

**Defense Health Program  
Fiscal Year (FY) 2021 President's Budget  
Operation and Maintenance  
Consolidated Health Support**

**I. Description of Operations Financed:** This Budget Activity Group 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 DoD beneficiaries. Examples include: central medical laboratories, medical services squadrons, Army and Navy Medicine regional commands, public affairs, the Women, Infants and Children Program, humanitarian actions, family advocacy, patient affairs, and contribution of resources for the DoD beneficiaries' health care at the CAPT James A. Lovell Federal Health Care Center North Chicago, IL.

**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,

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**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. Examples of programs include: physiological training units, drug abuse detection laboratories, optical repair and fabrication laboratories, medical logistics offices, medical materiel activities, deployment planning, plans, operation and training offices in military treatment facilities, and Department of Defense Armed Forces Blood Program.

**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, and the associated operation and maintenance of the JPC including pathology education, consultation, and diagnostic testing 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 the executive branch of the Federal Government and must follow the regulatory and

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**I. Description of Operations Financed (cont.)**

statutory requirements related to FACA in Title 5 Appendix, United States Code (U.S.C.).

**II. Force Structure Summary:**

Consolidated Health Support includes staffing and contracts to support the Defense Health Agency, the Army Medical Command, Navy Bureau of Medicine and Surgery, and the Air Force Medical Services by providing the active duty and beneficiary population with complementary health care such as laboratory testing, immunizations, physical exams, humanitarian actions, epidemiology and entomology testing, disease prevention and control, veterinary services, physiological training, optical repair and fabrication, intra- and inter-theater patient transportation, and pathology education and consultation. In addition, this Budget Activity Group funds operations at the Army and Navy regional medical commands, the Armed Forces Blood Program, the medical logistics offices, deployment planning, and provides resources for USTRANSCOM's Global Patient Movement Requirements Center.

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	FY 2020						
			Congressional Action				
	FY 2019	Budget				Current	FY 2021
	Actuals	Request	Amount	Percent	Appropriated	Estimate	Estimate
A. BA Subactivities							
1. Examining Activities	100,494	104,303	-1,104	-1.1	103,199	103,199	14,886
2. Other Health Activities	518,269	532,867	-28,284	-5.3	504,583	504,583	381,356
3. Military Public / Occupational Health	505,028	533,379	2,556	0.5	535,935	534,867	456,687
4. Veterinary Services	29,112	32,192	-985	-3.1	31,207	31,207	2,921
5. Military Unique-Other Medical Activities	671,160	607,460	3,527	0.6	610,987	610,987	453,112
6. Aeromedical Evacuation System	52,349	137,482	-8,892	-6.5	128,590	128,590	2,579
7. Service Support to Other Health Activities-TRANSCOM	1,855	2,484	64	2.6	2,548	2,548	691
8. Joint Pathology Center	26,764	23,236	-441	-1.9	22,795	22,795	23,977
9. Support to FACA Advisory Board Activities	1,387	2,133	-41	-1.9	2,092	2,092	2,060
Total	1,906,418	1,975,536	-33,600	-1.7	1,941,936	1,940,868	1,338,269

1. FY 2019 actuals includes \$2,426K for OCO.

2. FY 2020 estimate excludes \$2,800K for OCO.

3. FY 2021 estimate excludes \$3,198K for OCO.

4. The Department of Defense transferred O&M funding of \$113,000K in FY 2019 and will transfer \$127,000K in FY 2020 and \$130,404K in FY 2021 to the Joint Department of Defense - Department of Veterans Affairs Medical Facility Demonstration Fund (James A. Lovell Federal Health Care Center Great Lakes) established by section 1704 of Public Law 111-84 (National Defense Authorization Act for FY 2010). Additionally, the Department of Defense transferred \$15,000K of O&M funding in FY 2019 and will transfer the same amount in FY 2020 and FY 2021 to the DoD-VA Health Care Joint Incentive Fund (JIF) as required by Section 8111 of Title 38 of the United States Code (USC) and Section 722 of Public Law 111-92 (National Defense Authorization Act for FY 2016).

