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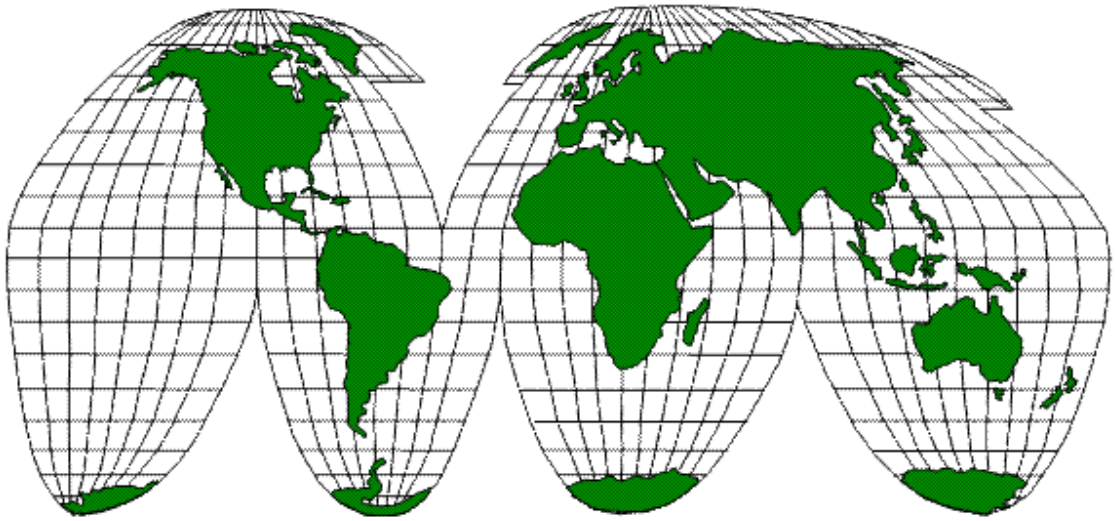
For Open Publication
Apr 21, 2026
Department of War
DEFENSE OFFICE OF PREPUBLICATION AND SECURITY REVIEW

MILITARY HEALTH SYSTEM



Fiscal Year (FY) 2027 Budget Estimates

OPERATION AND MAINTENANCE
PROCUREMENT
RESEARCH, DEVELOPMENT, TEST AND EVALUATION

Volume 1: Justification Estimates and Data Book
Combat and Operational Medicine Program (COMP, 0130D)
Private Sector Care Program (PSCP, 0146D)

April 2026

The Military Health System spans the globe in support of the Department of War's most important resource--active and retired military members and their families.

Preparation of the Defense-Wide budget excluding revolving funds, cost the Department of War a total of approximately $1,246,839 in FY 2026

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Overview of the Military Health System (MHS) Budget

The President has charged the Department of War with a sacred and enduring mission: to provide a lethal, ready force to defend our Nation and its interests. Central to this mission is the health and well-being of our service members, their families, and our retired population. The FY 2027 President's Budget for the Military Health System (MHS) provides the resources necessary to uphold this commitment, ensuring our warfighters are medically ready to deploy, our uniformed medical providers are well prepared for combat and operational medicine, and our families and retirees are well cared for at home.

This budget enables the MHS to deliver on its core missions: providing world-class healthcare, generating a ready medical force, and delivering joint warfighting medical capabilities. It prioritizes medical combat support and readiness while enabling a globally integrated health system that balances care in our military treatment facilities with trusted partners in the private sector.

A More Transparent and Accountable Structure

A significant evolution in the FY 2027 budget is the proposed disaggregation of the former Defense Health Program (DHP) appropriation into two new, distinct appropriations:

- **The Combat and Operational Medicine Program (COMP):** Funds the direct care system and the military-unique operational medicine capabilities that support our warfighters. This includes our military hospitals and clinics utilized by warfighters and beneficiaries, medical readiness activities, research and development, clinical skills platforms, and medical combat support activities.
    - FY 2025 actual execution for COMP activities totaled $19,646,352 thousand.[1]
    - The One Big Beautiful Bill Act provided $2,000,000 thousand mandatory funding for COMP activities available beginning in FY 2025.
    - FY 2026 enacted discretionary funding for COMP activities totaled $21,001,358 thousand.[2]
    - The FY 2027 President’s Budget requests discretionary funding of $20,341,643 thousand, and requests $3,138,924 thousand of mandatory funding for COMP activities.
- **The Private Sector Care Program (PSCP):** Funds all healthcare delivered by private sector health care providers to our warfighter and beneficiaries through the TRICARE benefit. This funding was included as *0130 DHP Budget Activity Group 2* in prior budgets.
    - FY 2025 actual execution for PSCP activities totaled $20,201,022 thousand.
    - FY 2026 enacted discretionary funding for PSCP activities totaled $20,773,888 thousand.
    - The FY 2027 President’s Budget requests discretionary funding for PSCP activities of $22,175,472 thousand.

This restructuring enhances transparency and accountability, allowing for a clearer understanding of how resources are allocated between our military’s direct care system—including military unique medical requirements—and care purchased from civilian providers in the private sector. It is intended to provide clearer insights into growth within the portfolio.

[1] Executed FY 2025 DHP discretionary funding of $39,847,374 thousand is disaggregated into COMP and PSCP herein and must be combined to equal the actual execution.
[2] Enacted FY 2026 DHP discretionary funding of $41,775,246 thousand is disaggregated into COMP and PSCP herein and must be combined to equal the enactment.

Understanding the Total Cost of the Military Health System

The COMP and PSCP appropriations detailed in the subsequent chapters form the operational core of the MHS budget; however, these funding sources represent a subset of our total national investment in military health. In total, the additional funding sources, beyond COMP and PSCP, are estimated to provide $26,885,189 thousand to the MHS in FY 2027, as follows:

- Military Medical Personnel, provided in-kind, and funded through the Services' military personnel appropriations: the President's Budget requests $10,321,553 thousand in FY 2027. Details in Exhibit PB-11A in Military Health System Volume 1: Justification Estimates and Data Book.
- Military Construction funding through the Military Construction appropriation: the President's Budget requests $491,471 thousand in FY 2027. Details in Military Construction, Defense-Wide (Defense Health Agency) budget exhibit.
- Service Medical Readiness investments: the President's Budget requests $2,056,765 thousand in FY 2027, across all Military Departments. Details in Military Health System Volume 2: Service Medical Readiness Activities.
- Resources, not appropriated, to fund care provided to TRICARE beneficiaries who are eligible for Medicare, disbursed from the Medicare-Eligible Retiree Healthcare Fund:
    - Provided to fund activities in the direct care system: estimated receipts of $2,212,200 thousand in FY 2027.
    - Paid to private sector health care providers to cover TRICARE beneficiary costs, as a secondary payer to Medicare: estimated receipts of $11,803,200 thousand in FY 2027.

This consolidated view is essential for understanding the full cost of maintaining a ready medical force and providing the comprehensive TRICARE health benefit.

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Introductory Statement

Table 1: Funding Overview

	FY 2025 ($K)	FY 2026 ($K)	FY 2027 ($K)
Discretionary	$39,847,374	$41,775,246	$20,341,643
Mandatory	$0	$1,687,000	$3,138,924
Total	**$39,847,374**	**$43,462,246**	**$23,480,567**

Table 2: Detailed Mandatory Breakout

BLI	Reconciliation Bin Title	FY2025 ($K)	FY2026 ($K)	FY 2027 ($K)
01	Quality of Life	$0	$700,000	$0
04	Quality of Life	$0	$100,000	$0
07	Quality of Life	$0	$887,000	$0
07	Warrior Ethos	$0	$0	$3,138,924
Mandatory Total		$0	$1,687,000	$3,138,924

The FY 2027 request for the Combat and Operational Medicine Program includes $20,341,643 thousand of discretionary and $3,138,924 thousand of mandatory for a total of $23,480,567 thousand.

The mandatory funds investments in medical facility improvements and modernization projects that restore facility conditions and support warfighter readiness to extend the lifespan and resilience of this critical infrastructure.

The FY 2026 spend plan amount for the Combat and Operational Medicine Program includes $41,775,246 thousand of discretionary and $1,687,000 thousand of mandatory (reconciliation) for a total amount of $43,462,246 thousand.

The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

In addition, the President's Budget includes mandatory funding of $3,138,924 thousand which will execute under 0130 BAG 7 to invest in critical infrastructure.

