Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program

R-1 Program Element (Number/Name)

0130: Defense Health Program I BA 2: RDT&E

Appropriation/Budget Activity

PE 0601117HP I Basic Operational Medical Research Sciences

Date: February 2015

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COST (\$ in Millions)	Prior			FY 2016	FY 2016						Cost To	Total
φ in minions)	Years	FY 2014	FY 2015	Base	oco	Total	FY 2017	FY 2018	FY 2019	FY 2020	Complete	Cost
Total Program Element	5.000	5.805	9.059	7.397	-	7.397	9.417	10.395	10.666	10.889	Continuing	Continuing
100A: CSI - Congressional Special Interests	2.237	-	1.578	-	-	-	-	-	-	-	Continuing	Continuing
371A: GDF-Basic Operational Medical Research Sciences	2.763	5.805	7.481	7.397	-	7.397	9.417	10.395	10.666	10.889	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Basic Operational Medical Research Sciences: 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, and sustainment of priority investments in science, technology, research, and development as stated in the Quadrennial Defense Review. Program development is peer-reviewed and 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 Research, Development, Test and Evaluation (RDT&E) funding. Research supported by this PE includes coagulopathy of trauma (inability of blood to clot normally), polytrauma (multiple traumatic injuries) and blast injury, military infectious diseases, and operational medicine. Funds in this PE are for basic research that promises to provide important new approaches to complex military medical problems. As the research efforts mature, the most promising efforts will transition to applied research (PE 0602115HP) or technology development (PE 0603115HP) funding.

B. Program Change Summary (\$ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Previous President's Budget	6.074	7.481	7.897	-	7.897
Current President's Budget	5.805	9.059	7.397	-	7.397
Total Adjustments	-0.269	1.578	-0.500	-	-0.500
 Congressional General Reductions 	-	-			
 Congressional Directed Reductions 	-	-			
 Congressional Rescissions 	-	-			
 Congressional Adds 	-	1.578			
 Congressional Directed Transfers 	-	-			
Reprogrammings	-	-			
SBIR/STTR Transfer	-0.269	-			
 Change Proposal Center for Rehabilitation Sciences (CRSR) - Project 371A 	-	-	-0.500	-	-0.500
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Appropriation/Budget Activity	R-1 Program Element (Number/Name)					
0130: Defense Health Program I BA 2: RDT&E	PE 0601117HP I Basic Operational Medical Research Sciences					
Congressional Add Details (\$ in Millions, and Includes General F	Reductions)	FY 2014	FY 2015			
Project: 100A: CSI - Congressional Special Interests						
Congressional Add: 461A – Program Increase: Restore Core Res	search Funding Reduction (Army)	-	1.578			
	Congressional Add Subtotals for Project: 100A	-	1.578			
	Congressional Add Totals for all Projects		1.578			

Change Summary Explanation

Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program

FY 2014: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), Program Element (PE) 0601117-Basic Operational Medical Research Sciences (-\$0.269 million) to DHP RDT&E, PE 0605502-Small Business Innovation Research (SBIR) Program (+\$0.269 million).

FY 2015: Congressional Special Interest (CSI) Additions to DHP RDT&E, PE 0601101-Basic Operational Medical Research Sciences (+\$1.578 million).

FY 2016: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), Program Element (PE) 0601117-Basic Operational Medical Research Sciences (-\$0.500 million) to DHP RDT&E, PE 0601101-In-House Laboratory Independent Research (+\$0.500 million).

Date: February 2015

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program								Date: February 2015				
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0601117HP I Basic Operational Medical Research Sciences				Project (Number/Name) 100A I CSI - Congressional Special Interests			al	
COST (\$ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
100A: CSI - Congressional Special Interests	2.237	-	1.578	-	-	-	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

The FY14 DHP Congressional Special Interest (CSI) funding is directed research for TBI/PH. Because of the CSI annual structure, out-year funding is not programmed.

The FY15 DHP Congressional Special Interest (CSI) funding is directed toward core research initiatives in Program Element (PE) 0601117 - Basic Operational Medical Research Sciences. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2014	FY 2015
Congressional Add: 461A – Program Increase: Restore Core Research Funding Reduction (Army)	-	1.578
FY 2014 Accomplishments: No funding programmed. This is an FY 2015 DHP Congressional Special Interest (CSI) spending item.		
FY 2015 Plans: FY 2015 DHP Congressional Special Interest (CSI) spending item directed toward the restoral of core research initiatives in the Medical Products Support and Advanced Concept Development Program Element (PE) - 0604110.		
Congressional Adds Subtotals	-	1.578

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program								Date: February 2015				
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0601117HP I Basic Operational Medical Research Sciences				Project (Number/Name) 371A I GDF-Basic Operational Medical Research Sciences				
COST (\$ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
371A: GDF-Basic Operational Medical Research Sciences	2.763	5.805	7.481	7.397	-	7.397	9.417	10.395	10.666	10.889	Continuing	Continuing

