

**Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
Exhibit PB-31Q, Manpower Changes in Full-Time Equivalent**

	<u>US Direct Hire</u>	<u>Foreign National</u>		<u>Total</u>
		<u>Direct Hire</u>	<u>Indirect Hire</u>	
1. FY 2010 FTEs	57,389	757	1,693	59,839
Reflects a composite of numerous increases and decreases to adjust for execution realities.	291	(21)	(9)	261
2. FY 2011 FTEs	57,680	736	1,684	60,100
Changes result primarily from mission and function transfers from DHP to Service Line. Principal among those are the Fort Detrick Garrison transfer to Army, and the Installation Services transfer to Navy.	(1,647)	(50)	(34)	(1,731)
3. FY 2012 FTEs	56,033	686	1,650	58,369
4. SUMMARY				
FY 2010				
O&M Total	57,389	757	1,693	59,839
Direct Funded	56,961	725	1,508	59,194
Reimbursable Funded	428	32	185	645
FY 2011				
O&M Total	57,680	736	1,684	60,100
Direct Funded	57,282	701	1,499	59,482
Reimbursable Funded	398	35	185	618
FY 2012				
O&M Total	56,033	686	1,650	58,369
Direct Funded	55,635	651	1,464	57,750
Reimbursable Funded	398	35	186	619

Exhibit PB-31Q, Manpower Changes in Full-Time Equivalent
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**Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
Exhibit PB-15, Advisory and Assistance Services**

Appropriation: Operation & Maintenance

	FY 2010¹	FY 2011²	FY 2012
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
I. Management & Professional Support Services ^{1,2}			
FFRDC Work	80,365	85,455	72,113
Non-FFRDC Work	228,216	204,790	173,600
Subtotal	308,581	290,245	245,713
II. Studies, Analyses & Evaluation			
FFRDC Work	9,553	5,934	4,194
Non-FFRDC Work	45,873	44,606	12,849
Subtotal	55,426	50,540	17,043
III. Engineering & Technical Services			
FFRDC Work	4,308	4,368	4,434
Non-FFRDC Work	292	247	202
Subtotal	4,600	4,615	4,636
Total	368,607	345,400	267,392

¹FY 2010 includes \$1.153 million for Overseas Contingency Operations.

²FY 2011 excludes \$1.094 million for Overseas Contingency Operations.

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
OP-34 Fund Support for Quality of Life Activities
(Dollars in Millions - Manpower in Eaches)

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>0130 DEFENSE HEALTH PGM</u>			
Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support)			
<u>Category A—Mission Sustaining Programs</u>			
A.1 Armed Forces Entertainment	0.000	0.000	0.000
A.2 Free Admission Motion Pictures	0.000	0.000	0.000
A.3 Physical Fitness	2.600	3.970	0.037
A.5 Library Programs & Information Services (Recreation)	0.269	0.276	0.172
A.6 On-Installation Parks and Picnic Areas	0.036	0.014	0.000
A.7 Category A Recreation Centers (Military Personnel)	2.479	1.999	0.000
A.8 Single Service Member Program	0.134	0.135	0.005
A.9 Shipboard, Company, and/or Unit Level Programs	0.272	0.275	0.000
A.10 Sports and Athletics	3.683	0.411	0.001
Total Cat. A - Direct Program Operation	9.473	7.080	0.215
Cat. A - Direct Overhead	1.227	2.443	0.000
Total Direct Support	10.700	9.523	0.215
Cat. A - Indirect Support	0.415	0.504	0.000
Total Support - Mission Sustaining Programs	11.115	10.027	0.215
<u>Category B—Community Support Programs (without Child Development and Youth Programs)</u>			
B.2 Programs			
B.2.1 Cable and/or Community Television	0.000	0.000	0.000
B.2.2 Recreation Information, Tickets, Tours and Travel Services	0.108	0.051	0.000
B.2.3 Recreational Swimming	0.194	0.219	0.000
Total B.2 Programs	0.302	0.270	0.000
B.3 Programs			
B.3.1 Directed Outdoor Recreation	0.007	0.154	0.000
B.3.2 Outdoor Recreation Equipment Checkout	0.000	0.074	0.000
Total B.3 Programs	0.007	0.228	0.000

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 OP-34 Fund Support for Quality of Life Activities
 (Dollars in Millions - Manpower in Eaches)

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>0130 DEFENSE HEALTH PGM (Continued)</u>			
Military MWR Programs (without Child Development Program, Youth Program, and Warfighter and Family Support) (Continued)			
<u>Category B—Community Support Programs (without Child Development and Youth Programs) (Continued)</u>			
B.4 Programs			
B.4.3 Arts and Crafts Skill Development	0.039	0.042	0.000
B.4.4 Automotive Skill Development	0.192	0.191	0.000
B.4.5 Bowling (16 lanes or less)	0.102	0.102	0.000
Total B.4 Programs	0.333	0.335	0.000
Total Cat. B - Direct Program Operation	0.642	0.833	0.000
Total Direct Support	0.642	0.833	0.000
Cat. B - Indirect Support	0.154	1.805	0.000
Total Support - Basic Community Support Programs	0.796	2.638	0.000
<u>Category C—Revenue-Generating Programs</u>			
C.2 Programs			
C.2.1 PCS Lodging	0.000	0.000	0.000
C.2.3 Joint Service Facilities and/or AFRCs	0.000	0.000	0.000
Total C.2 Programs	0.000	0.000	0.000
Total Cat. C - Direct Program Operation	0.000	0.000	0.000
Total Direct Support	0.000	0.000	0.000
Cat. C - Indirect Support	0.000	0.000	0.000
Total Support - Revenue-Generating Programs	0.000	0.000	0.000
Child Development and Youth Programs			
<u>Youth Program (MWR Category B)</u>			
YouthProgram - Direct Program Operation	0.146	0.189	0.000
Total Funding	0.146	0.189	0.000
<u>Child Development Program (MWR Category B)</u>			
CD3 Supplemental Program/Resource & Referral/Other (PVV)	0.619	0.966	0.000
Child Development - Direct Program Operation	3.847	3.888	0.000
Total Support - Revenue-Generating Programs	4.466	4.854	0.000

Exhibit OP-34, Quality of Life Activities
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PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program**OPR & MAINT**

Active

Domestic**Compliance**Non Recurring-Class I/II

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
RCRA C-Hazardous Waste	1.196	0.218	0.668	0.668	0.684	0.700	0.716
RCRA D-Solid Waste	0.436	0.059	0.045	0.047	0.049	0.051	0.053
RCRA I-Underground Storage Tanks	0.012	0.029	0.010	0.010	0.020	0.020	0.020
Clean Air Act	0.365	0.556	0.260	0.263	0.267	0.271	0.281
Clean Water Act	1.014	2.688	2.180	2.219	2.259	2.300	2.343
Planning	1.946	1.522	0.286	0.294	0.299	0.314	0.319
Safe Drinking Water Act	0.288	0.118	0.197	0.200	0.204	0.208	0.212
Other Compliance Non-Recurring	3.442	0.441	1.187	1.209	1.231	1.254	1.277
Total Compliance Non-Recurring	8.699	5.631	4.833	4.910	5.013	5.118	5.221

Recurring-Class 0

Manpower	5.726	6.391	5.688	5.745	5.836	5.926	6.021
Education & Training	0.813	1.166	1.034	1.025	1.052	1.071	1.105
Sub-Total Personnel	6.539	7.557	6.722	6.770	6.888	6.997	7.126
Permits & Fees	0.271	0.302	0.025	0.025	0.039	0.050	0.060
Sampling, Analysis & Monitoring	2.221	3.365	3.240	3.190	3.254	3.309	3.364
Waste Disposal	4.983	4.968	4.852	4.900	4.904	4.942	4.982
Other Compliance Recurring	5.592	5.010	3.516	3.710	3.779	3.839	3.889
Sub-Total Fees	13.067	13.645	11.633	11.825	11.976	12.140	12.295
Total Compliance Recurring	19.606	21.202	18.355	18.595	18.864	19.137	19.421
Total Compliance	28.305	26.833	23.188	23.505	23.877	24.255	24.642

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

OPR & MAINT	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
Active							
<u>Domestic</u>							
Pollution Prevention							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	1.098	0.046	0.047	0.048	0.049	0.050
RCRA D-Solid Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.168	0.087	0.087	0.088	0.088	0.089
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Hazardous Material Reduction	0.000	0.591	0.112	0.113	0.114	0.115	0.115
Other Pollution Prevention Non-Recurring	0.000	1.597	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention Non-Recurring	0.000	3.454	0.245	0.247	0.250	0.252	0.254
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pollution Prevention Recurring	0.005	0.029	0.010	0.010	0.010	0.011	0.011
Total Pollution Prevention	0.005	3.483	0.255	0.257	0.260	0.263	0.265
Conservation							
<u>Non Recurring-Class I/II</u>							
Threatened & Endangered Species	0.000	0.280	0.000	0.000	0.000	0.000	0.000
Wetlands	0.000	0.005	0.000	0.000	0.000	0.000	0.000
Other Natural Resources Non-Recurring	0.000	0.088	0.000	0.000	0.000	0.000	0.000
Historical & Cultural Resources	0.000	0.095	0.000	0.000	0.000	0.000	0.000
Total Conservation Non-Recurring	0.000	0.468	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation Recurring	0.657	0.487	0.000	0.000	0.000	0.000	0.000
Total Conservation	0.657	0.955	0.000	0.000	0.000	0.000	0.000
Total Domestic	28.967	31.271	23.443	23.762	24.137	24.518	24.907
<u>Foreign</u>							

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

OPR & MAINT	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
Active							
<u>Foreign</u>							
Compliance							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.048	0.077	0.010	0.011	0.011	0.011	0.011
RCRA D-Solid Waste	0.006	0.051	0.007	0.008	0.008	0.008	0.008
RCRA I-Underground Storage Tanks	0.025	0.131	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.020	0.031	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.062	0.062	0.000	0.000	0.000	0.000	0.000
Planning	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Safe Drinking Water Act	0.045	0.110	0.000	0.000	0.000	0.000	0.000
Other Compliance Non-Recurring	0.162	0.203	0.185	0.188	0.191	0.194	0.198
Total Compliance Non-Recurring	0.368	0.665	0.202	0.207	0.210	0.213	0.217
<u>Recurring-Class 0</u>							
Manpower	0.012	0.012	0.012	0.012	0.012	0.012	0.012
Education & Training	0.001	0.001	0.002	0.002	0.002	0.002	0.002
Sub-Total Personnel	0.013	0.013	0.014	0.014	0.014	0.014	0.014
Permits & Fees	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sampling, Analysis & Monitoring	0.000	0.547	0.429	0.434	0.436	0.437	0.444
Waste Disposal	0.300	0.313	0.327	0.332	0.338	0.344	0.350
Other Compliance Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Fees	0.300	0.860	0.756	0.766	0.774	0.781	0.794
Total Compliance Recurring	0.313	0.873	0.770	0.780	0.788	0.795	0.808
Total Compliance	0.681	1.538	0.972	0.987	0.998	1.008	1.025

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

OPR & MAINT	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
Active							
<u>Foreign</u>							
Pollution Prevention							
<u>Non Recurring-Class I/II</u>							
RCRA C-Hazardous Waste	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RCRA D-Solid Waste	0.000	0.010	0.000	0.000	0.000	0.000	0.000
Clean Air Act	0.000	0.051	0.000	0.000	0.000	0.000	0.000
Clean Water Act	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Hazardous Material Reduction	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Pollution Prevention Non-Recurring	0.000	0.084	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention Non-Recurring	0.000	0.145	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pollution Prevention Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Pollution Prevention	0.000	0.145	0.000	0.000	0.000	0.000	0.000
Conservation							
<u>Non Recurring-Class I/II</u>							
Threatened & Endangered Species	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Wetlands	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Other Natural Resources Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Historical & Cultural Resources	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation Non-Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<u>Recurring-Class 0</u>							
Manpower	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Sub-Total Personnel	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Conservation Recurring	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Conservation	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Foreign	0.681	1.683	0.972	0.987	0.998	1.008	1.025

PB28 Funds Budgeted for Environmental Quality

(Current \$ Millions)

Defense Health Program

OPR & MAINT	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	
Total OPR & MAINT								
Domestic	28.967	31.271	23.443	23.762	24.137	24.518	24.907	0.000
Foreign	0.681	1.683	0.972	0.987	0.998	1.008	1.025	
Total	29.648	32.954	24.415	24.749	25.135	25.526	25.932	

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
Procurement Program

Appropriation: Procurement (\$ M)

Date: February 2011

Line No.	Item Nomenclature	FY 2010 Actuals	FY 2011 Estimate	FY 2011 OCO Funding	FY 2011 Total Request	FY 2012 Base Funding	FY 2012 OCO Funding	FY 2012 Total Request
1	Items less than \$5,000,000 each:							
	Medical Equipment - Replacement/Modernization	479.049	469.543	0.000	469.543	576.979	0.000	576.979
	Medical Equipment - New Facility Outfitting	45.688	50.378	0.000	50.378	55.539	0.000	55.539

Remarks:

The Defense Health Program (DHP) procurement budget represents a critical element of the Department's capability to provide high quality, cost effective health care for active duty and other eligible beneficiaries. Funds identified in this submission support the acquisition of equipment for facilities in the Army, Navy, and Air Force. Those facilities range from sophisticated tertiary care medical centers to outpatient and dental clinics and physiological training units. This equipment is essential to provide high quality health care services that meet accepted standards of practice. The required safety standards, related laws and regulatory requirements from credentialing and health care standard setting organizations influence and affect the requirement for, cost of, and replacement and modernization of medical equipment. Without the identified resources, the DHP's capability to meet the Department's medical equipment requirements will be severely degraded.