PBA-19 Exhibit
COMP

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Introductory Statement

Appropriation Summary

Appropriation Summary	FY 2025 Actuals	Price Change	Program Change	FY 2026 Enacted	Price Change	Program Change	FY 2027 Request
Operation & Maintenance	37,753.1	1,196.7	-2.0	38,947.7	1,124.1	-21,116.3	18,955.6
RDT&E	1,695.4	17.5	759.8	2,472.7	14.7	-1,468.0	1,019.4
Procurement	398.9	10.7	-54.8	354.8	12.0	-0.1	366.7
Total COMP	**39,847.4**	**1,224.9**	**703.0**	**41,775.2**	**1,150.8**	**-22,584.4**	**20,341.7**
MERHCF Receipts	12,974.8			14,104.0			2,753.3
Total Health Care Costs	**52,822.2**			**55,879.2**			**23,095.0**

Notes:

1. The FY 2027 decrease in Operation and Maintenance reflects the transfer of the Private Sector Care budget line item to a new appropriation, the Private Sector Care Program (PSCP).
2. FY 2025 actuals include Private Sector Care, and excludes funds transferred to Department of Veterans Affairs (VA) for the Lovell Federal Health Care Center (FHCC) and the DoW-VA Joint Incentive Fund ($177.5 million).
3. FY 2026 enacted includes Private Sector Care, $165.0 million for transfer to VA for Lovell FHCC and $15 million for transfer to the DoW-VA Joint Incentive Fund.
4. FY 2027 request includes $174.0 million for transfer to VA for Lovell FHCC and $15.0 million for transfer to the DoW-VA Joint Incentive Fund and excludes Private Sector Care.
5. Reflects DoW Medicare-Eligible Retiree Health Care Fund (MERHCF) O&M transfer Receipts for FY 2025, FY 2026 and FY 2027 that support 2.6 million Medicare-eligible retirees and their family members.
6. The FY 2026 RDT&E includes funding above the budget request to support Congressional Special Interest (CSI)/Congressionally Directed Medical Research Programs (CDMRP) received each year.
7. The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

Description of Operations Financed:

The Combat and Operational Medicine Program (COMP) appropriation finances the military-unique programs that form the heart of military medicine's combat support function in support of the Joint Fight and the warfighter. This appropriation also funds the direct care system, which focuses on three core missions: delivering warfighter medical readiness, ensuring medical warrior currency, and providing joint warfighting capabilities. It transforms medicine into a combat deployable, lifesaving, and truly essential warfighting capability. This program was previously funded under the legacy Defense Health Program (DHP). The 2027 budget establishes a separate appropriation to provide greater transparency and accountability for the direct care system and combat casualty care. Funding from the DHP Budget Activity Group (BAG) 2 was transferred to a new account, 0146D – Private Sector Care Program (PSCP). The COMP account still includes Operations and Maintenance (O&M), Research, Development, Test, and Evaluation (RDT&E), and Procurement (PROC) budget activities while the newly formed PSCP account is an O&M appropriation only.

The Military Health System (MHS) provides care in 46 government owned inpatient hospitals, 556 ambulatory/occupational health clinics, and 105 dental clinics focused on sustaining readiness of the medical force and the medical readiness of deployable forces. Additionally, the MHS purchases more than 65 percent of the total care provided for beneficiaries through tailored contracts, such as Managed Care Support Contracts responsible for the administration of the TRICARE benefit through the PSCP appropriation. The DoW Medicare Eligible Retiree Health Care Fund (MERHCF) is an accrual fund to pay for the Department of War's (DoW) share of applicable Direct Care (i.e. COMP) and Private Sector Care (i.e. PSCP) operation and maintenance health care costs for Medicare-eligible retirees, retiree family members and survivors.

The FY 2027 budget request reinforces ongoing MHS reform by prioritizing strategic investments in Military Treatment Facilities (MTFs) as foundational elements of the Direct Care System. These facilities are critical to balancing the Direct and Private Sector Care Systems, with an emphasis on improving access, geographic coverage, and availability of services for beneficiaries. Investment in MTFs includes restoration and modernization of critical medical and casualty receiving facilities to include virtual health and Tele-Critical care capabilities, direct care pharmacy, and combat support programs critical to supporting warfighter health and readiness. As always, enhanced care delivery, standardization, and ongoing improvement to patient safety is a key requirement in delivery of high-quality care to our warfighters and beneficiaries. Strengthening these facilities shows the U.S. commitment to our warfighters on and off the battlefield. As the only healthcare system in the U.S. with a global mission, the MHS—and its flagship MTFs—remains an essential pillar of homeland defense and operational medical readiness.

The FY 2027 budget continues to support the Defense Health Agency (DHA) efforts of building a modernized, integrated, and resilient Health Delivery System, focusing on digitizing healthcare for the MHS, while controlling costs. The Information Management / Information Technology (IM/IT) portfolio within the COMP provides the technology enablers critical to DHA's modernization goals for the MHS. The IM/IT mission is executed in coordination between the DHA Deputy Assistant Director for Information Operations/Chief Information Officer, Program Executive Office (PEO) Medical Systems, and the PEO for Defense Healthcare Management Systems (DHMS).

The PEO DHMS has executive management authority for three programs: Defense Healthcare Management System Modernization (DHMSM), Joint Operational Medicine Information Systems (JOMIS), and Defense Medical Information Exchange / Enterprise Intelligence and Data Solutions (DMIX / EIDS). Additionally, PEO DHMS coordinates with and provides funding for the Federal Electronic Health Record Modernization (FEHRM) office to drive synergy and standardization in the delivery of software solutions across the federal government. Considering information as a strategic asset and the inherent ties to medical readiness, PEO DHMS

evolved into a continuous capability delivery model allowing enhanced health outcomes and access to care, delivering core data solutions and services across the full spectrum of health care operations.

The COMP Research, Development, Test and Evaluation (RDT&E) program funding was developed to support the National Defense Strategy. The goal is to advance the state of medical science in those areas of most pressing need and relevance to today's battlefield experience and emerging threats. COMP is generally funded above the budget request each year to support Congressional Special Interest (CSI)/Congressionally Directed Medical Research Programs (CDMRP). The objectives are to discover and explore innovative approaches to protect, support, and advance the health and welfare of military personnel and individuals eligible for care in the MHS; to accelerate the transition of medical technologies into deployed products; and to accelerate the translation of advances in knowledge into new standards of care for injury prevention, treatment of casualties, rehabilitation, and training systems used in theater or in military medical treatment facilities – all essential in increasing combat survivability and post-combat injury quality of life

The COMP Procurement program funds acquisition of capital equipment in MTFs and other selected health care activities, including equipment for initial outfitting of newly constructed, expanded, or modernized health care facilities; equipment for modernization and replacement of uneconomically reparable items; and MHS IT requirements.

O&M Changes

Narrative Explanation of FY 2026 and FY 2027 Operation and Maintenance (O&M) Changes:

Largely due to the PSCP transfer to a new account, the COMP O&M funding reflects an overall decrease of $19,992.2 million between FY 2026 and FY 2027, consisting of $1,124.1 million in price growth and a net program decrease of $21,116.3 million. The large decrease in COMP O&M is primarily attributed to the net transfer of $22,175.0 million (previously COMP BAG 2 Private Sector Care funding) into the newly created PSCP account.

Program **increases** include:

- $200.4 million increases funding for DHA digital health capabilities by implementing Ambient Listening technology and enhancing virtual patient outreach through expanded video visits and Tele-Critical Care services.
- $164.8 million provides funding to support the Defense Logistics Agency Supply Chain Management working capital fund rate increase in accordance with the DoW Financial Management Regulation Volume 2B, Chapter 9.
- $93.3 million funding increase addresses rising contract and equipment costs, specifically impacting IT Contract Support Services, Engineering and Technical Services, and Equipment Purchases.
- $81.4 million provides funding to secure DoW's supply of pharmaceuticals and develop new manufacturing pathways based on critical medications list.
- $75.0 million provides facility, sustainment, restoration and modernization funding for alterations, repair, and modernization of the 40-year-old electrical infrastructure at the Naval Hospital Yokosuka.
- $52.8 million increase supports workforce optimization efforts at strengthening government oversight and internal capability while reducing reliance on contracted labor for certain administrative, clinical support, and operational functions within MTFs.

