 - FY 2015 and FY 2015 - 2016 reflect reduced requirements for Traumatic Brain Injury/Psychological Health (TBI/PH) and Wounded, Ill and Injured (WII) Programs, Public Health and Contracting shared service efficiencies, and a reduction as per the Secretary of Defense's mandated 20% reduction in headquarters funding.

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

VI. OP 32 Line Items as Applicable (Dollars in thousands):

<u>OP 32 Line</u>	<u>FY 2014</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2015</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2016</u>
	<u>Actual</u>	<u>Currency</u>	<u>FY 2014/FY 2015</u>		<u>Estimate</u>	<u>Currency</u>	<u>FY 2015/FY 2016</u>		<u>Estimate</u>
		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	
101 Exec, Gen'l & Spec Scheds	904,593	0	9,046	72,292	985,931	0	12,078	-89,153	908,856
199 TOTAL CIV COMPENSATION	904,593	0	9,046	72,292	985,931	0	12,078	-89,153	908,856
308 Travel of Persons	41,049	0	739	2,835	44,623	0	759	560	45,942
399 TOTAL TRAVEL	41,049	0	739	2,835	44,623	0	759	560	45,942
401 DLA Energy (Fuel Products)	54	0	1	-19	36	0	-3	24	57
402 Service Fund Fuel	1	0	0	44	45	0	-3	-39	3
411 Army Supply	0	0	0	72	72	0	2	-74	0
412 Navy Managed Supply, Matl	276	0	3	-159	120	0	4	-2	122
414 Air Force Consol Sust AG (Supply)	0	0	0	43	43	0	-1	2	44
416 GSA Supplies & Materials	507	0	9	884	1,400	0	24	0	1,424
417 Local Purch Supplies & Mat	680	0	12	2,241	2,933	0	50	7	2,990
422 DLA Mat Supply Chain (Medical)	250	0	-1	1,725	1,974	0	8	31	2,013
499 TOTAL SUPPLIES & MATERIALS	1,768	0	24	4,831	6,623	0	81	-51	6,653
503 Navy Fund Equipment	9	0	0	17	26	0	0	0	26
506 DLA Mat Supply Chain (Const & Equip)	0	0	0	118	118	0	1	0	119
507 GSA Managed Equipment	331	0	6	241	578	0	10	-156	432
599 TOTAL EQUIPMENT PURCHASES	340	0	6	376	722	0	11	-156	577

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

<u>OP 32 Line</u>	<u>FY 2014</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2015</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2016</u>
	<u>Actual</u>	<u>Currency</u>	<u>FY 2014/FY 2015</u>	<u>Program</u>	<u>Estimate</u>	<u>Currency</u>	<u>FY 2015/FY 2016</u>	<u>Program</u>	<u>Estimate</u>
		<u>Rate Diff</u>	<u>Price</u>			<u>Rate Diff</u>	<u>Price</u>		
(SLUC)									
913 Purchased Utilities (Non-Fund)	1,463	0	26	-836	653	0	11	-84	580
914 Purchased Communications (Non-Fund)	1,386	0	25	3,999	5,410	0	92	-115	5,387
915 Rents (Non-GSA)	5,196	0	94	-3,006	2,284	0	39	1,051	3,374
917 Postal Services (U.S.P.S)	108	0	2	-65	45	0	1	-1	45
920 Supplies & Materials (Non-Fund)	91,838	0	1,653	59,144	152,635	31	2,595	-1,583	153,678
921 Printing & Reproduction	2,653	0	48	-1,490	1,211	0	21	425	1,657
922 Equipment Maintenance By Contract	5,204	0	94	-1,530	3,768	0	64	1,360	5,192
923 Facilities Sust, Rest, & Mod by Contract	8,726	0	157	-815	8,068	0	137	-31	8,174
924 Pharmaceutical Drugs	44,547	0	1,648	1,474	47,669	0	1,764	10,970	60,403
925 Equipment Purchases (Non-Fund)	42,926	0	772	-7,957	35,741	0	608	4,437	40,786
926 Other Overseas Purchases	0	0	0	39	39	0	1	-1	39
930 Other Depot Maintenance (Non-Fund)	0	0	0	395	395	0	7	0	402
932 Mgt Prof Support Svcs	76,677	0	1,380	46,764	124,821	0	2,122	-5,989	120,954
933 Studies, Analysis & Eval	14,662	0	264	3,948	18,874	0	321	-8,129	11,066
934 Engineering &	1,462	0	26	-1,488	0	0	0	319	319

Consolidated Health Support
CHS-22

**Defense Health Program
Fiscal Year (FY) 2016 Budget Estimates
Operation and Maintenance
Consolidated Health Support**

<u>OP 32 Line</u>	FY 2014	Foreign	Change		FY 2015	Foreign	Change		FY 2016
	<u>Actual</u>	Currency <u>Rate Diff</u>	<u>FY 2014/FY 2015</u> <u>Price</u>	<u>Program</u>	<u>Estimate</u>	Currency <u>Rate Diff</u>	<u>FY 2015/FY 2016</u> <u>Price</u>	<u>Program</u>	<u>Estimate</u>
Tech Svcs									
937 Locally Purchased Fuel (Non-Fund)	197	0	4	-64	137	0	-10	49	176
955 Other Costs (Medical Care)	91,080	0	3,370	32,887	127,337	0	4,711	-21,895	110,153
957 Other Costs (Land and Structures)	14	0	0	-14	0	0	0	0	0
960 Other Costs (Interest and Dividends)	449	0	8	753	1,210	0	21	1	1,232
964 Other Costs (Subsistence and Support of Persons)	104	0	2	292	398	0	7	0	405
986 Medical Care Contracts	281,826	0	10,428	180,693	472,947	0	17,499	78,232	568,678
987 Other Intra-Govt Purch	75,333	0	1,356	-14,055	62,634	0	1,065	3,823	67,522
988 Grants	7,902	0	142	-8,003	41	0	1	-1	41
989 Other Services	178,868	0	3,220	-15,066	167,022	0	2,839	39,092	208,953
990 IT Contract Support Services	34,289	0	617	-24,443	10,463	0	178	233	10,874
998 Other Costs (SOCOM Only)	370	0	4	-374	0	0	0	0	0
999 TOTAL OTHER PURCHASES	998,605	0	25,693	256,003	1,280,301	31	34,544	101,051	1,415,927
Total	1,981,722	0	36,164	335,938	2,353,824	31	48,092	13,711	2,415,658