The Department, through the DHP, procures a wide variety of medical items ranging from surgical, radiographic, and pathologic apparatus to medical administrative support equipment. The items to be procured by the resources identified in this schedule are selected by way of a thorough investment equipment justification process. The identification and justification process begins at the medical treatment facility (MTF) level. From there, the requirements are reviewed by functional specialty advisor groups (Surgeon General level), medical logistics experts (Service component), Health Care Support Offices (geographically oriented), and ultimately the Defense Health Council (Tri-Service level). At each level, the requirements are reviewed for the necessity, value, and utility of investment.

Development of an effective equipment replacement and modernization program is a complicated process. In comparison to equipment in other functional areas, the useful life of medical equipment is short. As the current inventory reaches obsolescence, replacements are generally more sophisticated, technologically advanced, and expensive. To ensure that the Department is procuring the appropriate technology for deployment in the most useful locations, the DHP incorporates functional expertise from each echelon of the Department's medical structure into the budget development process. This submission represents a balanced, resource constrained approach to the DHP's investment equipment requirements.

The needs fulfilled by the DHP's procurement budget are diverse. They are used to replace the aging real property support system in existing facilities. Also they are used for medical information system implementation, initial training, software purchases and hardware replacements, such as servers and End User Devise (EUDs).

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Budget Item Justification, Procurement Program

BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2011	
APPROPRIATION / BUDGET ACTIVITY :	97*0130	P-1 ITEM NOMENCLATURE: Replacement/Modernization					
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
	Actuals	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Quantity							
Cost (\$ M)	479.049	469.543	576.979	481.056	539.522	350.991	361.562
<p>REMARKS</p> <p>The most significant medical equipment investments will be in the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. The most significant procurement investment in information systems relates to the infrastructure and hardware replacement such as End User Devices, LAN upgrades and servers supporting Tri-Service IM/IT programs; the acquisition of a Commercial Off The Shelf, FDA regulated Class II Medical Device in support of the Enterprise Blood Management System; and providing a capability for healthcare providers in theater access to radiographic images for Tele-radiology and transfer back to definitive care MTFs.</p> <p>Financing an adequate equipment acquisition budget is critical in retaining the Department's medical workload in-house and controlling escalating purchased healthcare O&M costs in the private sector. The items supported by this budget are the result of an extensive investment equipment justification process and are necessary to provide properly trained medical department personnel and high quality, cost effective health care services for the eligible beneficiary population.</p>							

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Budget Item Justification, Procurement Program

BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2011	
APPROPRIATION / BUDGET ACTIVITY :	97*0130	P-1 ITEM NOMENCLATURE: New Facility Outfitting					
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
	Actuals	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Quantity							
Cost (\$ M)	45.688	50.378	55.539	63.732	119.047	50.235	150.458
REMARKS							
<p>The new facility outfitting program element of the DHP's procurement budget funds the acquisition and installation of commercially available equipment to furnish new and expanded facilities being completed under military construction projects in support of dental services, health care delivery, health care training, and other health care activities. The items range from dental, surgical, radiographic, and pathologic equipment to medical administrative support equipment. The new facility outfitting program provides critical support to the DHP's military medical construction program.</p>							

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
RDT&E Programs

Appropriation: RDT&E, Defense Health Program (\$ M)

Date: February 2011

Program		Budget	FY 2010	FY 2011	FY 2012	FY 2012	FY 2012	FY 2012	FY 2012	
R-1 Line	Element	Activity	Actual ¹	Base	OCO Funding	Total Request	Base	OCO Funding	Total Request	
Item No	Number	Item								
1	0601101	In-House Laboratory Independent Research (ILIR)	2	2.670	2.875	0.000	2.875	2.935	0.000	2.935
2	0601117	Basic Operational Medical Research Sciences	2	88.498	0.000	0.000	0.000	0.000	0.000	0.000
3	0602115	Applied Biomedical Technology	2	116.662	28.658	0.000	28.658	33.805	0.000	33.805
4	0602787	Medical Technology (AFRRI)	2	3.239	3.553	0.000	3.553	3.694	0.000	3.694
5	0603002	Medical Advanced Technology (AFRRI)	2	0.699	0.752	0.000	0.752	0.767	0.000	0.767
6	0603115	Medical Technology Development	2	782.755	133.376	0.000	133.376	181.042	0.000	181.042
7	0604110	Medical Products Support and Advanced Concept Development	2	262.186	160.168	0.000	160.168	167.481	0.000	167.481
8	0605013	Information Technology Development	2	121.077	136.761	0.000	136.761	176.345	0.000	176.345
9	0605145	Medical Products and Support Systems Development	2	0.723	0.000	0.000	0.000	34.559	0.000	34.559
10	0605502	Small Business Innovation Research (SBIR) Program	2	35.952	0.000	0.000	0.000	0.000	0.000	0.000
11	0606105	Medical Program-Wide Activities	2	12.669	13.770	0.000	13.770	48.313	0.000	48.313
12	0607100	Medical Products and Capabilities Enhancement Activities	2	16.500	20.000	0.000	20.000	14.765	0.000	14.765
Total Budget Activity 2				1443.630	499.913	0.000	499.913	663.706	0.000	663.706

Notes:

1.) FY 2010 estimate includes \$8 million transferred from the Department of Health and Human Services for Pandemic Influenza Preparedness and Response appropriated under Public Law 111-32, Supplemental Appropriations Act, 2009, Title VIII

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 1
 In-House Laboratory Independent Research (ILIR)
 0601101HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0601101	2.670	2.875	2.935	2.997	3.057	3.118	3.227
Combat Casualty Care (Army) from USUHS	0.043	0.000	0.000	0.000	0.000	0.000	0.000
Combat Casualty Care (USUHS)	1.151	1.239	1.265	1.292	1.318	1.344	1.391
Infectious Disease (USUHS)	0.374	0.403	0.411	0.419	0.427	0.436	0.451
Military Operational Medicine (USUHS)	1.102	1.233	1.259	1.286	1.312	1.338	1.385

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services of the Health Sciences (USUHS), this program element supports basic medical research at the Uniformed Services University of the Health Sciences (USUHS). It facilitates the recruitment and retention of faculty; supports unique research training for military medical students and resident fellows; and allows the University's faculty researchers to collect pilot data towards military relevant medical research projects in order to secure research funds from extramural sources (estimated \$100 million annually). Approximately 70 intramural research projects are active each year, including 32 faculty start-ups. Projects are funded on a peer-reviewed, competitive basis. Results from these studies contribute to the fund of knowledge intended to enable technical approaches and investment strategies within Defense Science and Technology (S&T) programs.

For the Uniformed Services of the Health Sciences (USUHS), the ILIR program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of Defense in the areas of Combat Casualty Care, Infectious Diseases, Military Operational Medicine, and Chemical, Biological, and Radiologic Defense. The portfolio of research projects will vary annually because this research is investigator-initiated.

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 1
 In-House Laboratory Independent Research (ILIR)
 0601101HP

For the Army Medical Command funds were identified in FY10 to establish an electronic Institutional Review Board (IRBNet) at Dwight D. Eisenhower Army Medical Center. The IRBNet provides a comprehensive, paperless lifecycle oversight and review of all research projects and committee review interactions within a collaborative Local Research Network. Funding was also made available for the Armed Forces Health Surveillance Center to study 488 specimens for pancreatic cancer.

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	2.747	2.875	2.935	2.997
Realignment	0.000	0.000	0.000	0.000
SBIR	-0.077	0.000	0.000	0.000
FY12 Budget Submission RDT&E	2.670	2.875	2.935	2.997

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: SBIR Transfer from DHP RDT&E Program Element (PE) 0601101 - In-House Laboratory Independent Research (ILIR) (-\$0.077 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.077 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required.

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
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Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 1
In-House Laboratory Independent Research (ILIR)
0601101HP

E. PERFORMANCE METRICS:

FY 2011 and out years - Efforts will continue within Infectious Disease, Military Operational Medicine and Combat Casualty Care research areas. Specific investigator-initiated projects compete for funding each year, usually with two or three-year project periods. Therefore, no detailed description of the research is possible at this time.

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 2
 Basic Operational Medical Research Sciences
 0601117HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0601117	88.498	0.000	0.000	0.000	0.000	0.000	0.000
GDF-Basic Operational Medical Research Sciences (GDF-BOMRS)	53.568	0.000	0.000	0.000	0.000	0.000	0.000
WWE-Basic Operational Medical Research Sciences (WWE-BOMRS)	34.930	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: This program element (PE) provides support for basic medical research directed toward greater knowledge and understanding of the fundamental principles of science and medicine that are relevant to the improvement of Force Health Protection. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, appropriate Defense Agencies or Activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program enhanced RDT&E funding. Research supported by this PE includes polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, artificial intelligence and emotive avatars, psychological health and well-being for military personnel and families and medical simulation and training. Funds in this PE are for basic research that promises to provide important new approaches to complex military medical problems. In subsequent years, the most promising of these efforts will be transitioned to applied research (PE 0602115HP) or technology development (0603115HP) funding, as appropriate to the Technology Readiness Level (TRL) of the effort.

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 Fiscal Year (FY) 2012 Budget Estimates
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Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 2
 Basic Operational Medical Research Sciences
 0601117HP

In FY10, funding was provided to stimulate innovative research at intramural and extramural research sites for Wounded Warrior Enhancement. This effort included funding for operational health and performance, polytrauma and blast, psychological health and well-being for military personnel and families, rehabilitation, and traumatic brain injury.

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	55.302	0.000	0.000	0.000
Reprogramming	34.930	0.000	0.000	0.000
SBIR	-1.734	0.000	0.000	0.000
FY12 Budget Submission RDT&E	88.498	0.000	0.000	0.000

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Prior Approval Reprogramming, FY 10-17 PA, from DHP Operation and Maintenance (O&M) to DHP RDT&E, PE 0601117 - Basic Operational Medical Research Sciences for Congressional Special Interest item Wounded Warrior Enhancement (WWE) program (+\$34.930 million).

SBIR Transfer from DHP RDT&E, PE 0601117 - Basic Operational Medical Research Sciences (-\$1.734 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$1.734 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. OTHER PROGRAM FUNDING SUMMARY: None.

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 2
Basic Operational Medical Research Sciences
0601117HP

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research conducted with Basic Operational Medical Research Sciences funding will be the attainment of a maturity level that is typical of TRL3 or the equivalent for knowledge products.

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
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Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0602115	116.662	28.658	33.805	35.725	29.797	47.023	48.669
Advanced Diagnostics & Therapeutics Clinical Translational Applied Research (Air Force)	0.000	0.000	3.479	3.566	3.637	3.710	3.840
GDF-Applied Biomedical Technology (GDF-ABT)	84.873	25.264	30.326	32.159	26.160	43.313	44.829
USAF Advanced Diagnostics & Therapeutics (Air Force)	3.127	3.394	0.000	0.000	0.000	0.000	0.000
WWE-Applied Biomedical Technology (WWE-ABT)	28.662	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: Funding in this program element supports the Air Force Medical Service Biomedical Research & Development program to address the Air Force Surgeon General's (AF/SG's) vision for medical modernization and the capabilities and objectives outlined in the AFMS Concept document & AFMS CRRA in the defined modernization thrust areas of 1) Expeditionary Medicine; 2) Enroute Care; 3) Force Health Protection; 4) Operational Medicine and 5) Human Performance. The Air Force Medical Service utilizes a Research Management Working Group (RMWG) to identify, evaluate, review, consolidate and prioritize critical gaps in applied research and advanced concepts needed to ensure and improve efficiency and efficacy of care across the spectrum of clinical Diagnosis, Identification, Quantification and Mitigation (DIQM) methods, techniques protocols, guidelines and practices for wounded, ill and/or injured beneficiaries within the established modernization thrust areas identified herein. To that end, the Air Force Medical Support Agency Research and Development Division working in close concert with warfighter and stakeholder representatives from the Air Force Major Operating Commands and the RMWG construct

Defense Health Program
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Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 3
Applied Biomedical Technology
0602115HP

conduct a gap assessment of the requirements in these areas and identifies, validates and prioritizes knowledge product solutions for same through established procedures for program / focus area broad area announcements and solicitations, assessment, review, prioritization and selection for award and execution. Funding in this program element provides for validated knowledge capability gaps to be addressed through applied scientific research to develop new and improved medical protocols and practices.