- $51.0 million increase supports military-civilian, and VA partnerships and investments in priority MTFs locations to improve wartime readiness.
- $46.8 million transfers the Defense Suicide and Prevention Office funding and manpower to the DHA from the Office of Force Resiliency and Defense Human Resource Activity. (BAG 3 $23.8M, BAG 5 $23.0M)
- $42.5 million increase to the Combat Support Agency Blood Program to purchase freeze-dried plasma, pre-deployment blood donor screening, and Armed Services Blood Program staffing and modernization.
- $42.1 million increases funding for the Armed Forces Medical Examiner System Sustainment modernization of casualty/remains identification and forensic services equipment and systems.
- $38.6 million aims to modernize the combat casualty care data and trauma systems including the establishment of Joint Trauma Education and Training Directorate in compliance with the FY2017 National Defense Authorization Act.
- $24.9 million transfers real property sustainment and repair funding to the DHA from the Department of the Army for selected real property assets supporting the DHA mission.
- $21.1 million funding increase accelerates the establishment of a federated data ecosystem to rapidly access, integrate, and operationalize data across a highly distributed enterprise to support time-sensitive clinical, operational, and readiness decisions.
- $17.3 million transfers funding to the DHA from the Department of War (DoW) Reserve Health Readiness Program to provide medical readiness services to Reserve Component personnel including dental services, preventive health assessments, immunizations, laboratory, audiology, and vision services. (BAG 1 $14.5M, BAG 3 $2.8M)
- $10.6 million funding increase to complete the Enterprise Intelligence and Data Solutions data transition by end of FY 2027.
- $9.0 million funding for planned overseas purchases for FY 2027 based on the projected change in the value of the U.S. dollar based on the 6-month historical weekly rates.
- $6.3 million for repair costs resulting from higher manufacturing costs for materials and increased competition for a limited number of suppliers and contractors.
- $6.2 million provides additional support to the MHS Major Simulation Medical Centers to increase student throughput and training opportunities for medical and dental students aligning with the Secretary of War's top priorities of readiness, modernization, and force sustainment while reducing reliance on discretionary travel.
- $5.9 million for the Corporate Dental System (CDS) for all Services to document dental readiness and dental care across DoW.
- $2.9 million for the Sexual Assault Forensic Exams secure electronic repository system.
- $2.5 million increase to travel funding in support of the White House Military Unit.
- $0.5 million funding supports mitigating risks and management of Warrior Heat and Exertion-Related Events.
- $0.1 million transfers the Office of Force Resiliency to the DHA further aligning to the DoW’s priorities.

Program **decreases** include:

- $21,581.4 million establishes the PSCP O&M appropriation and transfers funding from the COMP Private Sector Care BAG.
- $331.9 million reduces contract services to prioritize cost efficiency and the consolidation of services. (BAG 1 $294.3M, BAG 3 $7.2M, BAG 4 $9.7M, BAG 5$5.0M, BAG 6 $3.4M, BAG 7 $12.3M)
- $46.4 million transfers oversight of the Biosurveillance Program to the Under Secretary of War for Acquisition and Sustainment.

- $40.4 million reduces personnel manpower and dollars to achieve workforce optimization. (BAG 4 $21.8M, BAG 5 $18.6M)
- $24.4 million reallocates resources to enhance focus on optimizing organization structure and workforce composition to rebuild readiness, revive the warrior ethos, and maximize strategic deterrence.
- $17.0 million reverses the one-time funding increase for the Therapeutic Service Dog Training Program.
- $10.0 million reverses the one-time funding increase for the Uniformed Services University Multi-Domain Operations.
- $9.5 million reverses the one-time funding increase for Outdoor Recreation and Education Activities.
- $7.0 million reduces funding for printing and reproduction to align with historical execution levels. (BAG 4 $2.2M, BAG 6 $2.9M, BAG 7 $1.9M)
- $6.5 million transfers funding for the Total Force Fitness program to the Assistant Secretary of War Readiness.
- $6.0 million transfers funding for Wounded Warrior Café operations and base operations support to the Department of the Navy.
- $5.8 million reduces travel funding to better align to higher priorities. (BAG 3 $2.5M, BAG 4 $1.4M, BAG 6 $1.9M)
- $5.0 million reverses the one-time funding increase for Fisher House.
- $4.5 million reverses the one-time funding increase for the Advanced Orthopedic Surgical Training.
- $4.0 million reverses one-time contract funding increases for deployment psychology – behavioral science telehealth.
- $3.7 million reduces funding for supplies and materials to align with historical execution levels. (BAG 1 $1.1M, BAG 4 $2.6M)
- $3.4 million transfers funding for the DHA Program and Disability Evaluation System to the Department of the Army.
- $2.0 million reverses the one-time funding increase for Waterless Laboratory Diagnostics Systems.
- $1.2 million transfers funding for Optical Fabrication Enterprise to the Department of the Navy.
- $1.0 million reverses the one-time funding increase for Circuit Rider Health Programs.
- $0.6 million transfers funding and manpower for the Educational and Developmental Intervention Services to the Department of the Air Force.
- $0.5 million transfers funding and manpower to the Department of the Army for the Occupational Health Program.

Continuing in FY 2027, the Department projects that up to $174.0 million will transfer to the Joint DoW -VA Medical Facility Demonstration Fund established by Section 1704 of Public Law 111-84, (National Defense Authorization Act for FY 2010). This fund combines the resources of DoW and VA to operate the first totally integrated Federal Health Care Center in the country by the total integration of the North Chicago VA Medical Center and the Navy Health Clinic Great Lakes, IL.

Continuing in FY 2027, the Department will transfer $15.0 million to the DoW-VA Health Care Joint Incentive Fund (JIF). Authority for the JIF is established by Section 8111, Title 38, of the United States Code (USC) and Section 721 of Public Law 107-314(National Defense Authorization Act for 2003. This fund combines the resources of the DoW and VA to implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and nationwide levels.

RDT&E Changes

Narrative Explanation of FY 2026 and FY 2027 Research Development Test & Evaluation (RDT&E) Changes:

The COMP RDT&E Program reflects a net decrease of $1,453.3 million between FY 2026 and FY 2027. This includes a price growth of $14.7 million, and a program decrease of $1,468.0 million. Funds are appropriated to RDT&E each year above the budget request to support Congressional Special Interest (CSI) items.

Program **increases** include:

- $51.0 million increase for Combat Support Agency requirements to include Joint Trauma System ($46M) and Blood on Demand ($5M).
- $10.0 million increase to support addition of DHA Data Ecosystem development.
- $0.8 million increase across research projects as part of Enhanced Performance Award Pool for DoW Civilians.

Program **decreases** include:

- $1,500.0 million decrease for FY 2026 one-time adjustments for Congressional Special Interest projects.
- $27.9 million decrease funding for science and technology projects to meet the Secretary of War's highest priorities – modernizing capabilities and sustaining the force.
- $1.0 million decrease due to the planned completion of projects in support of automation improvements to MHS GENESIS.
- $0.9 million decrease across research projects as part of travel reductions and to support Administration priorities and direction.

Procurement Changes

Narrative Explanation of FY 2026 and FY 2027 Procurement Changes:

The COMP Procurement Program reflects a net decrease of $11.9 million between FY 2026 and FY 2027. This includes price growth of $12.0 million and a program decrease of $0.1 million.

Program **decreases** include:

- $0.1 million CDS realignment to O&M appropriation.

President's Management Plan - Performance Metrics Requirements:

The MHS fosters, protects, sustains, and restores health of Active Duty and Reserve Component Forces to support the mission. MHS optimizes warfighter performance by sustaining readiness of the military force and those charged with their care and recovery. To achieve success, the MHS must remain true to our guiding principles while pursuing a change agenda that supports and strengthens the workforce, stabilizes our integrated system of readiness and health, and strengthens a culture of innovation ready to meet Military Service and Combatant Commander requirements anywhere, anytime. Key performance measures are related to medical readiness, a healthy population, positive patient experiences and the responsible management of health care costs to make the force more lethal, more fit to fight, and win.

Individual Medical Readiness - IMR provides operational commanders, Military Department leaders and primary care managers measures to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force medically ready to deploy. This represents the best-available indicator of the medical readiness of the Total Force (Active Component and Reserve Component) prior to deployment.

Beneficiary Satisfaction with Health Plan - Satisfaction is measured using a standard survey instrument comparable to those used by civilian plans. The goal is to improve MHS beneficiaries' overall satisfaction with TRICARE at or above the benchmark with civilian plans utilizing the Consumer Assessment of Healthcare Providers and Systems survey. Increasing satisfaction with the Health Plan indicates that actions taken are improving the overall functioning of the health plan from the beneficiary's perspective across key domains of access and overall health of the population. The MHS is modernizing and improving all its surveys to assess beneficiary satisfaction better. The benchmarks are adjusted by normalizing the TRICARE population to the civilian benchmark data through demographic factors and volume to make the data more meaningful, improving result accuracy and performance assessment. The MHS also intends to improve the response rate, which is very low; low survey response rates may overrepresent negative bias, per survey science and peer-reviewed literature.

Medical Cost Per Member Per Year - This measure focuses on the annual overall cost growth for the Prime enrollees and includes all costs related to health care delivered to enrollees. The objective is to keep the rate of cost growth for TRICARE Prime enrollees to a level at or below the increases for the Civilian health care plans at the national level. The measure provides insight into unit cost, utilization management, and purchased care management. The metric has been enhanced to properly account for differences in population demographics and healthcare requirements of the enrolled population. Since enrollment demographics can vary significantly by enrollment site and time, adjusting the measure is essential. For example, as increasing numbers of older individuals enroll, the overall average medical expense per enrollee would likely increase. Conversely, the overall average would likely decrease as younger, healthy, active-duty family members enroll. Using adjustment factors, a comparison across enrollment locations and across time is made more meaningful.