A. Mission Description and Budget Item Justification

P. Accomplishments/Planned Programs (\$ in Millions)

Guidance for Development of the Force-Basic Operational Medical Research Sciences: Basic research described here will be focused on enhancement of knowledge to support capabilities identified through the Joint Capabilities Integration and Development System (JCIDS) process and sustainment of priority investments in science, technology, research, and development as stated in the Quadrennial Defense Review. Within this Program Element, research will be conducted in the general categories of coagulopathy of trauma (inability of blood to clot normally), polytrauma (multiple traumatic injuries) and blast injury, military infectious diseases, and operational medicine. Polytrauma and blast injury efforts will focus on fundamental mechanisms to support devices and therapeutics for hemorrhage (bleeding) control, resuscitation and blood products, and blast injury models and performance standards for protections systems. Military infectious diseases research program is conducting basic research to identify biomarkers for detecting bacterial wound infections. Operational medicine is focusing on fundamental mechanisms to support research on prevention of training and operational injury, nutrition and dietary supplements, psychological health and resilience, operational exposure standards for cumulative mild traumatic brain injury, fatigue mechanisms, biomarkers (indicators) of inhalational exposure to toxic substances, and military operational computational modeling.

B. Accomplishments/Planned Programs (\$ in Millions)			FY 2016	FY 2016	FY 2016
	FY 2014	FY 2015	Base	oco	Total
Title: Project 371 GDF – Basic Operational Medical Research Sciences	5.805	7.481	7.397	-	7.397
Description: Provide support for basic medical research directed toward attaining greater knowledge and understanding of fundamental principles of science and medicine relevant to the improvement of medical care in operationally relevant environments.					
FY 2014 Accomplishments: The military operational medicine research program conducted studies to understand fundamental mechanisms of injury following exposure to blast, which will inform the development of exposure guidelines. Other research efforts included the identification of biomarkers (biological indicators of disease) for inhalation exposure to toxic substances such as burn pit emissions and sand from Afghanistan, and biomarkers indicative of neurological effects due to jet fuel exposure.					
The combat casualty care research program conducted studies on coagulopathy of trauma through a consortium of five universities.					
FY 2015 Plans:					

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Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Progra	am			Date: Febr	uary 2015	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/ PE 0601117HP / Basic Operation Research Sciences		Project (N 371A / GD Research	edical		
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Military infectious diseases research is supporting antimicrobial countermeasu agents for biofilms (a group of microorganisms in which cells stick to each oth resistant organisms (MDROs), identify MDRO biomarkers, and develop new to provide an understanding of the mechanisms that make organisms infectious human body response effective to prevent diseases caused by infectious age	er on a surface), detect multidrug- argets. These laboratory studies and mechanisms that render the					
Military operational medicine research is continuing studies to understand the blast exposures in animal models of repeated blast and blunt impact injuries, of pulmonary exposure to toxic substances from burn pit emissions, natural distinct interactions between pollutants, which are associated with adverse health out in nutrition and dietary supplements are assessing dietary status of different Standitional studies include the identification of novel pharmacological intervent refine algorithms that predict the effects of fatigue countermeasures, such as warfighter physical and cognitive performance.	and identify potential biomarkers ust from Afghanistan and the comes and lung disease. Studies Service member populations. ions to promote sleep quality, and					
Combat casualty care basic research is identifying underlying pathophysiolog with injury) mechanisms associated with coagulopathy (inability of blood to cloudentifying potential diagnostic and therapeutic targets of coagulopathy of trau	ot normally) of trauma, and					
FY 2016 Base Plans: Military infectious diseases research will support basic research laboratory stutreatment, and management to develop antibacterial agents targeting biofilms microbial biomarkers for early detection of infection. Outcomes from FY15-16 bacterial targets for prevention/treatment of diseases caused by bacterial age	and MDROs, and host and Blaboratory studies will identify					
Military operational medicine research will identify mechanisms of blast injury of interventions for mitigating blast-induced brain injury. Will start studies to idenaviors, grief, guilt, cognitive difficulties, substance abuse, and misuse of primilitary. Will start studies to identify gender-specific factors that impact military minimal physical requirements for entry into physically demanding military occinterventions to evaluate effectiveness in treating PTSD symptoms, will condustandards for noise injury criteria, and will identify novel interventions to prome pharmacological approaches to reduce the need for sleep in order to sustain the sustain of the sustain the	dentify and assess anger, risky rescription medications in the ry task performance, will define cupations, will investigate novel act basic studies to define medical ote sleep quality and non-					

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Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Pi	Date: February 2015				
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117HP I Basic Operational Medical Research Sciences	- , (•	- /	edical
B. Accomplishments/Planned Programs (\$ in Millions)			FY 2016	FY 2016	FY 2016

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Combat casualty care basic research will define the cellular mechanisms involved in the abnormal bleeding that occurs following severe trauma. The results from these studies will be included in the design of the next generation of hemostatic (process to stop bleeding) products.					
FY 2016 OCO Plans: N/A					
Accomplishments/Planned Programs Subtotals	5.805	7.481	7.397	-	7.397

C. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

Research is evaluated through in-progress reviews, DHP-sponsored review & analysis meetings, quarterly and annual status reports, and progress reviews to ensure that milestones are being met and deliverables are transitioned on schedule. The benchmark performance metric for transition of research conducted with basic science funding is the attainment of a maturity level that is typical of Technology Readiness Level 2 or the equivalent for knowledge products.