Applied Biomedical Technology: This project funds applied research to refine concepts and ideas into potential solutions to military health and performance problems, with a view towards evaluating technical feasibility. Included are studies and investigations leading to candidate solutions that may involve use of animal models for testing in preparation for initial human testing. Research in this project is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is peer-reviewed and fully coordinated with all Military Services, appropriate Defense Agencies or Activities, and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and the Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program enhanced RDT&E funding. Research supported by this project includes polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, and psychological health and well-being for military personnel and families.

The Defense Health Program appropriation also received Congressional Special Interest (CSI) directed research programs.

In FY10, funding was provided to stimulate innovative research at intramural and extramural research sites for Wounded Warrior Enhancement. This effort included funding for operational health and performance, polytrauma and blast, psychological health and well-being for military personnel and families, rehabilitation, and traumatic brain injury.

Defense Health Program
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 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	90.525	28.658	33.805	35.725
Reprogramming	28.662	0.000	0.000	0.000
SBIR	-2.525	0.000	0.000	0.000
FY12 Budget Submission RDT&E	116.662	28.658	33.805	35.725

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Prior Approval Reprogramming, FY 10-17 PA, from DHP O&M to DHP RDT&E, PE 0602115 - Applied Biomedical Technology for Congressional Special Interest item Wounded Warrior Enhancement (WWE) program (+\$28.662 million).

SBIR Transfer from DHP RDT&E, PE 0602115 - Applied Biomedical Technology (-\$2.525 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$2.525 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

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Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 3
 Applied Biomedical Technology
 0602115HP

C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	0.747	0.769	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807714	0.747	0.769	0.000	0.000	0.000	0.000	0.000

D. ACQUISITION STRATEGY: Not Required

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research conducted with applied research funding will be the attainment of a maturity level that is at least TRL4, and typically TRL5, or the equivalent for knowledge products. Products nearing attainment of TRL5 will be considered for transition.

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Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 4
 Medical Technology (AFRRI)
 0602787HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0602787	3.239	3.553	3.694	3.841	3.918	3.996	4.136
Biodosimetry (USUHS)	0.661	0.724	0.753	0.783	0.799	0.815	0.844
Internal Contamination (USUHS)	0.343	0.377	0.391	0.410	0.418	0.426	0.441
Radiation Countermeasures (USUHS)	2.235	2.452	2.550	2.648	2.701	2.755	2.851

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services University of the Health Sciences (USUHS), Armed Forces Radiobiology Research Institute (AFRRI), this program supports developmental research to investigate new approaches that will lead to advancements in biomedical strategies for preventing, treating, assessing and predicting the health effects of human exposure to ionizing radiation. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation that represent the highest probable threat to U.S. forces in current tactical, humanitarian and counter-terrorism mission environments. New protective and therapeutic strategies will broaden the military commander's options for operating within nuclear or radiological environments by minimizing both short-and long-term risks of adverse health consequences. Advances in assessment, prognostication, and therapy in case of actual or suspected radiation exposures will enhance triage, treatment decisions and risk assessment in operational settings.

B. PROGRAM CHANGE SUMMARY:

	2010	2011	2012	2013
FY12 Budget Estimate RDT&E	3.332	3.553	3.694	3.841
SBIR	-0.093	0.000	0.000	0.000
FY12 Budget Submission RDT&E	3.239	3.553	3.694	3.841

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
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Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 4
Medical Technology (AFRRI)
0602787HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: SBIR Transfer from DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (-\$0.093 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.093 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. **OTHER PROGRAM FUNDING SUMMARY:** None.

D. **ACQUISITION STRATEGY:** Not Required.

E. PERFORMANCE METRICS:

By FY 2011 - Screen a minimum of two promising new drugs and/or therapeutic approaches for radiation injury; elucidate mechanisms of radioprotection afforded by the tocol (Vitamin E) family of compounds; achieve characterization of the minipig as an effective large animal model for countermeasure studies; complete initial characterization of a high through-put method for DU biomarker evaluation in humans.

By FY 2012 - Screen a minimum of two additional promising new countermeasures; use newly purchased linear accelerator to open new areas of inquiry in partial body and organ-specific pathophysiology and countermeasure response; complete toxicological comparison of tocols to identify lead candidate; characterize levels of radiation biomarkers using a large cohort of healthy human adults to establish a multivariate biomarker baseline; develop at least one new candidate model/method for high throughput drug screening.

By FY 2013 - Complete elucidation of mechanisms of 17-DMAG as a countermeasure in radiation injury combined with trauma, burns, or hemorrhagic shock; complete tocol mechanistic studies focused on lead candidate; continue partial body and organ specific model development; continue refinement of identified new candidate drug screening model/method.

Defense Health Program
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 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 5
 Medical Advanced Technology (AFRRI)
 0603002HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0603002	0.699	0.752	0.767	0.783	0.799	0.815	0.844
Biodosimetry (USUHS)	0.419	0.451	0.460	0.470	0.480	0.489	0.506
Radiation Countermeasures (USUHS)	0.280	0.301	0.307	0.313	0.319	0.326	0.338

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Uniformed Services University of the Health Sciences (USUHS/AFRRI), this program supports applied research for advanced development of biomedical strategies to prevent, treat and assess health consequences from exposure to ionizing radiation. It capitalizes on findings under PE 0602787HP, Medical Technology, and from industry and academia to advance novel medical countermeasures into and through pre-clinical studies toward newly licensed products. Program objectives focus on mitigating the health consequences from exposures to ionizing radiation (alone or in combination with other injuries) that represent the highest probable threat to US forces in current tactical, humanitarian and counter terrorism mission environments. Findings from basic and developmental research are integrated into focused advanced technology development studies to produce the following: (1) protective and therapeutic strategies; (2) novel biological markers and delivery platforms for rapid, field-based individual medical assessment; and (3) experimental data needed to build accurate models for predicting casualties from complex injuries involving radiation and other battlefield insults. The Armed Forces Radiobiology Research Institute (AFRRI), because of its multidisciplinary staff and exceptional laboratory and radiation facilities, is uniquely positioned to execute the program as prescribed by its mission.

B. PROGRAM CHANGE SUMMARY:

	2010	2011	2012	2013
FY12 Budget Estimate RDT&E	0.719	0.752	0.767	0.783
SBIR	-0.020	0.000	0.000	0.000
FY12 Budget Submission RDT&E	0.699	0.752	0.767	0.783

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Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 5
Medical Advanced Technology (AFRRI)
0603002HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: SBIR Transfer from DHP RDT&E, PE 0603002 - Advanced Technology (AFRRI) (-\$0.020 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.020 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. **OTHER PROGRAM FUNDING SUMMARY:** None.

D. **ACQUISITION STRATEGY:** Not Required.

E. PERFORMANCE METRICS:

By FY11 - Complete validation of a prototype automated radiation cytome assay; advance the development of progenitor cell bridging therapy; complete validation of multi-parameter biomarker interpretation in mouse and non-human primate.

By FY12 - Apply minipig model to pre-clinical trial of at least one lead candidate countermeasure as final step towards proceeding with an IND application to FDA.

By FY13 - Apply minipig model to pre-clinical trial of at least one additional countermeasure, for isolated radiation injury and for radiation combined injury.

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Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0603115	782.755	133.376	181.042	188.735	239.962	262.272	265.992
CoE-Breast Cancer Center of Excellence (Army)	5.032	9.980	10.160	10.342	10.529	10.718	11.105
CSI-Breast Cancer Center (Army)	9.690	0.000	0.000	0.000	0.000	0.000	0.000
CoE-Gynecological Cancer Center of Excellence (Army)	4.514	8.720	8.877	9.037	9.199	9.365	9.703
CoE-Gynecological Cancer Center of Excellence (USUHS)	0.053	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Gynecological Cancer Center at Walter Reed AMC (Army)	1.180	0.000	0.000	0.000	0.000	0.000	0.000
CoE-Integrative Cardiac Health Care Center of Excellence (Army)	3.308	3.680	3.746	3.814	3.882	3.952	4.095
CSI-Integrated Cardiac Health Care at Walter Reed AMC (Army)	3.510	0.000	0.000	0.000	0.000	0.000	0.000

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 R1 Item Nomenclature: 6
 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
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COE-Neuroscience Center of Excellence (USUHS)	1.478	0.000	1.892	1.926	1.961	1.996	2.030
CoE-Pain Center of Excellence (Army)	2.313	3.680	2.838	2.889	2.941	2.994	3.102
CSI-Pain and Neuroscience Center (WRAMC/WRNNMC) (Army)	4.000	0.000	0.000	0.000	0.000	0.000	0.000
CoE-Prostate Cancer Center of Excellence (USUHS)	3.205	7.285	7.581	7.890	8.211	8.545	8.844
CSI-Prostate Cancer Center of Excellence (USUHS)	0.620	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Amyotrophic Lateral Sclerosis (ALS) (Army)	7.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Army Reserve Component Personal Empowerment Package (ARCPEP) (Army)	3.375	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Assistive Technology Research (Army)	3.000	0.000	0.000	0.000	0.000	0.000	0.000

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 Medical Technology Development
 0603115HP

Appropriation/Budget Activity
 Defense Health Program/BA: 2

CSI-Autism Research (Army)	8.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Bone Marrow Failure Disorder Research (Army)	3.750	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Genetics Studies of Food Allergies (Army)	1.875	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Global HIV/AIDS Prevention (Navy)	10.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Gulf War Illness Peer Reviewed Research Programs (Army)	8.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Hand Transplant Research (Army)	4.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Hawaii Federal Healthcare Network (Army)	18.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Lung Injury Management Program (Navy)	1.160	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Minority Health Prostate Cancer Outreach (Army)	0.800	0.000	0.000	0.000	0.000	0.000	0.000

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 Medical Technology Development
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CSI-Multiple Sclerosis (Army)	4.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Muscular Dystrophy Research (Army)	3.750	0.000	0.000	0.000	0.000	0.000	0.000
CSI-New National Diabetes Model Program (Air Force)	15.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Next Generation Simulation Training for Para rescue (Air Force)	1.583	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Ovarian Cancer Research (Army)	18.750	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Patient Care Improvement Project at Kessler Med Ctr (Air Force)	3.280	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Breast Cancer Research (Army)	150.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Medical Research Program (Army)	50.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Neurofibromatosis (NF) Research (Army)	13.750	0.000	0.000	0.000	0.000	0.000	0.000

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Appropriation/Budget Activity Defense Health Program/BA: 2	DATE: February 2011 R1 Item Nomenclature: 6 Medical Technology Development 0603115HP						
CSI-Peer Reviewed Neurotoxin Exposure Treatment Parkinson's Research Program (Army)	25.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed Prostate Cancer Research (Army)	80.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Cancer Research Program (Army)	15.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Lung Cancer Research Program (Army)	15.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Orthopedic Research (Army)	22.500	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Spinal Cord Research Program (Army)	11.250	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer-Reviewed Vision Research (Army)	3.750	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Research in Alcohol and Substance Use Disorders (Army)	6.375	0.000	0.000	0.000	0.000	0.000	0.000

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CSI-Security Solutions from Life in Extreme Environments Ctr (USUHS)	0.800	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Army)	111.857	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (Navy)	7.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Traumatic Brain Injury/Psychological Health (TBI/PH) (USUHS)	1.014	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Peer Reviewed TBI/PH (Air Force)	0.129	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Tuberous Sclerosis Complex (TSC) Research (Army)	6.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-U.S. Military Cancer Institute (USUHS)	5.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Web Based Teaching Programs for Military Social Work (Army)	3.200	0.000	0.000	0.000	0.000	0.000	0.000