Below is reporting for FY 2025 performance measures related to the MHS performance objectives. Performance during the year was impacted by the staffing levels within the MTFs, which resulted in shifts to the private sector. Efforts are underway to reevaluate the key MTFs to focus efforts on recapture of care to ensure the readiness of the medical teams for potential deployments. Additionally, while buying power helps to reduce inflation's impact, the MHS is not immune to the cost growth related to skilled labor and pharmaceuticals in the overall health care industry. The overall success of each measure is discussed below:

- Individual Medical Readiness - The MHS achieved 91.1 percent for the Total Force Medical Readiness in the last quarter of FY 2025 versus the goal of 90 percent. The key drivers to improve performance include: (1) reduced delinquent PHAs, (2) reduced Deployment-Limiting Medical Conditions, (3) reduced percentage of delinquent dental exams (Dental Class 4), and reduced percentage of non-deployable dental conditions (Dental Class 3).

- Beneficiary Satisfaction with Health Plan - Satisfaction with Health Care Plan performance for FY 2025 was at or exceeded the benchmark based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for Civilian Prime and Select beneficiaries, however the Military Prime was below the benchmark. Issues with the New TRICARE contracts, known as T-5, that started on Jan. 1, 2025, resulted in problems with timely claims processing and access, causing an overall reduction in satisfaction. After focusing attention on the T-5 contractors to improve operations, this issue was largely resolved by the end of the fiscal year and is not expected to impact FY 2026 performance. While staffing challenges at the MTF generally remained in FY 2025, the Military Prime enrollees scores improved over FY 2024. Access to needed care and timely care continued increasing for the Active-Duty population since FY 2023 but remains below the benchmark. As the MHS moves into the future, additional emphasis will be placed on ensuring that military staff are working inside the key MTFs to recapture care and improve access to care. The Department relies on the MHS to provide medically ready forces and ready medical forces, while delivering high-quality care to our beneficiaries, including military family members and retirees, which cannot be achieved without adequately staffed military medical treatment facilities. Our priority is ensuring that the MHS supports the readiness of the Total Force. The most effective way to take care of our people, support the National Defense Strategy, increase clinical readiness, mitigate risks to requirements, and reduce long-term cost growth in the private sector care is to reattract beneficiaries to MTFs and maximize medical education and training pipelines. To ensure the Department's ability to deliver high-quality health care to eligible beneficiaries, MTFs and Dental Treatment Facilities (DTF) will be the primary choice for assignment and utilization of uniformed medical and dental personnel. Through these efforts the MHS will improve access to the MTFs, which should enhance the overall trend and return performance to levels above the benchmark for future fiscal years.

- Medical Cost Per Member Per Year - Annual Cost Growth - The performance for FY 2025 was 8.8 percent growth vs goal of 6.7 percent growth. Excluding the large growth in pharmaceuticals, the MHS would have achieved the target. The average FY 2024 to FY 2025 pharmaceutical increase per enrollee exceeded 24 percent. Drivers of this higher growth include increased cost and utilization of specialty drugs as well as brand drugs to include Glucagon-like

peptide-1 (GLP-1) medications. Overall, most of the growth occurred within purchased care to include mail order delivery and retail pharmacy. Efforts are underway to shift more care to the MTFs to meet the requirements for stabilizing the MHS by focusing on key MTFs to recapture care from the private sector while improving the readiness of the medical providers and their teams. Through increases in care at the MTFs, there should be a corresponding increase in medication delivery inside the MTFs, which represents the lowest cost option for pharmaceuticals in the MHS. While new medications continue to be developed, proper medical management of the enrollees inside the MTFs should allow for ensuring the most effective, lowest cost medication for the respective disease is offered. The MHS anticipates that the return to normal TRICARE Prime workload demand and improved productivity will maintain medical growth rates in line with the performance goal for the next couple of years.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Funding by Budget Activity

(Dollars in Thousands)

0130D Combat & Operational Medicine Program			**FY 2025 Actuals**	**FY 2026 Enacted**	**FY 2026 Mandatory Spend**	**FY 2026 Total**	**FY 2027 Request**	**FY 2027 Mandatory Request**	**FY 2027 Total**
BUDGET ACTIVITY 01: OPERATION & MAINTENANCE									
0130D	010	In-House Care	10,294,476	10,735,135	700,000	11,435,135	10,863,317	-	10,863,317
0130D	020	Private Sector Care	20,201,022	20,773,888	-	20,773,888	-	-	-
0130D	030	Consolidated Health Support	1,771,311	2,145,778	-	2,145,778	2,375,175	-	2,375,175
0130D	040	Information Management	2,452,552	2,271,798	100,000	2,371,798	2,600,177	-	2,600,177
0130D	050	Management Activities	340,947	303,898	-	303,898	304,382	-	304,382
0130D	060	Education and Training	368,326	385,926	-	385,926	349,460	-	349,460
0130D	070	Base Operations/Communications	2,324,437	2,331,290	887,000	3,218,290	2,463,042	3,138,924	5,601,966
		TOTAL, BA 01: OPERATION & MAINTENANCE	**37,753,071**	**38,947,713**	**1,687,000**	**40,634,713**	**18,955,553**	**3,138,924**	**22,094,477**
BUDGET ACTIVITY 02: RDT&E									
0130D		COMBAT & OPERATIONAL MEDICINE PROGRAM	1,695,436	2,472,712	-	2,472,712	1,019,362	-	1,019,362
		TOTAL, BA 02: RDT&E	**1,695,436**	**2,472,712**	**-**	**2,472,712**	**1,019,362**	**-**	**1,019,362**
BUDGET ACTIVITY 03: PROCUREMENT									
0130D		COMBAT & OPERATIONAL MEDICINE PROGRAM	398,867	354,821	-	354,821	366,728	-	366,728
		TOTAL, BA 03: PROCUREMENT	**398,867**	**354,821**	**-**	**354,821**	**366,728**	**-**	**366,728**

Note:

1. The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

   Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Summary of Price and Program Growth

		FY 2025 Program	Price Growth Percent	Price Growth	Program Growth	FY 2026 Program	Price Growth Percent	Price Growth	Program Growth	FY 2027 Program
0101	EXEC, GEN'L & SPEC SCHEDS	6,928,837	1.28%	88,689	116,352	7,133,878	0.28%	19,690	46,486	7,200,054
0103	WAGE BOARD	126,392	1.28%	1,618	-3,647	124,363	0.28%	343	27,531	152,237
0104	FN DIRECT HIRE (FNDH)	46,728	1.28%	598	3,792	51,118	0.28%	141	-6,736	44,523
0106	BENEFIT TO FMR EMPLOYEES	837	2.90%	24	167	1,028	2.10%	22	-2	1,048
0107	VOLUNTARY SEP INCENTIVES	426	2.90%	12	-438	0	0.00%	0	0	0
0121	PCS BENEFITS	3,162	2.90%	92	-3,254	0	0.00%	0	0	0
	TOTAL CIVILIAN PERSONNEL COMPENSATION	**7,106,382**		**91,033**	**112,972**	**7,310,387**		**20,195**	**67,280**	**7,397,862**
0308	TRAVEL OF PERSONS	129,598	2.50%	3,240	567	133,405	2.10%	2,802	-7,492	128,715
	TOTAL TRAVEL	**129,598**		**3,240**	**567**	**133,405**		**2,802**	**-7,492**	**128,715**
0401	DLA ENERGY (FUEL PRODUCTS)	5,891	1.10%	65	-5,952	4	-7.08%	0	-4	0
0411	ARMY SUPPLY	1,213	1.70%	21	-1,234	0	0.00%	0	0	0
0416	GSA SUPPLIES & MATERIALS	176	2.50%	4	-180	0	0.00%	0	0	0
0422	DLA MAT SUPPLY CHAIN (MEDICAL)	2,727	-4.77%	-130	-2,597	0	0.00%	0	1	1
	TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	**10,007**		**-40**	**-9,963**	**4**		**0**	**-3**	**1**
0614	SPACE & NAVAL WARFARE CENTER	0	0.00%	0	6,523	6,523	6.59%	430	-299	6,654
0631	NAVY BASE SUPPORT (NFESC)	0	0.00%	0	0	0	0.00%	0	165	165
0647	DISA ENTERPRISE COMPUTING CENTERS	30,894	2.00%	618	-1,162	30,350	-4.00%	-1,214	7,164	36,300
0671	DISA DISN SUBSCRIPTION SERVICES (DSS)	26,018	-8.00%	-2,081	2,148	26,085	0.00%	0	539	26,624
0696	DFAS FINANCIAL OPERATION (OTHER DEFENSE AGENCIES)	68,922	-6.48%	-4,466	7,719	72,175	4.86%	3,510	-1,366	74,319

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Summary of Price and Program Growth