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<b>B. <u>Reconciliation Summary</u></b>	<b>Change <u>FY 2020/FY 2020</u></b>	<b>Change <u>FY 2020/FY 2021</u></b>
<b>Baseline Funding</b>	<b>1,975,536</b>	<b>1,940,868</b>
Congressional Adjustments (Distributed)	-33,600	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
<b>Subtotal Appropriated Amount</b>	<b>1,941,936</b>	
Fact-of-Life Changes (2020 to 2020 Only)	-1,068	
<b>Subtotal Baseline Funding</b>	<b>1,940,868</b>	
Supplemental	2,800	
Reprogrammings		
Price Changes		44,972
Functional Transfers		-605,386
Program Changes		-42,185
<b>Current Estimate</b>	<b>1,943,668</b>	<b>1,338,269</b>
Less: Wartime Supplemental	-2,800	
<b>Normalized Current Estimate</b>	<b>1,940,868</b>	

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<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
<b>FY 2020 President's Budget Request (Amended, if applicable)</b>		<b>1,975,536</b>
1. Congressional Adjustments		-33,600
a. Distributed Adjustments		
1) Aeromedical Evacuation System Excess Growth	-7,100	
2) Historical Underexecution:	-37,500	
3) Program Increase - Therapeutic Service Dog Training Program:	11,000	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
<b>FY 2020 Appropriated Amount</b>		<b>1,941,936</b>
2. OCO and Other Supplemental Enacted		2,800
a. OCO and Other Supplemental Requested		
1) OCO	2,800	
FY 2020 Overseas Contingency Operations request.		
3. Fact-of-Life Changes		-1,068
a. Functional Transfers		
b. Technical Adjustments		
1) Increases		
2) Decreases		
a) FY 2020 Adjustments for Civilian pay raise and subsequent revisions impacting BAG 3:	-1,068	
<b>FY 2020 Baseline Funding</b>		<b>1,943,668</b>
4. Reprogrammings (Requiring 1415 Actions)		
<b>Revised FY 2020 Estimate</b>		<b>1,943,668</b>
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		-2,800
<b>FY 2020 Normalized Current Estimate</b>		<b>1,940,868</b>
6. Price Change		44,972

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7. Functional Transfers		-605,386
a. Transfers In		
1) a. Operation Live Well (OLW) Initiative Transfer: Transfers funding for the Operation Live Well (OLW) Initiative from the Office of the Under Secretary of Defense for Personnel and Readiness to the Defense Health Agency's Public Health Division. OLW formulates concurrent Department of Defense strategies for optimizing Total Force Fitness (TFF) doctrine for all three military components in support of Combatant Commands OLW, through the development of analytic performance measures and policy formulation. The Operation Live Well Initiative aims to identify effective TFF initiatives and aligns the Military Departments policies and business practices to improve the warrior capability and capacity across the Department of Defense community. Funding will measurably improve human performance optimization and readiness of the Total Force through addressing eight domains of fitness via data-informed and synchronized policy, programs, and business practices. The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.	8,500	
b. Transfers Out		
1) a. Defense-Wide Review (DWR) - Medical Readiness Transfer to the Military Departments:	-613,328	

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In accordance with the FY 2021 Secretary of Defense Memo, Department of Defense Reform Focus in 2020, the Defense Health Program has transferred the Service Medical Readiness activities which occur outside of the Military Treatment Facility to the Military Departments. This transfer allows the medical force structure to meet the operational requirements in support of the National Defense Strategy and support the Congressionally-mandated reforms to the Military Health System. The following Medical Readiness programs have been identified as functions that would be more effectively and efficiently run by the Military Departments and support development of a Ready Medical Force and will not have an adverse impact to the delivery of healthcare in the Military Treatment Facilities.

(a) Army Medicine: (-\$346,139K and -2,315 Civilian Full-Time Equivalents)

(1) The US Military Entrance Processing Command (MEPCOM) has the responsibility for initial entry medical screening and processing activities for all Services. Army is the executive agent for the MEPCOM. Medical examinations are used to determine applicants' physical qualifications for enlistment. These examinations help ensure applicants can meet the demanding physical challenges of basic training and military service.

(2) The Army Public Health Center (APHC) sustains



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joint readiness by identifying and assessing current and emerging health threats, developing and communicating public health solutions, and assuring the quality and effectiveness of the Army's Public Health Enterprise.

(3) Army's Veterinary Medicine Services is responsible for policy development and oversight of command missions regarding Animal Medicine and Food Protection matters. Animal Medicine includes veterinary care of government-owned animals and procedures involving animals in clinical investigation departments.

(4) Soldier Readiness Processing (SRP) sites are designed to ensure soldiers are medically ready to deploy to hazardous locations around the world. The SRP provides periodic review of medical readiness, as well as last minute assessments before a rapid deployment.

(5) The Optical Fabrication mission provides single-vision and multi-focal prescription lenses for a variety of frames for all Soldiers and support to other Services. Frames are provided upon entry to the Service, during deployment processing, or after annual screenings. Frames provided include standard issue and frame-of-choice glasses, inserts for gas masks and eye protection, and flight goggles for pilots.

(6) Army Medical Logistics Command (AMLC) is the Army's primary medical logistics and sustainment

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command, responsible for managing the global supply chain and medical materiel readiness across the Total Force. AMLC's provides worldwide operational medical logistics support, including fielding, sustainment, medical maintenance, and centralized management of readiness-enabling contingency programs.

(7) The U.S. Army Medical Research and Development Command (MRDC) executes the science and technology program to investigate medical solutions for the battlefield with a focus on various areas of biomedical research, including military infectious diseases, combat casualty care, military operational medicine, medical chemical and biological defense, and clinical and rehabilitative medicine.

(8) U.S. Army Medical Center of Excellence (MEDCoE) is responsible to envision and design responsive Army Medicine capabilities and structure that support the fielded force and the future force. MEDCoE provides specialized skills training, graduate and post-graduate education, and professional development education programs.

(b) Air Force Medical Service: (-239,367K and -338 Civilian Full-Time Equivalents)

(1) The 711th Human Performance Wing (711 HPW) advances human performance in air, space, and cyberspace through research, education, and consultation. The Wing's primary focus areas are aerospace medicine, Human Effectiveness Science and

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Technology, and Human Systems Integration. The 711 HPW functions as a Joint Department of Defense Center of Excellence for human performance sustainment and readiness, optimization, readiness.

(2) The Air Force Research Laboratory (AFRL) plays an integral role in leading the discovery, development and integration of affordable warfighting technologies for our air, space and cyberspace force. AFRL provides a diverse portfolio of science and technology ranging from fundamental to advanced research and technology development.

(3) USAF School of Aerospace Medicine (USAFSAM) is an institute for research, education, and worldwide operational consultation in Aerospace Medicine. USAFSAM has guided the advancement of aerospace medicine and human performance from the beginnings of aviation through the onset of the space age and into the present.

(4) Aerospace physiologists study the changes in physiological parameters associated with the aerospace environment. Their expertise is employed in the training of aviators and support staff, to encourage the anticipation of the physical challenges associated with aviation and space travel challenges such as acceleration, ejection, spatial disorientation, and hypoxia. They incorporate practical aspects of human factors into mission preparation to ensure that aviators and mission specific staff are aware of the impact of issues like

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fatigue, stress, nutrition, and circadian rhythms.  
(5) En-route Patient Staging (ERPS) provides support and continuity of medical care for patient movement, and serves as an integral link in the global patient movement system. The ERPS provides medical personnel and equipment necessary for 24-hour patient staging operations, patient transportation to/from aircraft, and administrative processes for tracking patients transiting the Aeromedical Evacuation system worldwide. It is designed for short-term inpatient medical-surgical nursing care and limited emergent intervention.

(c) Navy Bureau of Medicine and Surgery: (-27,822K and -71 Civilian Full-Time Equivalents)

(1) Industrial Operations provides resources in support of Sailor and Marine Corps requirements specifically tied to disease and illness prevention in the operational environment. Key functions under this program include, Armed Services Blood Program Office (ASBPO), the Industrial Hygiene Program, and Naval Infectious Disease Diagnosis Laboratory (NIDDL), Service Blood Donor Testing Program, and Health Surveillance.

(2) Navy Readiness Reporting and Preparedness provides resources for the deployment preparation and administrative support of Sailors and Marines. Includes readiness programs primarily focused on Sailor and Marine well-being and tracking such as:

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the Navy Undersea Warfighter Health Readiness Program, the Readiness Cost Reporting System (RCRP), Navy Expeditionary Health Service Support (NEHSS) Capabilities Requirements Analysis Program, and Command Strategic Tracking Accountability Reporting Support (C-STARS).		
2) b. Army Medical Civilian Personnel Transfer to the Department of the Army: Transfers four (4) civilian full-time equivalents and associated funding from the Army Medical Command's Military Unique/Occupational Health program element program element to the Department of the Army to accurately reflect the transfer of assets to the Department of the Army, in compliance with Military Health System reform initiatives. The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.	-558	
8. Program Increases		
a. Annualization of New FY 2020 Program		
b. One-Time FY 2021 Increases		
c. Program Growth in FY 2021		
9. Program Decreases		-42,185
a. Annualization of FY 2020 Program Decreases		
b. One-Time FY 2020 Increases		
c. Program Decreases in FY 2021		

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1) a. Military Health System Management Headquarters Reform:	-24,817	
Continues the implementation of the Military Health System organizational reforms required by the National Defense Authorization Acts of FY 2017 and FY 2019 focused on efforts to reduce redundant and unnecessary headquarters overhead while building a structure that drives improved outcomes for readiness, health, quality and cost. Reform efforts reduces the Defense Health Agency contract requirements in the Examining Activities (-\$709K), Military Public/Occupational Health (-\$6,876K), Other Health Activities (-\$1,951K), Military Unique - Other Medical (\$15,150K), support to FACA Advisory Board Activities (-\$131K) program elements (PE). The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.		
2) b. Reduced Resource Requirements: Reduces funding for Military Unique - Medical program element due to a consolidation of workstreams/efforts and projected budget execution. Funding reductions will better align actual execution to programming without creating an adverse impact to the program's mission. Detailed analysis was performed on various programs within the Military Unique - Other Medical program element. Reductions were based on the	-10,886	

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incorporation of updated budgetary projections and better pricing methodologies following this in-depth analysis of the Consolidated Health Support's requirement, resulting in improved requirements identification and resource management. The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.		
3) c. One Less Compensable Day: In accordance with OMB Circular A-11, Section 85.5C, reduces civilian pay to account for one fewer paid day in FY 2021 (261 paid days) than in FY 2020 (262 paid days). The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.	-3,134	
4) d. Military Health System Major Headquarters Reduction: Continues the Management Headquarters reduction associated with Section 702, Reform of the Administration of the Defense Health Agency and Military Treatment Facilities in NDAA 2017. Reduction result from efforts to eliminate duplicative activities carried out by the elements of the Defense Health Agency and the military departments. By Service, funds are reduced from Army	-2,916	

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Medical Command (-\$1,324K) and from Air Force Medical Services (-\$1,592K). Efforts reduces the Defense Health Agency requirements in the Other Health Activities (-\$2,614K) and Military Unique - Other Medical (-\$302K) program elements (PE). The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020 Consolidated Health Support Baseline contractor staffing is 3,204 CMEs. The FY 2020 Consolidated Health Support Baseline civilian staffing is 7,267.		
5) f. Veterinary Services Information Management Systems Realignment: Realigns three (3) civilian full-time equivalents and associated funding from Consolidated Health Support's Military Public/Occupational Health program element to Information Management/Information Technology, Tri-Service IM/IT program element to account for the budgeting and execution of the IT capability for the Veterinary Service Information Management System (VSIMS). This realignment allows for oversight of the VSIMS IT capability, which supports DoD food protection (food safety plus food defense), veterinary public health, and operational missions at over 700 locations around the world. In addition, this realignment supports the Defense Health Agency's effort to finalize the standardization of information technology at DHA under the Enterprise Support Activity construct. The FY 2020 Consolidated Health Support baseline funding is \$1,941,936K. The FY 2020	-432	



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Consolidated Health Support Baseline contractor  
staffing is 3,204 CMEs. The FY 2020 Consolidated  
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**FY 2021 Budget Request**

**1,338,269**

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**IV. Performance Criteria and Evaluation Summary:**

**Performance Criteria and Evaluation Summary**

	FY 2019 Actuals	FY 2020 Estimate	FY 2021 Estimate	Change FY 2019/2020	Change FY 2020/2021
1) Active Duty Force Structure	1,590,677	1,601,680	1,607,119	11,003	5,439
2) Military Entrance Processing Stations Workload (000's)	315	345	0	30	(345)
3) Spectacles/Inserts Fabricated (000's)	1507	1547	892	40	(655)
4) Veterinary Lab Procedures (000's)	80	92	0	12	(92)

1) Active Duty Force Structure: The FY 2019 to FY 2020 and FY 2020 to FY 2021 changes in Active Duty Force Structure support Department of Defense's increases in Active Duty end strength.

2) Military Entrance Processing Stations Workload: The Military Entrance Processing Command (MEPCOM) projects an increase in applicant workload for FY 2019 to FY 2020 to produce qualified accessions to achieve Department of Defense Armed Forces required escalating manning levels. Updated accession goals published and holding at 10K over the baseline year of FY17. Methodolgy for calculating workload is still roughly 1.3 medical examinations to produce an accession. From FY 2020 to FY 2021, a decrease of workload is being reported because funding for the Military Entrance Processing Stations is expected to transfer to the Department of the Army in FY 2021.

3) Spectacles/Inserts Fabricated: The FY 2019 to FY 2020 increase is due to a combination of historical workload growth, the introduction of 6 new Frame of Choice (FOC) frames and patient directed/self-ordering solution, Joint Spectacle Prescription Entry Cloud-based Solution (JSPECS), that is expected to come to fruition within the next two fiscal years. Once available, JSPECS will remove several access barriers to optical services for eligible DoD beneficiaries and thus further increase optical orders. We anticipate a 1% increase in the first year of JSPECS as version 1.0 will be limited to Active Duty (AD) orders only. As ensuing versions are rolled out we are forecasting a potential 3-4% increase in orders. From FY 2020 to FY 2021, a decrease is being reported because the Army's Optical Fabrication is transferring to the Department of the Army in FY 2021.

4) Veterinary Lab Procedures: The increase from FY19 to FY20 is due to increased destination monitoring requirements from Veterinary Services and increased testing capabilities with Regional Health Command Europe (RHC-E) leading to increased in-house testing. Anticipate 8-10% annual increase in food and vector-borne disease diagnostic testing to support readiness of the warfighter, the FY20 NDAA, and align with projected military end strength. Overdue logistic and equipment requirements for the Department of Defense Military Working Dog Serum Repository. Replace critical equipment that is past life cycle and/or out of maintenance funds/support. Also start replacing equipment which no longer fits the laboratory's needs or is outdated (better technology, increased efficiency). The FY20 to FY21 decrease is the result of the Army's Veterinary Services funding transfer to the Department of the Army in FY 2021.

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<b>V. <u>Personnel Summary</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>	<b>Change <u>FY 2019/ FY 2020</u></b>	<b>Change <u>FY 2020/ FY 2021</u></b>
<u>Active Military End Strength (E/S) (Total)</u>	<u>7,112</u>	<u>7,636</u>	<u>7,354</u>	<u>524</u>	<u>-282</u>
Officer	2,175	2,236	2,180	61	-56
Enlisted	4,937	5,400	5,174	463	-226
<u>Active Military Average Strength (A/S) (Total)</u>	<u>7,277</u>	<u>7,375</u>	<u>7,495</u>	<u>98</u>	<u>120</u>
Officer	2,225	2,206	2,208	-19	2
Enlisted	5,052	5,169	5,287	117	118
<u>Civilian FTEs (Total)</u>	<u>8,393</u>	<u>7,267</u>	<u>4,536</u>	<u>-1,126</u>	<u>-2,731</u>
U.S. Direct Hire	7,854	6,827	4,340	-1,027	-2,487
Foreign National Direct Hire	183	95	94	-88	-1
Total Direct Hire	8,037	6,922	4,434	-1,115	-2,488
Foreign National Indirect Hire	324	313	71	-11	-242
Reimbursable Civilians	32	32	31	0	-1
Average Annual Civilian Salary (\$ in thousands)	110.7	113.5	118.5	2.8	5.0
<u>Contractor FTEs (Total)</u>	<u>3,035</u>	<u>3,204</u>	<u>2,917</u>	<u>169</u>	<u>-287</u>

**Explanation of changes in Active Military End Strength:**

The increase from FY 2019 to FY 2020 (+524) includes a 10% end strength reduction for Major Headquarters Activities (-160; Army: -145, Navy: -15), mission transfers to the Military Departments for Medical Readiness Programs: (Army: -14), and internal realignments from In-House Care (+441) and Base Operations/Communications (+257) in support of the Navy Bureau of Medicine and Surgery's emerging requirements. The decrease from FY 2020 to FY 2021 (-282) includes a 10% end strength reduction for Major

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Headquarters Activities (-160; Army: -145, Navy: -15), transfers to the Defense Health Agency for Major Headquarters Activities (-64: Army: -14, Navy -32, AF: -18), transfers to the military departments for Medical Headquarters activities (Army: -11); transfers to the military departments for medical readiness programs (Navy: -47).

Explanation of changes in Civilian FTEs:

The decrease from FY 2019 to FY 2020 (-1,126) includes mission transfers to the Military Departments for medical readiness: (-584: Army: -345, Navy: -139, Air Force: -100); transfers to the Defense Health Agency for Major Headquarters Activities (-358: Army: -248, Navy -159, DHA +49); 10% FTE reduction for Major Headquarters Activities (Navy: -22); Army Material Readiness (+13), U.S. Military Entrance Processing Command (+41); the 25% reduction to the Military Health System (MHS) major headquarters as directed in the Terms of Reference of the "Military Health System Reform" memorandum signed by the Deputy Secretary of Defense on April 27, 2017 (-14); and Service headquarters execution and internal reprogramming adjustments (-202: Army: +91, Navy: -119, Air Force: +59, DHA: -85, NCR: -157, USUHS: +9). Manpower adjustments by component are: Army Medical Command (-458), Navy Bureau of Medicine and Surgery (-439), Air Force Medical Service (-45), Defense Health Agency (-36), National Capital Region (-157), and Uniformed Services University of the Health Services (+9). The decrease from FY 2020 to FY 2021 (-2,731) includes the 25% reduction to the Military Health System (MHS) major headquarters as directed in the Terms of Reference of the "Military Health System Reform" memorandum signed by the Deputy Secretary of Defense on April 27, 2017 (-13: Army: -10, Air Force: -3); realignment of the Veterinary Services Information Management Systems from Army Consolidated Health Support to the Defense Health Agency (Army: -3); Army Medical Command Medical Headquarters transfer to the Department of the Army (-4); Service headquarters execution and internal reprogramming adjustments (Air Force: +13); and the transfer of Consolidated Health Support FTEs following the Defense Wide Review to the Department of the Army (-2,315), the Department of the Navy (-71), and the Department of the Air Force (-338). Manpower adjustments by component are: Army Medical Command (-2,332), Navy

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Bureau of Medicine and Surgery (-71), and Air Force Medical Service (-328).

Explanation of changes in Contractor FTEs:

The increase from FY 2019 to FY 2020 (+169) includes execution adjustments and reflects the net impact of the Medical Headquarters transfer from the Services to the Defense Health Agency (DHA). Changes from FY 2019 to FY 2020 are accounted for in the Examining Activities program element (+27), Military Public/Occupational Health program element (+264), Other Health Activities program element (-95), Military Unique-Other Medical program element (-28), Support to Federal Advisory Committee Act Advisory Board Activities program element (+1). The decrease from FY 2020 to FY 2021 (-287) includes execution adjustments and reflects the net impact of the Medical Headquarters transfer from the Services to the Defense Health Agency (DHA), reductions due to contract consolidation efforts, reductions associated with Biological Equipment Maintenance Support, reductions due to Phase 2/3 transfer of Clinical Quality Management, reductions due to decreased support of Audiology, Flight, and Operation Medicine. Changes from FY 2020 to FY 2021 are accounted for in the Examining Activities program element (-186), Military Public/Occupational Health program element (-9), Other Health Activities program element (-5), Military Unique-Other Medical program element (-85), and Aeromedical Readiness program element (-2).

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

		Change			Change		
	FY 2019	FY 2019/FY 2020		FY 2020	FY 2020/FY 2021		FY 2021
<u>OP 32 Line</u>	<u>Actuals</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>
101 Exec, Gen'l & Spec Scheds	903,725	25,124	-127,696	801,153	12,338	-282,918	530,573
<b>199 TOTAL CIV COMPENSATION</b>	<b>903,725</b>	<b>25,124</b>	<b>-127,696</b>	<b>801,153</b>	<b>12,338</b>	<b>-282,918</b>	<b>530,573</b>
308 Travel of Persons	43,714	874	-18,101	26,487	530	-7,884	19,133
<b>399 TOTAL TRAVEL</b>	<b>43,714</b>	<b>874</b>	<b>-18,101</b>	<b>26,487</b>	<b>530</b>	<b>-7,884</b>	<b>19,133</b>
401 DLA Energy (Fuel Products)	66	0	-5	61	-3	-52	6
402 Service Fund Fuel	1	0	2	3	0	0	3
412 Navy Managed Supply, Matl	813	17	-830	0	0	0	0
414 Air Force Consol Sust AG (Supply)	294	24	-318	0	0	0	0
416 GSA Supplies & Materials	2,918	58	-1,840	1,136	23	-632	527
417 Local Purch Supplies & Mat	5,398	108	-2,884	2,622	52	-146	2,528
422 DLA Mat Supply Chain (Medical)	4,410	-18	-2,688	1,704	2	32	1,738
<b>499 TOTAL SUPPLIES &amp; MATERIALS</b>	<b>13,900</b>	<b>189</b>	<b>-8,563</b>	<b>5,526</b>	<b>74</b>	<b>-798</b>	<b>4,802</b>
503 Navy Fund Equipment	7	0	22	29	1	0	30
506 DLA Mat Supply Chain (Const & Equip)	197	-1	-196	0	0	0	0
507 GSA Managed Equipment	449	9	-340	118	2	-120	0
<b>599 TOTAL EQUIPMENT PURCHASES</b>	<b>653</b>	<b>8</b>	<b>-514</b>	<b>147</b>	<b>3</b>	<b>-120</b>	<b>30</b>
601 Army Industrial Operations	43	0	-43	0	0	0	0
633 DLA Document Services	121	1	-60	62	0	1	63
635 Navy Base Support (NAVFEC Other Support Services)	22	0	-11	11	0	0	11
671 DISA DISN Subscription Services (DSS)	5	0	10	15	1	-4	12
675 DLA Disposition Services	289	0	-287	2	0	-1	1
679 Cost Reimbursable Purchase	295	6	-296	5	0	-1	4
680 Building Maint Fund Purch	0	0	357	357	0	7	364
<b>699 TOTAL DWCF PURCHASES</b>	<b>775</b>	<b>7</b>	<b>-330</b>	<b>452</b>	<b>1</b>	<b>2</b>	<b>455</b>
706 AMC Channel Passenger	30,139	603	2,698	33,440	669	-34,109	0
707 AMC Training	142	28	-170	0	0	0	0

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		Change			Change		
	FY 2019	FY 2019/FY 2020		FY 2020	FY 2020/FY 2021		FY 2021
<u>OP 32 Line</u>	<u>Actuals</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>
771 Commercial Transport	3,659	73	-629	3,103	62	-1,642	1,523
<b>799 TOTAL TRANSPORTATION</b>	<b>33,940</b>	<b>704</b>	<b>1,899</b>	<b>36,543</b>	<b>731</b>	<b>-35,751</b>	<b>1,523</b>
901 Foreign National Indirect Hire (FNIH)	21,941	0	-2,009	19,932	399	-16,906	3,425
912 Rental Payments to GSA (SLUC)	102	2	-99	5	0	0	5
913 Purchased Utilities (Non-Fund)	617	12	-629	0	0	0	0
914 Purchased Communications (Non-Fund)	2,368	47	-836	1,579	32	-523	1,088
915 Rents (Non-GSA)	12,816	256	-9,606	3,466	69	-1,138	2,397
917 Postal Services (U.S.P.S)	19	0	31	50	1	-45	6
920 Supplies & Materials (Non-Fund)	109,262	2,185	-38,174	73,273	1,465	-3,145	71,593
921 Printing & Reproduction	1,207	24	270	1,501	30	-298	1,233
922 Equipment Maintenance By Contract	9,900	198	-5,325	4,773	95	-2,120	2,748
923 Facilities Sust, Rest, & Mod by Contract	2,716	54	-2,408	362	7	1,624	1,993
924 Pharmaceutical Drugs	4,564	178	49,713	54,455	2,124	606	57,185
925 Equipment Purchases (Non-Fund)	43,227	865	62,951	107,043	2,141	-83,993	25,191
926 Other Overseas Purchases	15,782	316	-16,055	43	1	0	44
930 Other Depot Maintenance (Non-Fund)	12	0	413	425	9	0	434
932 Mgt Prof Support Svcs	142,547	2,851	-32,638	112,760	2,255	-13,974	101,041
933 Studies, Analysis & Eval	19,903	398	-4,475	15,826	317	-9,765	6,378
934 Engineering & Tech Svcs	7,725	155	-7,536	344	7	0	351
936 Training and Leadership Development (Other Contracts)	91	2	-93	0	0	0	0
937 Locally Purchased Fuel (Non-Fund)	70	0	115	185	4	-8	181
955 Other Costs (Medical Care)	106,431	4,151	-31,577	79,005	3,081	-44,487	37,599
959 Other Costs (Insurance Claims/Indmnties)	64	1	-65	0	0	0	0
960 Other Costs (Interest and Dividends)	128	3	1,203	1,334	27	0	1,361

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	Change			Change			
	FY 2019	FY 2019/FY 2020		FY 2020	FY 2020/FY 2021		FY 2021
OP 32 Line	Actuals	Price	Program	Estimate	Price	Program	Estimate
964 Other Costs (Subsistence and Support of Persons)	1,579	32	-1,175	436	9	-27	418
984 Equipment Contracts	3,521	70	-3,591	0	0	0	0
985 Research & Development, Contracts	2,727	0	-2,727	0	0	0	0
986 Medical Care Contracts	133,338	5,201	248,111	386,650	15,079	-53,257	348,472
987 Other Intra-Govt Purch	44,360	887	23,281	68,528	1,371	-3,670	66,229
988 Grants	13,329	267	-2,507	11,089	222	-11,267	44
989 Other Services	183,452	3,669	-75,608	111,513	2,230	-72,732	41,011
990 IT Contract Support Services	25,913	518	-10,448	15,983	320	-4,977	11,326
999 TOTAL OTHER PURCHASES	909,711	22,342	138,507	1,070,560	31,295	-320,102	781,753
Total	1,906,418	49,248	-14,798	1,940,868	44,972	-647,571	1,338,269

FY 2019 to FY 2020 Notes:

1. Medical Headquarters realignments and reductions and Army manpower increases at MEPCOM and U. S. Army Medical Research and Materiel Command (USAMRMC) drive the change in Civilian Compensation. (OP-32 Line 199).
2. Medical Headquarters realignments, increases for Patient Movement Item (PMI) equipment, readiness programs, and Long-Term Opioid Therapy Pilot Program drive the change in Supplies and Materials (OP-32 Line 920.1).
3. An increased requirement for Patient Movement Item equipment drives the change in Equipment Purchases (Line 925).
4. The realignment of the Vision Center of Excellence (VCOE) from Navy to the Defense Health Agency drives the changes in Management and Professional Support Services and Studies (OP-32 Line 932), Analysis and Evaluation (Line 933).
5. Reduced resource requirements drive the change in Other Costs (OP-32 Line 955), Medical Care Contracts (Line 986) 6. Reduced resource requirements, Medical Headquarters realignments and an increase to Army material readiness drive the change to Other Services (Line 989.1).
6. Reduced resource requirements, Medical Headquarters realignments and an increase to Army material readiness drive the change to Other Services (Line 989.1).

FY 2020 to FY 2021 Notes:

1. Medical Headquarters realignments and reductions and readiness transfers drove the change in Civilian Compensation (OP-32 Line 101)
2. Medical readiness transfers to the Military Departments drive the change in Supplies and Materials, AMC Channel Messenger, Equipment Purchases (Non-Fund), Other Costs-Medical Care (OP-32 Line 706, Line 920.1 Line 925, and Line 955).
3. Medical Headquarters Contract Reductions, Medical Readiness Transfers, and Operation Live Well Initiative drives the change in Mgt Professional Support Services (OP-32 Line 932).
4. Medical Headquarters Contract Reductions, Medical Readiness Transfers, and the James A. Lovell Federal Health Care Center drives the change in Medical Care Contracts (OP-32 Line 986).
5. Medical Readiness Transfers to the Military Department, Reduced Resource Requirements, and Operation Live Well Initiative Transfer to DHA drives the change in Other Services (OP-32 Line 989)