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Deployed Warfighter Protection (Army)	4.834	5.202	5.306	5.412	5.520	5.630	5.833
Enroute Care & Advanced Molecular Diagnostics Research & Development (Air Force)	0.000	0.000	3.348	4.050	2.530	1.285	1.146
Expeditionary Medicine, Directed Energy Research & Development (Air Force)	0.000	0.000	2.871	4.843	8.770	7.669	3.785
Force Health Protection, Advanced Diagnostics/Therapeut ics Research & Development (Air Force)	0.000	0.000	15.333	11.313	10.301	10.422	10.821
GDF-Medical Technology Development (GDF-MTD)	6.747	26.763	50.747	58.488	109.164	135.070	139.797
Hard Body Armor Testing (TMA)	0.000	0.000	0.850	0.600	0.000	0.000	0.000
Human Performance Research & Development (Human Physiology, Evaluation & Optimization) Research (Air Force)	0.000	0.000	2.485	4.301	4.102	6.313	11.232

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Medical Development (Lab Support) (Navy)	32.630	34.208	34.450	34.967	35.682	36.412	37.713
Operational Medicine Research & Development (Air Force)	6.742	7.750	8.218	8.580	8.242	9.024	8.944
Operational Medicine Research & Development (Army)	0.500	0.000	0.000	0.000	0.000	0.000	0.000
Regenerative Medicine (USUHS)	3.318	7.000	7.140	7.283	7.428	7.577	7.842
Underbody Blast Testing (TMA)	0.000	0.000	15.200	13.000	11.500	5.300	0.000
USAF Advanced Diagnostics & Therapeutics (Air Force)	6.438	6.900	0.000	0.000	0.000	0.000	0.000
USAF Center for Advanced Molecular Diagnostics (CAMD) (Air Force)	4.721	4.444	0.000	0.000	0.000	0.000	0.000
USAF Directed Energy Injury/Human Effects (Air Force)	1.072	1.100	0.000	0.000	0.000	0.000	0.000

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USAF Human Physiology, Systems Integration, Evaluation & Optimization Research (Air Force)	5.303	6.664	0.000	0.000	0.000	0.000	0.000
USAMRIID Laboratory (Army)	16.111	0.000	0.000	0.000	0.000	0.000	0.000
WWE-Medical Technology Development (WWE-MTD)	10.988	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Navy Bureau of Medicine and Surgery, this program element includes RDT&E, DHP funds for operating and miscellaneous support costs at RDT&E, DHP laboratories and other installations, including facility and civilian personnel costs not directly chargeable to RDT&E, DHP projects. It also includes RDT&E, DHP funds for RDT&E, DHP laboratories and facilities for research, support, equipment and other investment and materiel support costs not directly chargeable to RDT&E, DHP projects. It excludes military manpower and related costs, non-RDT&E, N base operating costs, and military construction costs which are included in other appropriate programs.

Costs related to laboratory management, overhead and salaries of government employees are paid from science/research competitively awarded funding. The OCONUS laboratories conduct focused medical research on vaccine development for Malaria, Diarrhea Diseases, and Dengue Fever, in addition to entomology, HIV studies, surveillance and outbreak response under the GEIS program and risk assessment studies on a number of other infectious diseases that are present in the geographical regions where the laboratories are located. The CONUS laboratories conduct research on Military Operational Medicine, Combat Casualty Care, Diving and Submarine Medicine, Infectious Diseases, Environmental and Occupational Health, Directed Energy, and Aviation Medicine and Human Performance.

Global HIV/AIDS Prevention - Program emphasis is placed on (1) building a national research infrastructure by funding large, multidisciplinary program projects focused on detection; (2) encouraging innovative approaches to research by funding new ideas and technology with or without supporting preliminary data; and (3) recruiting new, independent investigators for careers in research, as well as more senior investigators new to the research field. Congressionally directed research in FY 10 includes HIV prevention educational activities undertaken in connection with International Security military training, exercises, and humanitarian assistance activities.

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The Lung Injury Management initiative focuses on creating and maintaining a lung injury program to promote and conduct research pertaining to the active duty military population, and related to the pathophysiology, prevention, and treatment of lung injury and the resultant short and long term morbidity and mortality. The mission of the center is to develop new and innovative strategies for protection and recognition of traumatic lung injury, specifically blast lung injury which remains the most common cause of injury on the battlefield. The focus will be on developing operationally relevant treatment and diagnostic tools. Secondly, to identify biomarkers that will assist in the rapid diagnosis of acute lung injury and to utilize these markers to track the effects of protective and restorative therapies. Lastly, to enhance the understanding of the pathophysiology of lung injury resulting from infection, trauma, and environmental exposures as well as the mechanisms involved in recovery.

CSI - Peer Reviewed TBI - Mild Traumatic Brain Injury - Clinical trial entails the development, initiation, operation, and analyses, including publication, from a multi-center prospective, randomized controlled trial, comparing multiple outcomes of enrolled subjects more than four months after mild to moderate traumatic brain injury, exposed to a series of daily hyperbaric oxygen sessions or to sham hyperbaric chamber exposures. The project will compare and assess the long-term benefits of hyperbaric oxygen therapy on service members with mild traumatic brain injury.

Funding in this program element supports the Air Force Medical Service Medical Research & Development program to address the Air Force Surgeon General's (AF/SG's) vision for medical modernization and the capabilities and objectives outlined in the AFMS Concept document & AFMS CRRA in the defined modernization thrust areas of 1) Expeditionary Medicine; 2) Enroute Care; 3) Force Health Protection; 4) Operational Medicine and 5) Human Performance.

For the Air Force Medical Service elements, the Medical Research and Development program provides Advanced Concept and Prototype Development funding to support the Research, Development, Test and Evaluation efforts needed to address ongoing and planned modernization initiatives for knowledge and/or materiel-based solutions to critical capability gaps and mission needs aimed to:

- 1) Improve recovery of individuals from illness and/or injury; enhance clinical response (modernized diagnostics, therapeutics, and critical care air transport capabilities), treatment and management, and return of individuals to duty status. Enhance human health and performance to maximize effectiveness and ability to operate;
- 2) Improve human ability (i.e. visual, auditory, cognitive) to operate under adverse environments to include CBRNE, directed energy, and high operational tempo (human system integration initiatives will play a pivotal role in addressing these requirements);
- 3) Enhance capabilities for the maintenance of a fit and healthy force (example mission foods/special diets for the warfighter based on mission scenarios);
- 4) Enhance Force Health Protection through advanced Health Surveillance capabilities emphasizing improved diagnostics;
- 5) Improve healthcare delivery

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effectiveness (diagnosis, treatment) through Advanced diagnostics, therapeutics & forensics with emphasis on organ systems, diseases, vectors, toxins, occupational toxicology and analytical systems-specific technologies such as: molecular diagnostics, surface detection to molecule sensitivity, gene therapy, miniaturization-hand held/point of care delivery tools, and surveillance capabilities; 6) Optimize warfighter performance through effective Human Systems Integration in all environments; maintain warfighter orientation and awareness; and providing technologies for the detection, prevention, and mitigation of adverse human effects; a. Optimization efforts will focus on: hydration, nutrition, musculoskeletal, fatigue, cognitive, and fitness factors; b. Orientation and awareness efforts will address: spatial disorientation countermeasures, ocular enhancement, auditory enhancement, and proprioceptive enhancement issues; 7) Improve clinical processes, methods, tools and techniques for prevention, diagnosis, treatment, and rehabilitation of critically wounded warriors, addressing the needs for advanced devices and protocols for trauma resuscitation, enroute critical care air transport, organ failure and intervention, TBI, PTSD, wound care, pain, infection & clinically-based visual acuity/cognitive assessments ; 8) Address injury/effects to Humans from Directed Energy (DE), with emphasis on injury /effect detection, identification, quantification and mitigation (DIQM).

For the Army Medical Command, through the Armed Forces Pest Management Board (AFPMB), the Deployed Warfighter Protection project provides for the development of new or improved protection of ground forces from disease carrying insects. The focus of this program is to: develop new or improved systems for controlling insects that carry disease under austere, remote, and combat conditions; understand the modes of action of insecticidal activity and develop new compounds with greater effectiveness and/or higher user acceptability; develop new topical and spatial repellent systems for effectiveness in military situations; develop new methods or formulations for treating uniform materials to prevent insect biting; and expand the number of active ingredients and formulations available for safe, insecticidal application.

Four Centers of Excellence (CoE) have also been established. These include the Breast Cancer CoE, Gynecological CoE, Integrative Cardiac Health Care CoE, and Pain CoE.

The Breast Cancer CoE (Army) provides a multidisciplinary approach as the standard of care for treating breast diseases and breast cancer. This approach integrates prevention, screening, diagnosis, treatment and continuing care, incorporation of advances in risk reduction, biomedical informatics, tissue banking and translational research. The project is based on a Discovery Science paradigm. This approach leverages high-throughput technology and our unique clinically well-characterized tissue repository with advances in biomedical informatics leading to hypothesis-generating discoveries. These outcomes are then tested in hypothesis-driven experiments.

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The Gynecological CoE (Army) focuses on characterizing the molecular alterations associated with benign and malignant gynecologic disease and facilitates the development of novel early detection, prevention and novel biologic therapeutics for the management of gynecologic disease. The objective of this research is to reduce the incidence, morbidity, and mortality of gynecologic diseases among all military beneficiaries.

The Integrative Cardiac Health Project (ICHP) CoE (Army) uses cutting edge patient centric approaches to comprehensive cardiac event prevention and molecular research to detect cardiovascular disease at an early stage. The goal is to find new genes that significantly increase risk for heart attack in military beneficiaries and identify molecular markers of obesity and weight loss.

The Pain CoE (Army) research examines the relationship between acute and chronic pain and focuses on finding, implementing, and evaluating the most effective methods of relieving the acute pain caused by combat trauma and the effect this has throughout the continuum to rehabilitation and reintegration.

For FY10 a one-time requirement was established to provide funds to support USAMRIID initial outfitting research equipment and transition costs related to their new MILCON. Funds were also provided in FY10 for USAF Operational Medicine Research & Development.

The Army Medical Service also received Congressional Special Interest (CSI) directed research programs. The strategy for the FY10 Congressionally directed research is to stimulate innovative research through a competitive, peer-reviewed research program, and focused medical research at intramural and extramural research sites. Specific research efforts include Amyotrophic Lateral Sclerosis (ALS); Army Reserve Component Personal Empowerment Package (ARCPEP); Assistive Technology Research; Autism Research; Bone Marrow Failure Research; Breast Cancer Center at Walter Reed Army Medical Center (WRAMC); Duchene Muscular Dystrophy; Genetics Studies of Food Allergies; Global HIV/AIDS Prevention; Gulf War Illness Peer Reviewed Research; Gynecological Cancer Center at WRAMC; Hand Transplant Research; Hawaii Federal Health Network; Integrated Translational Prostate Cancer Center; Integrative Cardiac Health Care; Lung Injury Management Program; Minority Health Prostate Cancer Outreach; Multiple Sclerosis; National Diabetes Model Program; Pain & Neuroscience Center; Patient Care Improvement Project at Keesler Medical Center; Peer Reviewed Cancer Research Program; Peer Reviewed Lung Cancer Research; Peer Reviewed Orthopedic Research; Peer Reviewed Spinal Cord Research; Peer Reviewed Vision Research; Peer Reviewed Neurofibromatosis Research; Peer Reviewed Neurotoxin Exposure Treatment Parkinson's Research; Peer Reviewed Ovarian Cancer Research Program; Peer Reviewed Breast Cancer Research; Peer Reviewed Prostate Cancer Research; Peer Reviewed Medical Research Program; Peer Reviewed Traumatic Brain Injury/Psychological Health (TBI/PH) Research; Research In Alcohol/Substance Use Disorders; Security Solutions from Life in Extreme Environments Center; Tuberous Sclerosis Complex (TSC); US Military Cancer Institute; and the

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Web-Based Teaching Programs for Military Social Work. Because of the CSI annual structure, out-year funding is not programmed.

For the Uniformed Services University of the Health Sciences (USUHS), Medical Development programs include the Prostate Cancer Center of Excellence, the Center for Neuroscience and Regenerative Medicine, the Neuroscience Center of Excellence, and Congressional Special Interest medical research programs.

For the Uniformed Services University of the Health Sciences (USUHS), the Prostate Cancer Center of Excellence (CoE), formerly a Congressional Special Interest program, was chartered in 1992 to conduct basic, clinical and translational research programs to combat diseases of the prostate. The program's mission is fulfilled primarily through its three principal programs- the Clinical Translational Research Center, the Basic Science Research Program and the Tri-Service Multicenter Prostate Cancer Database which encompasses its clinical research work with other participating military medical centers. These affiliated sites contribute data and biospecimens obtained from prostate cancer patients and participate in clinical trials.