		FY 2025 Program	Price Growth Percent	Price Growth	Program Growth	FY 2026 Program	Price Growth Percent	Price Growth	Program Growth	FY 2027 Program
	TOTAL OTHER FUND PURCHASES	**125,834**		**-5,930**	**15,229**	**135,133**		**2,726**	**6,203**	**144,062**
0771	COMMERCIAL TRANSPORT	17,561	2.50%	439	-2,390	15,610	2.10%	328	1,279	17,217
	TOTAL TRANSPORTATION	**17,561**		**439**	**-2,390**	**15,610**		**328**	**1,279**	**17,217**
0901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	36,140	2.90%	1,048	-1,103	36,085	2.10%	758	-1,015	35,828
0902	SEPARATION LIAB (FNIH)	170	2.90%	5	-175	0	0.00%	0	0	0
0912	RENTAL PAYMENTS TO GSA (SLUC)	3,769	2.50%	94	-15	3,848	2.10%	81	-442	3,487
0913	PURCHASED UTILITIES (NON-FUND)	344,698	2.50%	8,617	-14,069	339,246	2.10%	7,124	-5,780	340,590
0914	PURCHASED COMMUNICATIONS (NON-FUND)	43,308	2.50%	1,083	6,274	50,665	2.10%	1,064	10,208	61,937
0915	RENTS (NON-GSA)	58,929	2.50%	1,473	-22,216	38,186	2.10%	802	11,746	50,734
0917	POSTAL SERVICES (U.S.P.S)	2,946	2.50%	74	842	3,862	2.10%	81	165	4,108
0920	SUPPLIES & MATERIALS (NON-FUND)	911,057	2.50%	22,776	-11,406	922,427	2.10%	19,371	191,231	1,133,029
0921	PRINTING & REPRODUCTION	16,945	2.50%	424	12,818	30,187	2.10%	634	-15,459	15,362
0922	EQUIPMENT MAINTENANCE BY CONTRACT	207,757	2.50%	5,194	-36,766	176,185	2.10%	3,700	1,257	181,142
0923	FACILITIES SUST, REST, & MOD BY CONTRACT	1,287,556	2.50%	32,189	-113,283	1,206,462	2.10%	25,336	135,429	1,367,227
0924	PHARMACEUTICAL DRUGS	5,410,538	4.00%	216,422	-150,802	5,476,158	3.90%	213,570	-3,697,129	1,992,599
0925	EQUIPMENT PURCHASES (NON-FUND)	384,555	2.50%	9,614	37,698	431,867	2.10%	9,069	19,066	460,002
0930	OTHER DEPOT MAINTENANCE (NON-FUND)	635	2.50%	16	-651	0	0.00%	0	0	0
0932	MGT PROF SUPPORT SVCS	700,125	2.50%	17,503	-134,273	583,355	2.10%	12,250	-217,081	378,524
0933	STUDIES, ANALYSIS & EVAL	78,749	2.50%	1,969	766	81,484	2.10%	1,711	45,437	128,632
0934	ENGINEERING & TECH SVCS	48,787	2.50%	1,220	-33,887	16,120	2.10%	339	10,569	27,028
0955	OTHER COSTS (MEDICAL CARE)	482,748	4.00%	19,310	-290,924	211,134	3.90%	8,234	6,567	225,935

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Summary of Price and Program Growth

		FY 2025 Program	Price Growth Percent	Price Growth	Program Growth	FY 2026 Program	Price Growth Percent	Price Growth	Program Growth	FY 2027 Program
0957	OTHER COSTS (LAND AND STRUCTURES)	24,709	2.50%	618	-8,098	17,229	2.10%	362	11,912	29,503
0959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	2,516	2.50%	63	-2,565	14	2.10%	0	2,013	2,027
0960	OTHER COSTS (INTEREST AND DIVIDENDS)	3,263	2.50%	82	-209	3,136	2.10%	66	1,207	4,409
0964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	6,808	2.50%	170	4,655	11,633	2.10%	244	-186	11,691
0985	RESEARCH & DEVELOPMENT, CONTRACTS	2	2.50%	0	-2	0	0.00%	0	0	0
0986	MEDICAL CARE CONTRACTS	17,352,555	4.00%	694,102	691,279	18,737,936	3.90%	730,780	-18,158,982	1,309,734
0987	OTHER INTRA-GOVT PURCH	341,147	2.50%	8,529	59,769	409,445	2.10%	8,598	-77,395	340,648
0988	GRANTS	36,341	2.50%	909	44,371	81,621	2.10%	1,714	-37,702	45,633
0989	OTHER SERVICES	616,445	2.50%	15,411	160,343	792,199	2.10%	16,636	272,745	1,081,580
0990	IT CONTRACT SUPPORT SERVICES	1,960,491	2.50%	49,012	-316,813	1,692,690	2.10%	35,546	308,071	2,036,307
	TOTAL OTHER PURCHASES	**30,363,689**		**1,107,925**	**-118,440**	**31,353,174**		**1,098,071**	**-21,183,549**	**11,267,696**
	GRAND TOTAL	**37,753,071**		**1,196,668**	**-2,026**	**38,947,713**		**1,124,121**	**-21,116,281**	**18,955,553**

Note:

1. The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

   Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Personnel Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	Change FY 2026/2027
Active Military End Strength (E/S) (Total)	68,845	72,446	72,650	204
Officer	25,171	27,691	27,600	-91
Enlisted	43,674	44,755	45,050	295
Reservists on Full Time Active Duty (E/S) (Total)	22	22	22	0
Officer	22	22	22	0
Civilian End Strength (Total)	54,459	57,315	56,990	-325
U.S. Direct Hire	51,940	54,789	54,659	-130
Foreign National Direct Hire	1,418	1,295	1,158	-137
Total Direct Hire	53,358	56,084	55,817	-267
Foreign National Indirect Hire	709	695	653	-42
Reimbursable Civilian	392	536	520	-16
Active Military Average Strength (A/S) (Total)	69,090	70,646	72,549	1,903
Officer	25,279	26,431	27,646	1,215
Enlisted	43,811	44,215	44,903	688
Reservists on Full Time Active Duty (A/S) (Total)	12	22	22	0
Officer	12	22	22	0
Civilian FTEs (Total)	52,411	54,393	54,099	-294
U.S. Direct Hire	49,942	52,046	51,863	-183
Foreign National Direct Hire	1,390	1,198	1,104	-94
Total Direct Hire	51,332	53,244	52,967	-277
Foreign National Indirect Hire	695	639	622	-17
Reimbursable Civilian	384	510	510	0
Contractor FTEs (Total)	23,579	21,690	21,840	150

Personnel Summary Explanations

*Civilian manpower reflects OM & RDTE budget activities.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates

Defense Health Program

FY 2025	Defense Health Agency ($ in Thousands)											Rates				
	Begin Strength	End Strength	FTEs	Basic Comp	Overtime Pay	Holiday Pay	Other O.C.11	Total Variables	Comp O.C.11	Benefits O.C.12/13	Comp & Benefits	Basic Comp	Total Comp	Comp & Benefits	% BC Variables	% BC Benefits
Direct Funded Personnel (includes OC 13)	**55,973**	**54,067**	**52,027**	**4,594,503**	**61,738**	**51,038**	**602,509**	**715,285**	**5,309,788**	**1,957,128**	**7,266,916**	**$88,310**	**$102,058**	**$139,676**	**15.6%**	**42.6%**
D1. US Direct Hire (USDH)	**53,439**	**51,940**	**49,942**	**4,525,769**	**61,567**	**50,943**	**597,870**	**710,380**	**5,236,149**	**1,942,084**	**7,178,233**	**$90,620**	**$104,845**	**$143,731**	**15.7%**	**42.9%**
D1a. Senior Executive Schedule	16	15	15	2,338	0	4	190	194	2,532	648	3,180	$155,867	$168,800	$212,000	8.3%	27.7%
D1b. General Schedule	51,225	50,328	48,377	4,426,418	60,826	50,760	595,894	707,480	5,133,898	1,903,301	7,037,199	$91,498	$106,123	$145,466	16.0%	43.0%
D1c. Special Schedule	307	2	2	181	0	4	25	29	210	85	295	$90,500	$105,000	$147,500	16.0%	47.0%
D1d. Wage System	1,605	1,544	1,548	90,278	379	19	1,363	1,761	92,039	34,763	126,802	$58,319	$59,457	$81,913	2.0%	38.5%
D1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
D1f. Other	286	51	0	6,554	362	156	398	916	7,470	3,287	10,757	$0	$0	$0	14.0%	50.2%
D2. Direct Hire Foreign Nationals (DHFN)	1,292	1,418	1,390	32,594	171	95	4,639	4,905	37,499	13,779	51,278	$23,449	$26,978	$36,891	15.0%	42.3%
D3. Total Direct Hire	**54,731**	**53,358**	**51,332**	**4,558,363**	**61,738**	**51,038**	**602,509**	**715,285**	**5,273,648**	**1,955,863**	**7,229,511**	**$88,802**	**$102,736**	**$140,838**	**15.7%**	**42.9%**
D4. Indirect Hire Foreign Nationals (IHFN)	1,242	709	695	36,140	0	0	0	0	36,140	0	36,140	$52,000	$52,000	$52,000	0.0%	0.0%
Subtotal - Direct Funded (excludes OC 13)	**55,973**	**54,067**	**52,027**	**4,594,503**	**61,738**	**51,038**	**602,509**	**715,285**	**5,309,788**	**1,955,863**	**7,265,651**	**$88,310**	**$102,058**	**$139,652**	**15.6%**	**42.6%**
D5. Other Object Class 13 Benefits										**1,265**	**1,265**					
D5a. USDH - Benefits of Former Employees										839	839					
D5b. DHFN - Benefits of Former Employees										0	0					
D5c. Voluntary Separation Incentive Pay (VSIP)										426	426					
D5d. Foreign National Separation Liability										0	0					
Reimbursable Funded Personnel (includes OC 13)	**1,364**	**392**	**384**	**38,164**	**742**	**503**	**4,751**	**5,996**	**44,160**	**16,785**	**60,945**	**$99,385**	**$115,000**	**$158,711**	**15.7%**	**44.0%**
R1. US Direct Hire (USDH)	**569**	**392**	**384**	**38,164**	**742**	**503**	**4,751**	**5,996**	**44,160**	**16,785**	**60,945**	**$99,385**	**$115,000**	**$158,711**	**15.7%**	**44.0%**
R1a. Senior Executive Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1b. General Schedule	529	351	344	32,921	452	378	4,432	5,262	38,183	14,155	52,338	$95,701	$110,997	$152,145	16.0%	43.0%
R1c. Special Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1d. Wage System	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1f. Other	40	41	40	5,243	290	125	319	734	5,977	2,630	8,607	$131,075	$149,425	$215,175	14.0%	50.2%
R2. Direct Hire Foreign Nationals (DHFN)	795	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R3. Total Direct Hire	**1,364**	**392**	**384**	**38,164**	**742**	**503**	**4,751**	**5,996**	**44,160**	**16,785**	**60,945**	**$99,385**	**$115,000**	**$158,711**	**15.7%**	**44.0%**
R4. Indirect Hire Foreign Nationals (IHFN)	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
Subtotal - Reimbursable Funded (excludes OC 13)	**1,364**	**392**	**384**	**38,164**	**742**	**503**	**4,751**	**5,996**	**44,160**	**16,785**	**60,945**	**$99,385**	**$115,000**	**$158,711**	**15.7%**	**44.0%**
R5. Other Object Class 13 Benefits										**0**	**0**					
R5a. USDH - Benefits of Former Employees										0	0					
R5b. DHFN - Benefits of Former Employees										0	0					
R5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
R5d. Foreign National Separation Liability										0	0					
Total Personnel (includes OC 13)	**57,337**	**54,459**	**52,411**	**4,632,667**	**62,480**	**51,541**	**607,260**	**721,281**	**5,353,948**	**1,973,913**	**7,327,861**	**$88,391**	**$102,153**	**$139,815**	**15.6%**	**42.6%**
T1. US Direct Hire (USDH)	**54,008**	**52,332**	**50,326**	**4,563,933**	**62,309**	**51,446**	**602,621**	**716,376**	**5,280,309**	**1,958,869**	**7,239,178**	**$90,687**	**$104,922**	**$143,846**	**15.7%**	**42.9%**
T1a. Senior Executive Schedule	16	15	15	2,338	0	4	190	194	2,532	648	3,180	$155,867	$168,800	$212,000	8.3%	27.7%
T1b. General Schedule	51,754	50,679	48,721	4,459,339	61,278	51,138	600,326	712,742	5,172,081	1,917,456	7,089,537	$91,528	$106,157	$145,513	16.0%	43.0%
T1c. Special Schedule	307	2	2	181	0	4	25	29	210	85	295	$90,500	$105,000	$147,500	16.0%	47.0%
T1d. Wage System	1,605	1,544	1,548	90,278	379	19	1,363	1,761	92,039	34,763	126,802	$58,319	$59,457	$81,913	2.0%	38.5%
T1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
T1f. Other	326	92	40	11,797	652	281	717	1,650	13,447	5,917	19,364	$294,925	$336,175	$484,100	14.0%	50.2%
T2. Direct Hire Foreign Nationals (DHFN)	2,087	1,418	1,390	32,594	171	95	4,639	4,905	37,499	13,779	51,278	$23,449	$26,978	$36,891	15.0%	42.3%
T3. Total Direct Hire	**56,095**	**53,750**	**51,716**	**4,596,527**	**62,480**	**51,541**	**607,260**	**721,281**	**5,317,808**	**1,972,648**	**7,290,456**	**$88,880**	**$102,827**	**$140,971**	**15.7%**	**42.9%**
T4. Indirect Hire Foreign Nationals (IHFN)	1,242	709	695	36,140	0	0	0	0	36,140	0	36,140	$52,000	$52,000	$52,000	0.0%	0.0%
Subtotal - Total Funded (excludes OC 13)	**57,337**	**54,459**	**52,411**	**4,632,667**	**62,480**	**51,541**	**607,260**	**721,281**	**5,353,948**	**1,972,648**	**7,326,596**	**$88,391**	**$102,153**	**$139,791**	**15.6%**	**42.6%**
T5. Other Object Class 13 Benefits										**1,265**	**1,265**					
T5a. USDH - Benefits of Former Employees										839	839					
T5b. DHFN - Benefits of Former Employees										0	0					
T5c. Voluntary Separation Incentive Pay (VSIP)										426	426					
T5d. Foreign National Separation Liability										0	0					

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates

Defense Health Program

FY 2026

Defense Health Agency
($ in Thousands)

	Begin Strength	End Strength	FTEs	Basic Comp	Overtime Pay	Holiday Pay	Other O.C.11	Total Variables	Comp O.C.11	Benefits O.C.12/13	Comp & Benefits	Rates: Basic Comp	Rates: Total Comp	Rates: Comp & Benefits	Rates: % BC Variables	Rates: % BC Benefits
Direct Funded Personnel (includes OC 13)	**56,779**	**56,779**	**53,883**	**5,046,437**	**43,867**	**37,426**	**533,864**	**615,157**	**5,661,594**	**1,811,822**	**7,473,416**	**$93,655**	**$105,072**	**$138,697**	**12.2%**	**35.9%**
D1. US Direct Hire (USDH)	**54,789**	**54,789**	**52,046**	**4,980,417**	**43,579**	**37,201**	**521,878**	**602,658**	**5,583,075**	**1,798,408**	**7,381,483**	**$95,693**	**$107,272**	**$141,826**	**12.1%**	**36.1%**
D1a. Senior Executive Schedule	16	16	15	2,193	0	58	125	183	2,376	744	3,120	$146,200	$158,400	$208,000	8.3%	33.9%
D1b. General Schedule	52,921	52,921	50,267	4,852,011	40,423	36,152	515,882	592,457	5,444,468	1,755,741	7,200,209	$96,525	$108,311	$143,239	12.2%	36.2%
D1c. Special Schedule	2	2	2	310	0	5	33	38	348	86	434	$155,000	$174,000	$217,000	12.3%	27.7%
D1d. Wage System	1,590	1,590	1,514	84,098	3,156	986	5,489	9,631	93,729	30,634	124,363	$55,547	$61,908	$82,142	11.5%	36.4%
D1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
D1f. Other	260	260	248	41,805	0	0	349	349	42,154	11,203	53,357	$168,569	$169,976	$215,149	0.8%	26.8%
D2. Direct Hire Foreign Nationals (DHFN)	1,295	1,295	1,198	30,098	217	225	11,894	12,336	42,434	12,386	54,820	$25,124	$35,421	$45,760	41.0%	41.2%
D3. Total Direct Hire	**56,084**	**56,084**	**53,244**	**5,010,515**	**43,796**	**37,426**	**533,772**	**614,994**	**5,625,509**	**1,810,794**	**7,436,303**	**$94,105**	**$105,655**	**$139,665**	**12.3%**	**36.1%**
D4. Indirect Hire Foreign Nationals (IHFN)	695	695	639	35,922	71	0	92	163	36,085	0	36,085	$56,216	$56,471	$56,471	0.5%	0.0%
Subtotal - Direct Funded (excludes OC 13)	**56,779**	**56,779**	**53,883**	**5,046,437**	**43,867**	**37,426**	**533,864**	**615,157**	**5,661,594**	**1,810,794**	**7,472,388**	**$93,655**	**$105,072**	**$138,678**	**12.2%**	**35.9%**
D5. Other Object Class 13 Benefits										**1,028**	**1,028**					
D5a. USDH - Benefits of Former Employees										1,028	1,028					
D5b. DHFN - Benefits of Former Employees										0	0					
D5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
D5d. Foreign National Separation Liability										0	0					
Reimbursable Funded Personnel (includes OC 13)	**536**	**536**	**510**	**57,801**	**502**	**454**	**6,345**	**7,301**	**65,102**	**20,941**	**86,043**	**$113,335**	**$127,651**	**$168,712**	**12.6%**	**36.2%**
R1. US Direct Hire (USDH)	**536**	**536**	**510**	**57,801**	**502**	**454**	**6,345**	**7,301**	**65,102**	**20,941**	**86,043**	**$113,335**	**$127,651**	**$168,712**	**12.6%**	**36.2%**
R1a. Senior Executive Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1b. General Schedule	494	494	470	52,409	439	393	5,601	6,433	58,842	19,063	77,905	$111,509	$125,196	$165,755	12.3%	36.4%
R1c. Special Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1d. Wage System	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1f. Other	42	42	40	5,392	63	61	744	868	6,260	1,878	8,138	$134,800	$156,500	$203,450	16.1%	34.8%
R2. Direct Hire Foreign Nationals (DHFN)	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R3. Total Direct Hire	**536**	**536**	**510**	**57,801**	**502**	**454**	**6,345**	**7,301**	**65,102**	**20,941**	**86,043**	**$113,335**	**$127,651**	**$168,712**	**12.6%**	**36.2%**
R4. Indirect Hire Foreign Nationals (IHFN)	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
Subtotal - Reimbursable Funded (excludes OC 13)	**536**	**536**	**510**	**57,801**	**502**	**454**	**6,345**	**7,301**	**65,102**	**20,941**	**86,043**	**$113,335**	**$127,651**	**$168,712**	**12.6%**	**36.2%**
R5. Other Object Class 13 Benefits										**0**	**0**					
R5a. USDH - Benefits of Former Employees										0	0					
R5b. DHFN - Benefits of Former Employees										0	0					
R5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
R5d. Foreign National Separation Liability										0	0					
Total Personnel (includes OC 13)	**57,315**	**57,315**	**54,393**	**5,104,238**	**44,369**	**37,880**	**540,209**	**622,458**	**5,726,696**	**1,832,763**	**7,559,459**	**$93,840**	**$105,284**	**$138,979**	**12.2%**	**35.9%**
T1. US Direct Hire (USDH)	**55,325**	**55,325**	**52,556**	**5,038,218**	**44,081**	**37,655**	**528,223**	**609,959**	**5,648,177**	**1,819,349**	**7,467,526**	**$95,864**	**$107,470**	**$142,087**	**12.1%**	**36.1%**
T1a. Senior Executive Schedule	16	16	15	2,193	0	58	125	183	2,376	744	3,120	$146,200	$158,400	$208,000	8.3%	33.9%
T1b. General Schedule	53,415	53,415	50,737	4,904,420	40,862	36,545	521,483	598,890	5,503,310	1,774,804	7,278,114	$96,664	$108,467	$143,448	12.2%	36.2%
T1c. Special Schedule	2	2	2	310	0	5	33	38	348	86	434	$155,000	$174,000	$217,000	12.3%	27.7%
T1d. Wage System	1,590	1,590	1,514	84,098	3,156	986	5,489	9,631	93,729	30,634	124,363	$55,547	$61,908	$82,142	11.5%	36.4%
T1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
T1f. Other	302	302	288	47,197	63	61	1,093	1,217	48,414	13,081	61,495	$163,878	$168,104	$213,524	2.6%	27.7%
T2. Direct Hire Foreign Nationals (DHFN)	1,295	1,295	1,198	30,098	217	225	11,894	12,336	42,434	12,386	54,820	$25,124	$35,421	$45,760	41.0%	41.2%
T3. Total Direct Hire	**56,620**	**56,620**	**53,754**	**5,068,316**	**44,298**	**37,880**	**540,117**	**622,295**	**5,690,611**	**1,831,735**	**7,522,346**	**$94,287**	**$105,864**	**$139,940**	**12.3%**	**36.1%**
T4. Indirect Hire Foreign Nationals (IHFN)	695	695	639	35,922	71	0	92	163	36,085	0	36,085	$56,216	$56,471	$56,471	0.5%	0.0%
Subtotal - Total Funded (excludes OC 13)	**57,315**	**57,315**	**54,393**	**5,104,238**	**44,369**	**37,880**	**540,209**	**622,458**	**5,726,696**	**1,831,735**	**7,558,431**	**$93,840**	**$105,284**	**$138,960**	**12.2%**	**35.9%**
T5. Other Object Class 13 Benefits										**1,028**	**1,028**					
T5a. USDH - Benefits of Former Employees										1,028	1,028					
T5b. DHFN - Benefits of Former Employees										0	0					
T5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
T5d. Foreign National Separation Liability										0	0					

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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Defense Health Program

FY 2027	Defense Health Agency ($ in Thousands)											Rates				
	Begin Strength	End Strength	FTEs	Basic Comp	Overtime Pay	Holiday Pay	Other O.C.11	Total Variables	Comp O.C.11	Benefits O.C.12/13	Comp & Benefits	Basic Comp	Total Comp	Comp & Benefits	% BC Variables	% BC Benefits
Direct Funded Personnel (includes OC 13)	**56,779**	**56,470**	**53,589**	**4,785,290**	**64,164**	**53,008**	**625,619**	**742,791**	**5,528,081**	**2,033,915**	**7,561,996**	**$89,296**	**$103,157**	**$141,111**	**15.5%**	**42.5%**
D1. US Direct Hire (USDH)	**54,789**	**54,480**	**51,863**	**4,715,770**	**64,002**	**52,918**	**621,250**	**738,170**	**5,453,940**	**2,022,877**	**7,476,817**	**$90,927**	**$105,161**	**$144,165**	**15.7%**	**42.9%**
D1a. Senior Executive Schedule	16	16	15	2,368	0	4	193	197	2,565	656	3,221	$157,867	$171,000	$214,733	8.3%	27.7%
D1b. General Schedule	52,921	52,501	49,979	4,598,196	63,185	52,729	618,986	734,900	5,333,096	1,977,072	7,310,168	$92,003	$106,707	$146,265	16.0%	43.0%
D1c. Special Schedule	2	2	2	266	0	6	37	43	309	125	434	$133,000	$154,500	$217,000	16.2%	47.0%
D1d. Wage System	1,590	1,908	1,817	108,386	455	23	1,636	2,114	110,500	41,737	152,237	$59,651	$60,815	$83,785	2.0%	38.5%
D1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
D1f. Other	260	53	50	6,554	362	156	398	916	7,470	3,287	10,757	$131,080	$149,400	$215,140	14.0%	50.2%
D2. Direct Hire Foreign Nationals (DHFN)	1,295	1,295	1,104	33,692	162	90	4,369	4,621	38,313	9,990	48,303	$30,518	$34,704	$43,753	13.7%	29.7%
D3. Total Direct Hire	**56,084**	**55,775**	**52,967**	**4,749,462**	**64,164**	**53,008**	**625,619**	**742,791**	**5,492,253**	**2,032,867**	**7,525,120**	**$89,668**	**$103,692**	**$142,072**	**15.6%**	**42.8%**
D4. Indirect Hire Foreign Nationals (IHFN)	695	695	622	35,828	0	0	0	0	35,828	0	35,828	$57,601	$57,601	$57,601	0.0%	0.0%
Subtotal - Direct Funded (excludes OC 13)	**56,779**	**56,470**	**53,589**	**4,785,290**	**64,164**	**53,008**	**625,619**	**742,791**	**5,528,081**	**2,032,867**	**7,560,948**	**$89,296**	**$103,157**	**$141,091**	**15.5%**	**42.5%**
D5. Other Object Class 13 Benefits										**1,048**	**1,048**					
D5a. USDH - Benefits of Former Employees										1,048	1,048					
D5b. DHFN - Benefits of Former Employees										0	0					
D5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
D5d. Foreign National Separation Liability										0	0					
Reimbursable Funded Personnel (includes OC 13)	**536**	**520**	**510**	**54,766**	**973**	**694**	**6,981**	**8,648**	**63,414**	**23,928**	**87,342**	**$107,384**	**$124,341**	**$171,259**	**15.8%**	**43.7%**
R1. US Direct Hire (USDH)	**536**	**520**	**510**	**54,766**	**973**	**694**	**6,981**	**8,648**	**63,414**	**23,928**	**87,342**	**$107,384**	**$124,341**	**$171,259**	**15.8%**	**43.7%**
R1a. Senior Executive Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1b. General Schedule	494	479	470	49,470	680	568	6,659	7,907	57,377	21,271	78,648	$105,255	$122,079	$167,336	16.0%	43.0%
R1c. Special Schedule	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1d. Wage System	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R1f. Other	42	41	40	5,296	293	126	322	741	6,037	2,657	8,694	$132,400	$150,925	$217,350	14.0%	50.2%
R2. Direct Hire Foreign Nationals (DHFN)	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
R3. Total Direct Hire	**536**	**520**	**510**	**54,766**	**973**	**694**	**6,981**	**8,648**	**63,414**	**23,928**	**87,342**	**$107,384**	**$124,341**	**$171,259**	**15.8%**	**43.7%**
R4. Indirect Hire Foreign Nationals (IHFN)	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
Subtotal - Reimbursable Funded (excludes OC 13)	**536**	**520**	**510**	**54,766**	**973**	**694**	**6,981**	**8,648**	**63,414**	**23,928**	**87,342**	**$107,384**	**$124,341**	**$171,259**	**15.8%**	**43.7%**
R5. Other Object Class 13 Benefits										**0**	**0**					
R5a. USDH - Benefits of Former Employees										0	0					
R5b. DHFN - Benefits of Former Employees										0	0					
R5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
R5d. Foreign National Separation Liability										0	0					
Total Personnel (includes OC 13)	**57,315**	**56,990**	**54,099**	**4,840,056**	**65,137**	**53,702**	**632,600**	**751,439**	**5,591,495**	**2,057,843**	**7,649,338**	**$89,467**	**$103,357**	**$141,395**	**15.5%**	**42.5%**
T1. US Direct Hire (USDH)	**55,325**	**55,000**	**52,373**	**4,770,536**	**64,975**	**53,612**	**628,231**	**746,818**	**5,517,354**	**2,046,805**	**7,564,159**	**$91,088**	**$105,347**	**$144,429**	**15.7%**	**42.9%**
T1a. Senior Executive Schedule	16	16	15	2,368	0	4	193	197	2,565	656	3,221	$157,867	$171,000	$214,733	8.3%	27.7%
T1b. General Schedule	53,415	52,980	50,449	4,647,666	63,865	53,297	625,645	742,807	5,390,473	1,998,343	7,388,816	$92,126	$106,850	$146,461	16.0%	43.0%
T1c. Special Schedule	2	2	2	266	0	6	37	43	309	125	434	$133,000	$154,500	$217,000	16.2%	47.0%
T1d. Wage System	1,590	1,908	1,817	108,386	455	23	1,636	2,114	110,500	41,737	152,237	$59,651	$60,815	$83,785	2.0%	38.5%
T1e. Highly Qualified Experts	0	0	0	0	0	0	0	0	0	0	0	$0	$0	$0	0.0%	0.0%
T1f. Other	302	94	90	11,850	655	282	720	1,657	13,507	5,944	19,451	$131,667	$150,078	$216,122	14.0%	50.2%
T2. Direct Hire Foreign Nationals (DHFN)	1,295	1,295	1,104	33,692	162	90	4,369	4,621	38,313	9,990	48,303	$30,518	$34,704	$43,753	13.7%	29.7%
T3. Total Direct Hire	**56,620**	**56,295**	**53,477**	**4,804,228**	**65,137**	**53,702**	**632,600**	**751,439**	**5,555,667**	**2,056,795**	**7,612,462**	**$89,837**	**$103,889**	**$142,350**	**15.6%**	**42.8%**
T4. Indirect Hire Foreign Nationals (IHFN)	695	695	622	35,828	0	0	0	0	35,828	0	35,828	$57,601	$57,601	$57,601	0.0%	0.0%
Subtotal - Total Funded (excludes OC 13)	**57,315**	**56,990**	**54,099**	**4,840,056**	**65,137**	**53,702**	**632,600**	**751,439**	**5,591,495**	**2,056,795**	**7,648,290**	**$89,467**	**$103,357**	**$141,376**	**15.5%**	**42.5%**
T5. Other Object Class 13 Benefits										**1,048**	**1,048**					
T5a. USDH - Benefits of Former Employees										1,048	1,048					
T5b. DHFN - Benefits of Former Employees										0	0					
T5c. Voluntary Separation Incentive Pay (VSIP)										0	0					
T5d. Foreign National Separation Liability										0	0					

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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			Foreign National		
		US Direct Hire	Direct Hire	Indirect Hire	Total
1.	FY 2025 FTEs	50,326	1,390	695	52,411
2.	FY 2026 FTEs	52,556	1,198	639	54,393
3.	FY 2027 FTEs[1]	52,373	1,104	622	54,099
4.	SUMMARY FY 2027	52,373	1,104	622	54,099
	Operations & Maintenance	50,895	1,014	622	52,531
	Direct	50,775	1,014	622	52,411
	Reimbursable	120	0	0	120
	RDT&E	1,478	90	0	1,568
	Direct	1,088	90	0	1,178
	Reimbursable	390	0	0	390

[1]This exhibit represents the total direct-funded civilian FTEs associated with the O&M, 0130D appropriation.

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Combat and Operational Medicine Program
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Summary of Funding Increases and Decreases

	O&M	RDT&E	Procurement	COMP Total
FY 2026 President's Budget Request (Amended, if applicable)	**39,174,590**	**972,712**	**354,821**	**40,502,123**
In-House Care	10,731,135			10,731,135
Private Sector Care	21,023,765			21,023,765
Consolidated Health Support	2,116,278			2,116,278
Information Management	2,271,798			2,271,798
Management Activities	303,898			303,898
Education and Training	371,426			371,426
Base Operations/Communications	2,356,290			2,356,290
RDT&E		972,712		972,712
Procurement			354,821	354,821
1. Congressional Adjustments	-226,877	1,500,000	0	1,273,123
a) Distributed Adjustments	23,000	1,500,000	0	1,523,000
b) Undistributed Adjustments	-249,877		0	-249,877
c) Adjustments to Meet Congressional Intent	0	0		0
d) General Provisions	0	0	0	0
FY 2026 Appropriated Amount	**38,947,713**	**2,472,712**	**354,821**	**41,775,246**
In-House Care	10,735,135			10,735,135
Private Sector Care	20,773,888			20,773,888
Consolidated Health Support	2,145,778			2,145,778
Information Management	2,271,798			2,271,798
Management Activities	303,898			303,898
Education and Training	385,926			385,926
Base Operations/Communications	2,331,290			2,331,290
RDT&E		2,472,712		2,472,712
Procurement			354,821	354,821
2. OOC and Other Supplemental Enacted	0	0	0	0
a) OOC and Other Supplemental Requested	0	0	0	0
3. Fact-of-Life Changes	0	0	0	0
a) Functional Transfers	0	0	0	0
1. Transfers In	0	0	0	0
2. Transfers Out	0	0	0	0
b) Technical Adjustments	0	0	0	0
1. Increases	0	0	0	0
2. Decreases	0	0	0	0
c) Emergent Requirements	0	0	0	0
1. Program Increases	0	0	0	0

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Summary of Funding Increases and Decreases

	O&M	RDT&E	Procurement	COMP Total
a) One-Time Costs	0	0	0	0
b) Program Growth	0	0	0	0
2. Program Reductions	0	0	0	0
a) One-Time Costs	0	0	0	0
b) Program Decreases	0	0	0	0
FY 2026 Baseline Funding	**38,947,713**	**2,472,712**	**354,821**	**41,775,246**
In-House Care	10,735,135			10,735,135
Private Sector Care	20,773,888			20,773,888
Consolidated Health Support	2,145,778			2,145,778
Information Management	2,271,798			2,271,798
Management Activities	303,898			303,898
Education and Training	385,926			385,926
Base Operations/Communications	2,331,290			2,331,290
RDT&E		2,472,712		2,472,712
Procurement			354,821	354,821
4. Reprogramming	0	0	0	0
a) Increases	0	0	0	0
b) Decreases	0	0	0	0
Revised FY 2026 Estimate	**38,947,713**	**2,472,712**	**354,821**	**41,775,246**
In-House Care	10,735,135			10,735,135
Private Sector Care	20,773,888			20,773,888
Consolidated Health Support	2,145,778			2,145,778
Information Management	2,271,798			2,271,798
Management Activities	303,898			303,898
Education and Training	385,926			385,926
Base Operations/Communications	2,331,290			2,331,290
RDT&E		2,472,712		2,472,712
Procurement			354,821	354,821
5. Less: OOC and Other Supplemental Appropriations and Reprogrammings (items 2 and 4)	0	0	0	0
a) OOC and Other Supplemental Requested	0	0	0	0
FY 2026 Normalized Current Estimate	**38,947,713**	**2,472,712**	**354,821**	**41,775,246**
In-House Care	10,735,135			10,735,135
Private Sector Care	20,773,888			20,773,888
Consolidated Health Support	2,145,778			2,145,778

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Summary of Funding Increases and Decreases

	O&M	RDT&E	Procurement	COMP Total
Information Management	2,271,798			2,271,798
Management Activities	303,898			303,898
Education and Training	385,926			385,926
Base Operations/Communications	2,331,290			2,331,290
RDT&E		2,472,712		2,472,712
Procurement			354,821	354,821
6. Price Change	1,124,120	14,652	12,037	1,150,809
7. Functional Transfers	-21,556,969	0	0	-21,556,969
a) Transfers In	89,078	0	0	89,078
b) Transfers Out	-21,646,047	0	0	-21,646,047
8. Program Increases	906,791	61,776	0	968,567
a) Annualization of New FY 2026 Program	0	0	0	0
b) One-Time FY 2027 Increases	0	0	0	0
c) Program Growth in FY 2027	906,791	61,776	0	968,567
9. Program Decreases	-466,104	-1,529,778	-130	-1,996,012
a) