

<b>Subject:</b> Defense Health Program		<b>DoD Serial Number:</b> FY 02-27 IR
<b>Appropriation Title:</b> Defense Health Program (DHP), O&M, 01/X; DHP RDT&E, 01/02; and DHP Procurement, 01/03		<b>Includes Transfer?</b> Yes

<b>Component Serial Number:</b>	<i>(Amounts in Thousands of Dollars)</i>							
	<b>Program Base Reflecting Congressional Action</b>		<b>Program Previously Approved by Sec Def</b>		<b>Reprogramming Action</b>		<b>Revised Program</b>	
<b>Line Item</b>	<b>Quantity</b>	<b>Amount</b>	<b>Quantity</b>	<b>Amount</b>	<b>Quantity</b>	<b>Amount</b>	<b>Quantity</b>	<b>Amount</b>
<b>a</b>	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>	<b>f</b>	<b>g</b>	<b>h</b>	<b>i</b>

This internal reprogramming transfers \$13.860 million between budget activities within the Defense Health Program (DHP) to implement congressional direction in Public Law 107-20, the Supplemental Appropriations Act, 2001. This action uses general transfer authority pursuant to section 8005 of Public Law 106-259, the DoD Appropriations Act, 2001, and section 1001 of Public Law 106-398, the Floyd D. Spence National Defense Authorizations Act for FY 2001. These transfers do not change the purpose for which the funds were originally appropriated, meet all administrative and legal requirements of the Congress, and have not been denied by the Congress.

**FY 2002 REPROGRAMMING INCREASES: +13,860**

**Defense Health Program +13,860**

Budget Activity 2: RDT&E, 01/02

	412,471	431,741	<b>+10,250</b>	441,991
IM/IT Development Lightweight Epidemiology Advanced Detection and Emergency Response System (LEADERS)			(+5,250)	
Volume Angio CAT (VAC) Research			(+5,000)	

Budget Activity 3: Procurement, 01/03

	289,366	290,385	<b>+3,610</b>	293,995
Tele-echocardiology			(+450)	
Endovascular Abdominal Aortic Aneurysm Repair			(+1,500)	
Xenon Computed Tomography			(+130)	
Three-Dimensional Rapid Prototyping			(+1,530)	

**FY 2002 REPROGRAMMING DECREASE: -13,860**

**Defense Health Program -13,860**

Budget Activity 1: Operation and Maintenance, 01/X

	152,000	152,000	<b>-13,860</b>	138,140
Advances in Medical Practice	(30,000)	(30,000)	(-13,860)	(16,140)

Explanation: The Congress added \$2.0 million in Public Law 106-259, the DoD Appropriations Act, 2001, and \$150.0 million in Public Law 107-20, the Supplemental Appropriations Act, 2001, in the Operation and Maintenance budget activity in a no-year DHP appropriation. Within the \$150.0 million, \$90.0 million is

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a	b	c	d	e	f	g	h	i

for optimization; \$30.0 million is for general medical requirements of the Services' Surgeons General; and \$30.0 million is for advances in medical practice (AMP). This reprogramming action transfers \$13.860 million of the \$30.0 million AMP funding from the DHP, O&M budget activity to the DHP, RDT&E (\$10.250 million) and the DHP, Procurement (\$3.610 million) budget activities for proper execution.

The \$10.250 million for DHP, RDT&E requirements includes:

- \$5.250 million for Information Management/Information Technology Development of Lightweight Epidemiology Advanced Detection and Emergency Response System (LEADERS). The LEADERS provides an integrated collection of medical surveillance capabilities, including real-time, easy-to-use mechanism for collecting, storing, analyzing, and viewing critical medical data, along with an Incident and Event Management capability to facilitate a rapid, effective response.
- \$5.0 million for Volume Angio CAT (VAC) Research. The VAC Research will lead to development of rapid, non-invasive imaging, which will allow sophisticated diagnosis and treatment of early illness allowing early intervention and prompt resolution. This capability can also be used in forward deployments (including on the battlefield) for earlier treatment.

The \$3.610 million for DHP, Procurement requirements includes:

- \$0.450 million for Tele-echocardiology, which provides remote reading of echocardiograms at Medical Treatment Facilities (MTFs) that lack full-time cardiology staff. This initiative will place this capability at selected Army hospitals and Medical Centers (MEDCENS) and employ full-time cardiologists to read the echo studies.
- \$1.5 million for Endovascular Abdominal Aortic Aneurysm (AAA) Repair to provide the Army with an in-house capability to perform AAA repairs at Medical Command (MEDCOM) MEDCENS with vascular surgery. Currently, Army vascular surgeons are trained to perform this procedure but lack the necessary equipment. Via support from this AMP project, Army surgeons will be able to perform this procedure, which is the "standard of care" in the civilian community.
- \$0.130 million for Xenon Computed Tomography, which will provide cerebral blood flow assessment in obstetric and trauma patients. The project also has potential battlefield applications. The initial implementation will be at Walter Reed Army Medical Center. Based upon clinical efficacy, this technology could be exported to all MTFs with CT capability, in particular, to casualty reception sites and outside the continental United States (OCONUS).
- \$1.530 million for Three-Dimensional (3-D) Rapid Prototyping, which will provide MEDCOM-wide capability for rapid 3-D prototyping via web-based networking. The initiative has the potential to allow additional Operating Room cases to be recaptured back into Army MTFs through reduced operating room time per complicated case. This project allows surgeons to plan complex surgeries using life sized accurate 3-D physical models.