For the Uniformed Services University of the Health Sciences (USUHS), the Security Solutions from Life in Extreme Environments Center (SSLEEC) researches mechanisms by which extremely radiation-resistant microorganisms survive doses of radiation orders of magnitude greater than what humans can withstand, to design more effective treatments for radiation countermeasures.

For the Uniformed Services University of the Health Sciences (USUHS), the United States Military Cancer Institute (USMCI) is a tri-service program whose goal is to initiate, develop, coordinate and enhance multi-institutional cancer research, education and care within the military system.

For the Uniformed Services University of the Health Sciences (USUHS), the Center for Neuroscience and Regenerative Medicine (CNRM) brings together the expertise of clinicians and scientists across disciplines to catalyze innovative approaches to traumatic brain injury (TBI) research. CNRM Research Programs emphasize aspects of high relevance to military populations, with a primary focus on patients at the Walter Reed and National Naval Medical Centers.

For the Uniformed Services University of the Health Sciences (USUHS), the Neuroscience Center of Excellence (CoE), formerly a Congressional Special Interest program, was chartered in 2002 to conduct basic, clinical and translational research studies of militarily relevant neurological disorders affecting U.S. service members and military medical beneficiaries. The Center's mission is to improve prevention, diagnosis and treatment of neurological disorders that directly affect warfighters through a multi-site research program that collaborates broadly with military, civilian and federal medical institutions.

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For the Uniformed Services University of the Health Sciences (USUHS), traumatic brain injury and psychological health (TBI/PH) funds are provided for the study to identify the genetic variations associated with phantom limb pain. This study will investigate the underlying molecular genetics mechanisms of phantom limb pain (PLP) in amputees and ultimately aid development of new analgesics in order to better treat chronic PLP.

For the Uniformed Services University of the Health Sciences (USUHS), the Gynecological Cancer Center of Excellence (COE) will develop highly effective diagnostic, prevention and treatments for gynecologic tumors for both the military and their dependents.

For the Uniformed Services University of the Health Sciences (USUHS), USUHS goals for Congressional Special Interest medical research programs are: (1) building a national research infrastructure by funding large, multidisciplinary program projects focused on detection and disease/injury prevention and treatment; (2) conducting research into biomedical strategies for preventing, treating, assessing and predicting the health effects of human exposure to ionizing radiation; (3) encouraging innovative approaches to research by funding new ideas and technology with or without supporting preliminary data; and (4) recruiting new, independent investigators for careers in research, as well as more senior investigators new to the research field.

The Medical Technology Development project provides funds for promising candidate solutions that are selected for initial safety and efficacy testing in small scale human clinical trials regulated by the U.S. Food and Drug Administration (FDA) prior to licensing for human use. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, appropriate Defense Agencies or Activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and the Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program enhanced RDT&E funding. Research supported by this PE includes polytrauma and blast injury, rehabilitation, diagnosis and treatment of brain injury, operational health and performance, psychological health and well-being for military personnel and families, and medical informatics, and medical training systems modeling and simulation.

The Defense Health Program appropriation also received FY 2010 funding for Wounded Warrior Enhancement to stimulate innovative research at intramural and extramural research sites. This effort included funding for operational health

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and performance, polytrauma and blast, psychological health and well-being for military personnel and families, rehabilitation, and traumatic brain injury.

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	768.347	133.376	165.507	175.907
Change Proposal	0.000	0.000	15.535	12.828
Realignment	0.000	0.000	0.000	0.000
Reprogramming	16.571	0.000	0.000	0.000
SBIR	-2.163	0.000	0.000	0.000
FY12 Budget Submission RDT&E	782.755	133.376	181.042	188.735

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Prior Approval Reprogramming, FY 10-17 PA, from DHP O&M to DHP RDT&E, PE 0603115 - Medical Technology Development for Wounded Warrior Enhancement (WWE) program (+\$10.988 million).

Prior Approval Reprogramming, FY 10-43 PA, from RDT&E, Defense-Wide appropriation to DHP RDT&E, PE 0603115 - Medical Technology Development for Congressional Special Interest item Center for Research on Minority Health Prostate Cancer Outreach Project (+\$0.800 million).

Internal Reprogramming, FY 10-30 IR, from RDT&E, Air Force appropriation to DHP RDT&E, PE 0603115 - Medical Technology Development for Congressional Special Interest item Next Generation Simulation Training for Para rescue (+\$1.583 million).

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Internal Reprogramming, FY 10-21 IR, from DHP O&M appropriation to DHP RDT&E, PE 0603115 - Medical Technology Development for Congressional Special Interest item for Web-based teaching programs for Military Social Work (+\$3.200 million).

SBIR Transfer from DHP RDT&E, PE 0603115 - Medical Technology Development (-\$2.163 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$2.163 million).

FY 2011: No Change.

FY 2012: Change Proposal to DHP RDT&E, PE 0603115 - Medical Technology Development for Hard Body Armor Testing program (+\$0.850 million).

Change Proposal to DHP RDT&E, PE 0603115 - Medical Technology Development for Underbody Blast Testing program (+\$15,200 million).

Change Proposal from DHP RDT&E, PE 0603115 - Medical Technology Development for Medical Development Laboratory Support (-\$0.515 million).

FY 2013: Change Proposal to DHP RDT&E, PE 0603115 - Medical Technology Development for Hard Body Armor Testing program (+\$0.600 million).

Change Proposal to DHP RDT&E, PE 0603115 - Medical Technology Development for Underbody Blast Testing program (+\$13,000 million).

Change Proposal from DHP RDT&E, PE 0603115 - Medical Technology Development for Medical Development Laboratory Support (-\$0.772 million).

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C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	8.700	14.400	16.824	17.332	17.858	18.398	18.954
BA-1, PE 0806721	4.000	8.000	8.244	8.495	8.755	9.022	9.297
BA-1, PE 0807714	4.700	6.400	8.580	8.837	9.103	9.376	9.657

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:

Program cost, schedule and performance are measured using a systematic approach. The results of these measurements are presented to management on a regular basis to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Program performances are highlighted within each project plans and accomplishments. Performance metric for transition of research will be attainment of a maturity level typical of TRL5, or the equivalent for TRL6.

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COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0604110	262.186	160.168	167.481	143.754	103.054	74.743	77.407
CSI-Hawaii Federal Healthcare Network (TMA)	5.000	0.000	0.000	0.000	0.000	0.000	0.000
GDF-Medical Products Support and Advanced Concept Development (GDF-MPSACD)	187.680	160.168	167.481	143.754	103.054	74.743	77.407
Joint Biological Agent Identification and Diagnostic System (JBAIDS) (Army)	7.800	0.000	0.000	0.000	0.000	0.000	0.000
WWE-Medical Products Support and Advanced Concept Development (WWE-MPSACD)	61.706	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: This Program Element (PE) funds product support and advanced concept development of medical products that are regulated by the U.S. Food and Drug Administration (FDA); the accelerated transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user, through clinical and field validation studies; prototyping, risk reduction and product transition efforts for medical information technology applications; and prototyping, risk reduction, validation, and product transition for medical training systems' technologies. The resulting advanced development portfolio is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities

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identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, appropriate Defense Agencies or Activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and the Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program enhanced RDT&E funding. Research supported by this PE includes accelerated transition of modeling and simulation technology for medical training/education/treatment, medical information technology development, medical products - advanced component development, and accelerated transition of medical technology, practice, guidelines, and standards.

The Defense Health Program appropriation also received Congressional Special Interest (CSI) funding for the Hawaii Federal Healthcare Network and for wounded warrior enhancement to include accelerated transition of medical technology, practice guidelines and standards, advanced technologies and logistically supportable blood products, medical products - advanced component development, and polytrauma and blast.

For FY 2010, the Army Medical Department received funding for Joint Biological Agent Identification and Diagnostic System (JBAIDS) research to explore H1N1 viral identification. Funding was appropriated in the Supplemental Appropriations Act, 2009, Title VIII (P.L. 111-32) and transferred from the Department of Health and Human Services (DHHS) to the Department of Defense for Pandemic Influenza Preparedness and Response.

The Defense Health Program appropriation also received FY 2010 funding for Wounded Warrior Enhancement to stimulate innovative research at intramural research sites. This effort included funding for operational health and performance, polytrauma and blast, psychological health and well-being for military personnel and families, rehabilitation, and traumatic brain injury.

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	205.865	160.168	167.481	143.754
Reprogramming	61.706	0.000	0.000	0.000
SBIR	-5.385	0.000	0.000	0.000
FY12 Budget Submission RDT&E	262.186	160.168	167.481	143.754

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PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Prior Approval Reprogramming, FY 10-17 PA, from DHP Operation and Maintenance (O&M) to DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development for Wounded Warrior Enhancement (WWE) program (+\$61.706 million).

SBIR Transfer from DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (-\$5.385 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$5.385 million).

FY 2011: No Change.

FY 2011: No Change.

FY 2011: No Change.

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Work under this PE will be solicited by traditional Program Announcements resulting in contracts or other transactions. The intent is to have the majority of the work conducted by extramural entities with eventual down-select transitions into Programs of Record or directly into clinical practice. Programs of Record will be assigned to a Component Acquisition Executive.

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL7, or the equivalent for TRL8, such as practice guidelines and standards, which are intended for rapid transition to operational use.

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 Information Technology Development
 0605013HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0605013	121.077	136.761	176.345	197.112	140.999	88.474	88.069
Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force)	1.000	1.000	0.000	0.000	0.000	0.000	0.000
Armed Forces Health Longitudinal Technology Application (AHLTA) (Army)	0.000	1.556	1.603	1.651	1.684	1.718	1.778
Armed Forces Health Longitudinal Technology Application (AHLTA) (TMA)	6.121	4.467	1.976	1.627	1.340	1.103	1.122
Army Warrior Care and Transition System (AWCTS) (Army)	0.906	0.000	0.366	0.365	0.365	0.364	0.364
Centralized Credentials and Quality Assurance System (CCQAS) (TMA)	0.121	0.211	0.000	0.000	0.000	0.000	0.000
Composite Health Care System (CHCS) (TMA)	7.936	2.466	2.962	2.963	0.784	0.000	0.000

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Composite Occupational Health & Operational Risk Tracking (COHORT) (Air Force)	1.300	1.400	0.000	0.000	0.000	0.000	0.000
CSI-Composite Occupational Health & Risk Tracking (COHORT) (Air Force)	2.400	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Regional Telepathology Initiative at Keesler AFB (Air Force)	1.680	0.000	0.000	0.000	0.000	0.000	0.000
Defense Center of Excellence (FHP&RP)	0.000	1.205	1.230	1.256	1.282	1.309	1.331
Defense Medical Human Resources System (internet) DMHRSI (TMA)	8.521	0.000	0.000	0.000	0.000	0.000	0.000
Defense Medical Logistics Standard Support (DMLSS) (TMA)	7.336	23.444	13.653	6.882	2.668	0.000	0.000
Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (TMA)	0.000	3.721	15.632	0.142	3.942	0.000	0.000

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Electronic Health Record (EHR) Way Ahead (Budgeted) (TMA)	0.000	41.620	86.715	119.700	64.700	11.700	11.899
Enterprise Blood Management System (EBMS) (TMA)	6.200	2.925	0.975	0.975	0.975	1.072	1.090
Executive Information/Decision Support (EI/DS) (TMA)	2.120	1.949	2.810	2.786	4.914	4.297	2.419
Expense Assignment System IV (EAS IV) (TMA)	7.246	0.000	0.000	0.000	0.000	0.000	0.000
Health Services Data Warehouse (HSDW) (Air Force)	1.600	1.665	0.000	0.000	0.000	0.000	0.000
IM/IT Test Bed (Air Force)	1.888	2.223	2.300	2.400	2.395	2.501	2.544
Integrated Clinical Database (ICDB-AF)	0.500	0.500	0.000	0.000	0.000	0.000	0.000
Joint Electronic Health Record Interoperability (JEHRI) (TMA)	2.760	0.000	0.000	0.000	0.000	0.000	0.000
Medical Operational Data System (MODS) (Army)	2.906	3.253	3.350	3.450	3.519	3.589	3.715

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Navy Medicine CIO Management Operations (Navy)	2.946	4.156	4.239	4.323	4.409	4.497	4.574
Neuro Cognitive Assessment Tool (NCAT) (TMA)	2.837	2.897	0.000	0.000	0.000	0.000	0.000
Other Related Technical Activities (TMA)	3.793	3.153	3.164	2.976	2.950	2.589	2.585
Patient Safety Reporting (PSR) (TMA)	0.000	0.000	2.294	0.935	0.000	0.000	0.000
Theater Enterprise Wide Logistics System (TEWLS) (Army)	0.653	0.000	0.000	0.000	0.000	0.000	0.000
Theater Medical Information Program (TMIP) (TMA)	35.502	21.861	24.318	41.227	41.542	50.127	50.979
Third Party Outpatient Collection System (TPOCS) (TMA)	0.507	0.459	0.378	0.000	0.000	0.000	0.000
TMA E-Commerce (TMA)	6.744	5.630	3.380	3.454	3.530	3.608	3.669
TRICARE on Line (TOL) (TMA)	0.975	0.000	0.000	0.000	0.000	0.000	0.000

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Virtual Lifetime Electronic Record (VLER) (Budgeted) (TMA)	3.830	5.000	5.000	0.000	0.000	0.000	0.000
Virtual Lifetime Electronic Records (VLER) (Army)	0.749	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: For the Army Medical Command the focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include development projects for Army service level support for the Armed Forces Health Longitudinal Technology Application (AHLTA), the Theater Enterprise Wide Logistics System (TEWLS), the Medical Occupational Data System (MODS), the Army Warrior Care and Transition System (AWCTS), and the Virtual Lifetime Electronic Record (VLER).

For the Navy Bureau of Medicine and Surgery, the Navy Medical IM/IT service RDT&E funds the focus is on development required for those systems that are integral to Navy Medicine. Navy Medicine also funds, when appropriate, a number of small-scale, opportunistic business improvements when the technology makes a sudden advance. These projects are generally not in the scope of the TMA Central Programs.

For the Navy Medicine CIO Management Operations: IM/IT RDT&E requests will be vetted through the BUMED Governance Process. BUMED IM/IT CIO Governance will monitor progress and milestones every six months.

For the Air Force Medical Service this program element supports IM/IT development requirements within four AFMS that the Chief Information Officer defined as core capabilities essential to the Air Force Medical Service IM/IT mission support. Data warehousing, reporting services, systems integration, and custom application development are featured in almost all IM/IT systems and application requests. The information needs of the AFMS are growing in volume, complexity, and delivery formats. In order to meet future requirements, aggregation of more and varied data sources require increasingly complex data warehousing capabilities. Demand for dynamic analytic capability will require investments in business intelligence, predictive analytic tools, open source research data models, and emerging personalized medicine analysis. Information is still largely produced ad hoc without standard methodologies, mapping of business requirements, transparent analytic models, and then distributed by office productivity software. Centralized production of standard reports, balance sheets, and dynamic query tools would relieve many managers and action officers of routine work and increase leadership decision support. AFMS medical readiness reporting and tracking has set the standard in the DoD for over a decade but multiple applications now

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encompass what has merged into a common process of tracking unit capability and personal health assessments. Consolidation of medical readiness applications would streamline disability, medical readiness, deployment surveillance, and flying status tracking and reporting for those who currently must move between multiple applications.

a. Medical Readiness - There are at least 6 applications that medics now use for tracking and reporting disability, deployment health, health assessment, and preventive health assessment. Medics would benefit from a common source to track these essential mission requirements in order to assure that the readiness and occupational needs of the AF are maintained. Additionally, an increasing number of reports and data feeds are requested to support AF Line, AFMS leadership, and MAJCOM/MTF customers. Data models and dynamic query tools are needed for self-service ad hoc reporting and building of standard, policy-driven reports.

b. Population Health - Chronic disease care is the most expensive and fastest growing consumer of medical resources. Improvements are needed in clinical decision support, patient safety, facilitation of home and remote monitoring, and telemedicine that will facilitate new models for delivery of medicine other than the traditional visit to the doctor's office. Personalized medicine research will identify new methods for preventing and treating diseases--this research needs very sophisticated data analytics and integrated data warehouses.

c. Experience of Care - Technology advancements are bridging the gap between patient and provider allowing better communication, relationships, and objective monitoring for physical factors that drive preventable visits and hospitalizations. There is increasing opportunity to bring patients, primary care, and specialists into collaborative visits without multiple appointments and long-distance travel. These telemedicine tools require significant investments in integration for use on AF Networks.

d. Per capita cost -- The integration of accounting systems, human resource tracking, and 'cost of care' is extremely difficult because of siloed systems. The aggregation of these data sets and modeling for improved analytics would significantly enhance the decision making capability of management and leadership.

The funding in this program element also provides for operation and sustainment of the IM/IT Test Bed (IMIT-TB) capability, which is a dedicated staffed OT location offering the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.

The MHS centrally-managed, IM/IT program includes RDT&E funding for the following initiatives of special interest:

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1) AHLTA, which is DoD's current Electronic Health Record (EHR), serves as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients' medical records, making it a key enabler of military medical readiness; 2) Electronic Health Record (EHR) Way Ahead is a proposed Major Automated Information System (MAIS) program designed to replace/sunset the current portfolio of systems providing initial EHR capability, AHLTA and CHCS. EHR Way Ahead will establish a comprehensive, longitudinal, electronic health record that is available anytime, anywhere for the lifetime of every patient. This longitudinal electronic health record will support virtual lifetime electronic records (VLER); 3) Theater Medical Information Program-Joint (TMIP-J) integrates the military health information systems to ensure timely interoperable medical support; 4) Defense Medical Logistics Standard Support (DMLSS) provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services; 5) Executive Information/Decision Support (EI/DS) receives and stores data from MHS systems, processes the data through a variety of business rules, and makes the data available for management of the business of health care; 6) Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) assembles, uses, compares, evaluates and stores data on occupational personnel exposure information, workplace environment monitoring, personnel protective equipment usage, observation of work practices, and health hazard education; and 7) various Wounded, Ill and Injured (WII) Warrior initiatives such as Neuro Cognitive Assessment Tool (NCAT), Behavioral health (BH) notes that will improve BH workflow, and developing a web-based solution for DoD and VA healthcare providers. The Central IM/IT Program also contains RDT&E funding for mission essential initiatives such as: Enterprise Blood Management System (EBMS), Defense Medical Human Resources System (internet) (DMHRSi), TRICARE On Line (TOL), Joint Electronic Health Record Interoperability (JEHRI), Expense Assignment System IV (EAS IV), Centralized Credentials and Quality Assurance System (CCQAS), and Third Party Outpatient Collection System (TPOCS).

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System: This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce is composed of several major applications including: Contract Management (CM), utilizing Comprizon.Buy and the replacement Prism software to support contract action development and documentation; Resource Management (RM), employing Oracle Federal - Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; Document Management, utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting, utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care and Contractor's Resource Center web sites that provide up-to-date financial information for both TMA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and

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supplemental care. E-Commerce includes an infrastructure of over 60 servers supporting development, test, and production. E-Commerce is employed by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without influencing system performance or support to any individual user. Server configurations must remain current with respect to security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	125.379	136.761	175.979	196.747
Change Proposal	0.000	0.000	0.366	0.365
Realignment	0.000	0.000	0.000	0.000
SBIR	-4.302	0.000	0.000	0.000
FY12 Budget Submission RDT&E	121.077	136.761	176.345	197.112

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: SBIR Transfer from DHP RDT&E, PE 0605013 - Information Technology Development (-\$4.302 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$4.302 million).

FY 2011: No Change.

FY 2012: Change Proposal to DHP RDT&E, PE 0605013 - Information Technology Development for Warrior Transition Command (+\$0.366 million).

FY 2013: Change Proposal to DHP RDT&E, PE 0605013 - Information Technology Development for Warrior Transition Command (+\$0.365 million).

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C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	625.795	750.690	741.993	794.591	812.092	699.259	712.179
BA-1, PE 0807714	1.215	1.252	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807724	0.895	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807752	16.679	11.977	12.241	12.510	12.785	13.067	13.354
BA-1, PE 0807781	152.140	165.798	189.711	192.146	195.258	198.420	201.644
BA-1, PE 0807793	432.654	550.409	520.758	570.319	584.088	467.459	476.498
BA-1, PE 0807795	19.586	18.154	16.935	17.226	17.527	17.834	18.159
BA-1, PE 0807995	2.626	3.100	2.348	2.390	2.434	2.479	2.524
DHP Procurement	40.245	168.249	248.001	151.687	201.938	12.804	13.757
BA-3, PE 0807721	39.735	167.729	247.471	151.146	201.386	12.241	13.184
BA-3, PE 0807720	0.510	0.520	0.530	0.541	0.552	0.563	0.573

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL8.

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 Medical Products and Support Systems Dev
 0605145HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0605145	0.723	0.000	34.559	72.594	91.126	98.607	102.058
GDF-Medical Products and Support Systems Development (GDF-MPSSD)	0.723	0.000	18.959	64.094	91.126	98.607	102.058
Hyperbaric Oxygen Therapy Clinical Trial (Army)	0.000	0.000	15.600	8.500	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: This Program Element (PE) funds system development and demonstration of medical commodities delivered from the various medical advanced development and prototyping DoD Components that are directed at meeting validated requirements prior to full-rate initial production and fielding, including initial operational test and evaluation and clinical trials. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is peer-reviewed and fully coordinated with all of the Military Services, appropriate Defense Agencies or Activities and other federal agencies, to include the Department of Veterans Affairs, the Department of Health and Human Services, and Department of Homeland Security. This coordination occurs through the planning and execution activities of the Joint Program Committees (JPCs), established for the Defense Health Program enhanced RDT&E funding. The work includes development and demonstration of medical modeling and simulation systems for training/education/treatment, and medical system development and demonstration.

For the Army Medical Command this PE supports product development efforts resulting from a previously initiated project for hyperbaric oxygenation for chronic, mild traumatic brain injury (TBI). The project encompasses development, initiation, operation, analysis, and subsequent publication of clinical trials to compare and assess the long-term benefit of hyperbaric oxygen therapy on service members with mild TBI.

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 Medical Products and Support Systems Dev
 0605145HP

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	0.803	0.000	34.559	72.594
SBIR	-0.080	0.000	0.000	0.000
FY12 Budget Submission RDT&E	0.723	0.000	34.559	72.594

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: SBIR Transfer from DHP RDT&E, PE 0605145 - Medical Products and Support Systems Development (-\$0.080 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.080 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Work under this PE may be solicited by traditional Program Announcements resulting in contracts or other transactions. The intent is to have the majority of the work conducted by extramural entities with eventual down-select transitions into Programs of Record or directly into clinical practice. Programs of Record will be assigned to a Component Acquisition Executive.

E. PERFORMANCE METRICS:

The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL 8.

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DATE: February 2011
 R1 Item Nomenclature: 10
 Small Business Innovation Research (SBIR)
 0605502HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0605502	35.952	0.000	0.000	0.000	0.000	0.000	0.000
Small Business Innovative Research (SBIR)	35.952	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: The Small Business Innovation Research (SBIR) program was established in the Defense Health Program, Research, Development, Test and Evaluation appropriation during FY 2001, and is funded in the year of execution. The program funds small business proposals chosen to enhance military medical research and information technology research. The focus for this period will be on developing new technology-based approaches for near real-time surveillance of the health threats and health status of the Force, for epidemiology research, and for delivery of health education and training. It does not include funding from the Congressional Special Interest (CSI) programs as specified by Sec. 8006 of the DoD Appropriation Act, 2010 (P.L. 111-118).

B. PROGRAM CHANGE SUMMARY:

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
FY12 Budget Estimate RDT&E	15.528	0.000	0.000	0.000
SBIR	20.424	0.000	0.000	0.000
FY12 Budget Submission RDT&E	35.952	0.000	0.000	0.000

PROGRAM CHANGE SUMMARY EXPLANATION:

- FY 2010: SBIR Transfers from
- 1) DHP RDT&E, PE 0601101 - In-House Laboratory Independent Research (ILIR) (-\$0.077 million);
 - 2) DHP RDT&E, PE 0601117 - Basic Operational Medical Research Sciences (-\$1.734 million);
 - 3) DHP RDT&E, PE 0602115 - Applied Biomedical Technology (-\$2.525 million);

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Small Business Innovation Research (SBIR)
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- 4) DHP RDT&E, PE 0602787 - Medical Technology (AFRRI) (-\$0.093 million);
- 5) DHP RDT&E, PE 0603002 - Medical Advanced Technology (AFRRI) (-\$0.020 million);
- 6) DHP RDT&E, PE 0603115 - Medical Technology Development (-\$2.163 million);
- 7) DHP RDT&E, PE 0604110 - Medical Products Support and Advanced Concept Development (-\$5.385 million);
- 8) DHP RDT&E, PE 0605013 - Information Technology Development (-\$4.302 million);
- 9) DHP RDT&E, PE 0605145 - Medical Products and Support Systems Development (-\$0.080 million);
- 10) DHP RDT&E, PE 0606105 - Medical Program-Wide Activities (-\$3.501 million);
- 11) DHP RDT&E, PE 0607100 - A Medical Products and Capabilities Enhancement Activities (-\$0.544 million);
- to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$20.424 million).

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS: The number of Phase I awards supporting innovative technology development. The number of Phase II and III awards leading to technology transition.

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 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0606105	12.669	13.770	48.313	56.675	77.705	87.363	70.717
CONUS Lab Support Clinical Infrastructure (Army)	0.000	0.000	4.002	13.701	0.000	0.000	0.000
GDF-Medical Program-Wide Activities (GDF-MPWA)	2.456	0.000	0.000	0.000	0.000	0.000	0.000
MILCON IO&T (TMA) (Reserved at TMA in 12-16POM)	0.000	0.000	0.000	0.000	53.832	61.794	44.910
OCONUS Laboratory Infrastructure Support (Army)	0.000	0.000	3.100	7.000	8.000	13.000	13.000
Pacific Based Joint Information Technology Center - Maui (JITC-Maui)	0.000	0.000	7.723	7.877	8.035	8.196	8.360
USAMRICD IO&T (TMA) (Reserved at TMA in 12PB)	0.000	10.705	17.903	7.639	0.000	0.000	0.000

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USAMRIID IO&T (TMA) (Reserved at TMA in 12PB)	0.000	3.065	15.585	20.458	7.838	4.373	4.447
WWE-Medical Program-Wide Activities (WWE-MPWA)	10.213	0.000	0.000	0.000	0.000	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: This Program Element (PE) provides for the Pacific-based Joint Information Technology Center (Pacific JITC) that was established to rapidly research, test and develop warfighter medical solutions and products, through pilots or prototypes. The goal is to provide mission critical value and actionable information to the DoD, including Services, combatant commanders, and the Department of Veteran Affairs.

This PE supports the maintenance and modernization of medical RDT&E installations or operations. It supports the initial outfitting equipment and transition (IO&T) cost requirements for replacement of RDT&E medical laboratories funded under multi-year military construction (MILCON) projects. These IO&T funds are designated as appropriations from other than MILCON.

For the Army Medical Command this PE provides for the management support requirements for research infrastructure at select CONUS and OCONUS laboratories and trial sites where bio-surveillance and early to late-stage clinical trials of investigational products such as biologicals, drugs, and devices to treat/prevent polytrauma injuries, are conducted. It provides for the sustainment of significant technical expertise and knowledge independent of the number of assigned projects.

In FY 2010, funds provided for the GDF-Medical Program-Wide Activities to support the Joint Information Technology Center (Pacific JITC).

FY 2010 funds were also provided for the Wounded Warrior Enhancement funds to support clinical trial infrastructure.

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

B. PROGRAM CHANGE SUMMARY:

	2010	2011	2012	2013
FY12 Budget Estimate RDT&E	0.000	13.770	45.213	49.675
Change Proposal	0.000	0.000	3.100	7.000
Realignment	0.000	0.000	0.000	0.000
Reprogramming	16.170	0.000	0.000	0.000
SBIR	-3.501	0.000	0.000	0.000
FY12 Budget Submission RDT&E	12.669	13.770	48.313	56.675

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Prior Approval Reprogramming, FY 10-17 PA, from DHP O&M to DHP RDT&E, PE 0606105 - Medical Program-Wide Activities for Wounded Warrior Enhancement (WWE) program (+\$13.714 million).

Internal Reprogramming, FY 10-21 IR, from DHP RDT&E, PE 0607100 - Medical Products and Capabilities Enhancement Activities (-\$2.456 million) to DHP RDT&E, PE 0606105 - Medical Program-Wide Activities for Guidance for the Development of the Force (GDF) (+\$2.456 million).

SBIR Transfer from DHP RDT&E, PE 0606105 - Medical Program-Wide Activities (-\$3.501 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$3.501 million).

FY 2011: No Change.

FY 2012: Change Proposal to DHP RDT&E, PE 0606105 - Medical Program-Wide Activities for Army Overseas Medical Laboratories (+\$3.100 million).

FY 2013: Change Proposal to DHP RDT&E, PE 0606105 - Medical Program-Wide Activities for Army Overseas Medical Laboratories (+\$7.000 million).

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 11
 Medical Program-Wide Activities
 0606105HP

C. OTHER PROGRAM FUNDING SUMMARY:

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
DHP Operation & Maintenance	1.000	1.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807724 (Army)	1.000	1.000	0.000	0.000	0.000	0.000	0.000
DHP RDT&E	16.575	0.000	0.000	0.000	0.000	0.000	1.000
BA-2, PE 0603115 (Army)	16.575	0.000	0.000	0.000	0.000	0.000	1.000
DTRA, RDT&E	5.020	0.000	0.000	0.000	0.000	0.000	0.000
BA-2, 0605384 (CBDP)	5.020	0.000	0.000	0.000	0.000	0.000	0.000
(Army)	5.020	0.000	0.000	0.000	0.000	0.000	0.000

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:

Program costs, schedule and performance will be measured. The results of these measurements will be reviewed on a regular basis to determine if milestones are being met and to provide new direction, as needed, to ensure the efficient use of resources. Specific metrics include the number of Category C initial outfitting equipment items purchased based on phase schedule requirements.

Defense Health Program
 Fiscal Year (FY) 2012 Budget Estimates
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
 Defense Health Program/BA: 2

DATE: February 2011
 R1 Item Nomenclature: 12
 Medical Products and Capabilities Enhancement
 Activities
 0607100HP

COST: (Dollars in Millions)

	2010 Actual	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate	2016 Estimate
Total PE 0607100	16.500	20.000	14.765	15.628	14.461	18.070	18.777
GDF-Medical Products and Capabilities Enhancement Activities (GDF-MPCEA)	16.500	20.000	14.765	15.628	14.461	18.070	18.777

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: This Program Element (PE) funds activities to enhance fielded medical products or for pre-planned improvement of fielded medical products, including information management/information technology (IM/IT) systems. Additionally, work will be funded that provides "Phase 4-like" clinical outcome follow-ups to military unique clinical practice guidelines. Research in this PE is designed to address the following: areas of interest to the Secretary of Defense regarding Wounded Warriors, capabilities identified through the Joint Capabilities Integration and Development System (JCIDS), and the strategy and initiatives described in the Quadrennial Defense Review (QDR). Program development and execution is fully coordinated with appropriate Program Managers of fielded medical systems and with the relevant Senior Officials/stakeholders of clinical practice guidelines.

B. PROGRAM CHANGE SUMMARY:

	2010	2011	2012	2013
FY12 Budget Estimate RDT&E	19.500	20.000	14.765	15.628
Reprogramming	-2.456	0.000	0.000	0.000
SBIR	-0.544	0.000	0.000	0.000
FY12 Budget Submission RDT&E	16.500	20.000	14.765	15.628

Defense Health Program
Fiscal Year (FY) 2012 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: February 2011
R1 Item Nomenclature: 12
Medical Products and Capabilities Enhancement
Activities
0607100HP

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 2010: Internal Reprogramming, FY 10-21 IR, from DHP RDT&E, PE 0607100 - Medical Products and Capabilities Enhancement Activities (-\$2.456 million) to DHP RDT&E, PE 0606105 - Medical Program-Wide Activities for Guidance for the Development of the Force (GDF (+\$2.456 million)).

SBIR Transfer from DHP RDT&E, PE 0607100 - A Medical Products and Capabilities Enhancement Activities (-\$0.544 million) to DHP RDT&E, PE 0605502 - Small Business Innovation Research (SBIR) program (+\$0.544 million).

FY 2011: No Change.

FY 2012: No Change.

FY 2013: No Change.

C. OTHER PROGRAM FUNDING SUMMARY: None.

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:

The benchmark performance metric for research supported in this PE will be the enhancement of a maturity level that is typical of TRL9.

DEFENSE HEALTH PROGRAM
Fiscal Year (FY) 2012 Budget Estimates
FY 2012 Overseas Contingency Operations (OCO): Operation Enduring Freedom/ Operation New Dawn
Operation and Maintenance, Defense Health Program (DHP)

O-1 Line Item Summary
(Dollars in Thousands)

Major Category: Operations

Sub-Activity Group	Sub-Activity Group Name	FY 2010 Actual	FY 2010 Funding			FY 2011 Request	FY 2012 Request
			FY 2010 Total	FY 2010 P.L. 111-118	FY 2010 P.L. 111-212*		
01	In-House Care	609,092	574,223	569,031	5,192	709,004	641,996
02	Private Sector Care	558,742	558,742	530,567	28,175	538,376	464,869
03	Consolidated Health Support	124,477	134,392	134,392	0	128,412	95,994
04	Information Management	6,124	3,032	3,032	0	2,286	5,548
05	Management Activities	823	1,245	1,245	0	518	751
06	Education and Training	16,848	16,599	16,599	0	18,061	16,859
07	Base Operations/Communications	6,439	1,809	1,809	0	1,435	2,271
		1,322,545	1,290,042	1,256,675	33,367	1,398,092	1,228,288

Notes:

*Afghanistan Add

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2012 BUDGET ESTIMATES
OVERSEAS CONTINGENCY OPERATIONS (OCO)
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2010 Program*	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2011 Program
308	Travel of Persons	13,925	0	1.41%	196	-49	14,072
399	Total Travel	13,925	0		196	-49	14,072
401	DFSC Fuel	2	0	0.00%	0	0	2
402	Service Fund Fuel	0	0	0.00%	0	0	0
411	Army Sup & Mat	10	0	0.00%	0	0	10
412	Navy Sup & Mat	23	0	4.35%	1	71	95
414	AF Sup & Mat	0	0	0.00%	0	0	0
415	DLA Sup & Mat	65	0	1.54%	1	0	66
416	GSA Sup & Mat	224	0	1.34%	3	0	227
417	Local Proc Sup & Mat	968	0	1.34%	13	-1	980
418	Air Force Retail Supply	0	0	0.00%	0	0	0
499	Total Supp & Mat	1,291	0		18	70	1,379
502	Army Fund Equipt	0	0	0.00%	0	0	0
503	Navy Fund Equipt	0	0	0.00%	0	0	0
505	AF Fund Equipt	0	0	0.00%	0	0	0
506	DLA Fund Equipt	0	0	0.00%	0	0	0
507	GSA Fund Equipt	15	0	0.00%	0	0	15
599	Total Fund Equipt	15	0		0	0	15
602	Army Depot Cmd Maint	0	0	0.00%	0	0	0
611	Naval Surface War Ctr	0	0	0.00%	0	0	0
631	Naval Civil Engrn Ctr	0	0	0.00%	0	0	0
633	Naval Pub & Pmt Svc	472	0	2.97%	14	0	486
634	Nav Pub Wrks Ctr: Utilities	0	0	0.00%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	0.00%	0	0	0
647	DISA Enterprise Computer Centers	0	0	0.00%	0	0	0
671	Communications Svc	0	0	0.00%	0	0	0
673	Def Finance & Acct Svc	0	0	0.00%	0	0	0
675	DLA Disposition Services	0	0	0.00%	0	0	0
677	Comm Svcs Tier 1	0	0	0.00%	0	0	0
679	Cost Reimbursible Svc	0	0	0.00%	0	0	0
680	Purchases from Building Maintenance	0	0	0.00%	0	0	0
699	Total Purchases	472	0		14	0	486
701	MAC Cargo	0	0	0.00%	0	0	0
707	AMC Training	0	0	0.00%	0	0	0
711	MSC Cargo	0	0	0.00%	0	0	0
721	MTMC Port Handling	0	0	0.00%	0	0	0
771	Commercial Transportation	10,587	0	1.40%	148	-3,608	7,127
799	Total Transportation	10,587	0		148	-3,608	7,127
9XX	Civ Pay Reimburs Host	123,750	0	0.50%	618	-4,070	120,298
901	Foreign Nat Ind Hire	3,862	0	0.49%	19	0	3,881
902	Separation Liability	0	0	0.00%	0	0	0
912	Rental Pay to GSA	7	0	0.00%	0	0	7
913	Purchased Utilities	0	0	0.00%	0	0	0
914	Purchased Communica	632	0	1.43%	9	-275	366
915	Rents non GSA	236	0	1.70%	4	0	240
917	Postal Svcs	40	0	2.50%	1	0	41
920	Supplies & Mat	93,842	0	2.97%	2,786	22,168	118,796
921	Printing & Reproduct	43	0	2.33%	1	0	44
922	Equipt Maint Contract	1,704	0	1.41%	24	-3	1,725
923	Facility Maint Contract	2,928	0	1.40%	41	0	2,969
924	Pharmacy	81,082	0	3.30%	2,675	-2,394	81,363
925	Equipt Purchases	14,488	0	2.09%	303	-2,392	12,399
926	Overseas Purchases	0	0	0.00%	0	0	0
930	Other Depot Maint	0	0	0.00%	0	0	0
931	Contract Consultants	0	0	0.00%	0	0	0
932	Mgmt & Prof Spt Svc	1,153	0	1.39%	16	-75	1,094
933	Studies Analysis Eval	0	0	0.00%	0	0	0
934	Engineering Tech Svc	0	0	0.00%	0	0	0
937	Fuel	0	0	0.00%	0	0	0
955	Other Costs (Medical Care)	4,850	0	3.30%	160	-598	4,412
960	Other Costs (Interest and Dividends)	0	0	0.00%	0	0	0
964	Other Costs (Subsistence and Support)	0	0	0.00%	0	0	0
984	Equipment Contracts	0	0	0.00%	0	0	0
985	Research and Development Contracts	0	0	0.00%	0	0	0
986	Medical Care Contracts	854,990	0	3.30%	28,215	-4,264	878,941
987	Other Intra-Government Purchases	0	0	0.00%	0	0	0
988	Grants	0	0	0.00%	0	0	0
989	Other Services	116,850	0	1.40%	1,637	29,364	147,851
990	IT Contract Support Services	2,213	0	1.40%	31	-1,656	588
999	Total Purchases	1,302,668	0		36,540	35,805	1,375,013
9999	TOTAL	1,328,958	0		36,916	32,218	1,398,092

Control 1,328,958
* FY10 Program includes obligations for Operation Noble Eagle (\$6.413M)

DEFENSE HEALTH PROGRAM
FISCAL YEAR (FY) 2012 BUDGET ESTIMATES
OVERSEAS CONTINGENCY OPERATIONS (OCO)
SUMMARY OF PRICE AND PROGRAM CHANGE
(\$ in Thousands)

Line	Summary	FY2011 Program	Foreign Currency Adjust	Price Growth Percent	Amount	Program Growth	FY2012 Program
308	Travel of Persons	14,072	0	1.51%	213	-5,033	9,252
399	Total Travel	14,072	0		213	-5,033	9,252
401	DFSC Fuel	2	0	0.00%	0	0	2
402	Service Fund Fuel	0	0	0.00%	0	0	0
411	Army Sup & Mat	10	0	0.00%	0	0	10
412	Navy Sup & Mat	95	0	3.16%	3	78	176
414	AF Sup & Mat	0	0	0.00%	0	0	0
415	DLA Sup & Mat	66	0	1.52%	1	-23	44
416	GSA Sup & Mat	227	0	1.32%	3	-74	156
417	Local Proc Sup & Mat	980	0	1.53%	15	-450	545
418	Air Force Retail Supply	0	0	0.00%	0	0	0
499	Total Supp & Mat	1,379	0		22	-469	932
502	Army Fund Equipt	0	0	0.00%	0	0	0
503	Navy Fund Equipt	0	0	0.00%	0	0	0
505	AF Fund Equipt	0	0	0.00%	0	0	0
506	DLA Fund Equipt	0	0	0.00%	0	0	0
507	GSA Fund Equipt	15	0	0.00%	0	0	15
599	Total Fund Equipt	15	0		0	0	15
602	Army Depot Cmd Maint	0	0	0.00%	0	0	0
611	Naval Surface War Ctr	0	0	0.00%	0	0	0
631	Naval Civil Engrn Ctr	0	0	0.00%	0	0	0
633	Naval Pub & Pmt Svc	486	0	3.09%	15	0	501
634	Nav Pub Wrks Ctr: Utilities	0	0	0.00%	0	0	0
635	Nav Pub Wrks Ctr: Pub Wrks	0	0	0.00%	0	0	0
647	DISA Enterprise Computer Centers	0	0	0.00%	0	0	0
671	Communications Svc	0	0	0.00%	0	0	0
673	Def Finance & Acct Svc	0	0	0.00%	0	0	0
675	DLA Disposition Services	0	0	0.00%	0	0	0
677	Comm Svcs Tier 1	0	0	0.00%	0	0	0
679	Cost Reimbursible Svc	0	0	0.00%	0	0	0
680	Purchases from Building Maintenance	0	0	0.00%	0	0	0
699	Total Purchases	486	0		15	0	501
701	MAC Cargo	0	0	0.00%	0	0	0
707	AMC Training	0	0	0.00%	0	0	0
711	MSC Cargo	0	0	0.00%	0	0	0
721	MTMC Port Handling	0	0	0.00%	0	0	0
771	Commercial Transportation	7,127	0	1.49%	106	553	7,786
799	Total Transportation	7,127	0		106	553	7,786
9XX	Civ Pay Reimburs Host	120,298	0	0.00%	0	-5,467	114,831
901	Foreign Nat Ind Hire	3,881	0	0.00%	0	-673	3,208
902	Separation Liability	0	0	0.00%	0	0	0
912	Rental Pay to GSA	7	0	0.00%	0	0	7
913	Purchased Utilities	0	0	0.00%	0	0	0
914	Purchased Communica	366	0	1.64%	6	175	547
915	Rents non GSA	240	0	1.67%	4	0	244
917	Postal Svcs	41	0	2.44%	1	0	42
920	Supplies & Mat	118,796	0	3.19%	3,787	-10,721	111,862
921	Printing & Reproduct	44	0	2.28%	1	0	45
922	Equipt Maint Contract	1,725	0	1.51%	26	-99	1,652
923	Facility Maint Contract	2,969	0	1.52%	45	-353	2,661
924	Pharmacy	81,363	0	3.50%	2,848	-13,305	70,906
925	Equipt Purchases	12,399	0	2.38%	295	-1,439	11,255
926	Overseas Purchases	0	0	0.00%	0	0	0
930	Other Depot Maint	0	0	0.00%	0	0	0
931	Contract Consultants	0	0	0.00%	0	0	0
932	Mgmt & Prof Spt Svc	1,094	0	1.46%	16	0	1,110
933	Studies Analysis Eval	0	0	0.00%	0	0	0
934	Engineering Tech Svc	0	0	0.00%	0	0	0
937	Fuel	0	0	0.00%	0	0	0
955	Other Costs (Medical Care)	4,412	0	3.51%	155	400	4,967
960	Other Costs (Interest and Dividends)	0	0	0.00%	0	0	0
964	Other Costs (Subsistence and Support)	0	0	0.00%	0	0	0
984	Equipment Contracts	0	0	0.00%	0	0	0
985	Research and Development Contracts	0	0	0.00%	0	0	0
986	Medical Care Contracts	878,941	0	3.50%	30,763	-153,323	756,381
987	Other Intra-Government Purchases	0	0	0.00%	0	0	0
988	Grants	0	0	0.00%	0	0	0
989	Other Services	147,851	0	1.50%	2,218	-21,711	128,358
990	IT Contract Support Services	588	0	1.53%	9	1,131	1,728
999	Total Purchases	1,375,013	0		40,174	-205,385	1,209,802
9999	TOTAL	1,398,092	0		40,530	-210,334	1,228,288

DEFENSE HEALTH PROGRAM (DHP)
Fiscal Year (FY) 2012 Budget Estimates
FY 2012 Overseas Contingency Operations: Operation Enduring Freedom/ Operation New Dawn
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) and Operation New Dawn (OND). The DHP baseline request does not provide medical and dental support within the OEF/OND 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 OEF/OND 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
- **Private Sector Care**
 - Healthcare for mobilized RC and their family members
- **Consolidated Health Support**
 - Incremental costs for the Armed Services Blood Program to provide blood products for OEF/OND
 - 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 OEF/OND
 - Incremental support for OEF/OND in 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
 - Resources required for the incremental costs for the management, direction and operation of DoD's veterinary missions in support of OEF/OND
 - 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 OEF/OND
 - Medical headquarters planning, analysis, reporting, data collection, and after action reviews in support of OEF/OND
- **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

Defense Health Program (DHP)
 FY 2012 Overseas Contingency Operations: Operation Enduring Freedom/ Operation New Dawn
 Budget Activity 01, Operation & Maintenance

(\$ in Thousands)

<u>II. Financial Summary</u>	<u>FY 2010 Total</u>	<u>FY 2010 P.L. 111-118</u>	<u>FY 2010 P.L. 111-212</u>	<u>FY 2011 Request</u>	<u>FY 2012 Request</u>
	1,290,042	1,256,675	33,367	1,398,092	1,228,288

(\$ in Thousands)

<u>A. Subactivity Group -- In-House Care</u>	<u>FY 2010 Total</u>	<u>FY 2010 P.L. 111-118</u>	<u>FY 2010 P.L. 111-212</u>	<u>FY 2011 Request</u>	<u>FY 2012 Request</u>
	574,223	569,031	5,192	709,004	641,996

Narrative Justification: Decrease in FY 2012 due primarily to a projected 26% reduction in deployments from FY11 to FY12. This reduction primarily affects the Medical Backfill and Pre/Post Deployment missions. In addition, in FY 2012, the Temporary Navy End Strength Add for Individual Augmentees (3,836 workyears) will be funded out of baseline funds. Most of this requirement (65%) was for In-House

Care for the health care for active duty and their family members in Military Treatment Facilities.

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 OEF/OND 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 OEF/OND, 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)

<u>B. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Private Sector Care</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
	558,742	530,567	28,175	538,376	464,869

Narrative Justification: Decrease in FY 2012 due to the reduction in the average annual cost per mobilized RC (includes family members). This cost is projected to be \$7,062 in FY 2011 (based on FY 2008 claims data) and will decrease to \$6,110 in FY 2012. The FY 2012 estimate used actual FY 2009 claims data and incorporated a projected decrease in inflation based on current economic conditions from 7% to 3.5% (average). In addition, in FY 2012, the Temporary Navy End Strength Add for Individual Augmentees (3,836 workyears) will be funded in the base budget.

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).

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 are 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)

<u>C. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Consolidated Health</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
<u>Support</u>					
	134,392	134,392	0	128,412	95,994

Narrative Justification: Decrease in FY 2012 due primarily to a projected 26% reduction in deployments from FY11 to FY12. This reduction primarily affects the Medical Backfill and Pre/Post Deployment missions. The DHP will continue to incur costs associated with the Armed Services Blood Program, Aeromedical transportation of casualties from Germany to the US, Operation/ environmental specific disease prevention and control, and DoD's veterinary missions in support of OEF/OND.

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 the delay or cancellation of non-emergency logistic procurements.

(\$ in Thousands)

<u>D. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Information Management</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
	3,032	3,032	0	2,286	5,548

Narrative Justification: Increase in FY 2012 is due to IT requirements needed to support the OCO related workload seen at Walter Reed Army Medical Center, Landstuhl Regional Medical Center, and the Irwin Army Community Hospital at Ft. Riley. The increase is in Non-MTF Support Activities mission and is for contract IT support and software licenses, some of which were erroneously executed with baseline funds in prior FYs. The requested funding level also provides for continued efforts to electronically track patients departing the AORs. Patient tracking allows the MHS to know where casualties are as they travel from the AOR thru or to Germany and CONUS 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 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 future healthcare conditions that possibly resulted from service in OEF/OND. 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)

<u>E. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Management Activities</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
	1,245	1,245	0	518	751

Narrative Justification: The DHP will continue providing management activities in support of OEF/OND. 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 (OEF/OND) 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 OEF/OND. If funding is not provided there would be a coordination gap in the movement of supplies, equipment, and medical personnel in support of OEF/OND. In addition, the coordination of patient movement between overseas locations to stateside MTFs would be delayed or interrupted.

(\$ in Thousands)

<u>F. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Education and Training</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
	16,599	16,599	0	18,061	16,859

Narrative Justification: Decrease in FY 2012 due primarily to a projected reduction in deployments from FY11 to FY12. This reduction primarily affects the Medical Backfill and Pre/Post Deployment missions. 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- and 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.

(\$ in Thousands)

<u>G. Subactivity Group --</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<u>Base Operations/ Communications</u>	<u>Total</u>	<u>P.L. 111-118</u>	<u>P.L. 111-212</u>	<u>Request</u>	<u>Request</u>
	1,809	1,809	0	1,435	2,271

Narrative Justification: Increase in FY 2012 is in the Non-MTF Support Activities mission and is the result of the Vice Chief of Staff of the Army's visits to Warrior Transition Units (WTUs). From the visits, the WTUs were instructed to increase their Garrison Support. These costs include increased local and commuter transportation; environmental, safety and maintenance operations; and personnel to work at the Soldier Family Assistant Center (SFAC). Not all costs were OCO and therefore a cost matrix was developed to accurately split the increased cost between core funding and OCO. The requested funding level also provides for continued operations and maintenance of the medical facilities vital to the overall mission of OEF/OND.

Impact if not funded: Without adequate funding, essential OEF/OND 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.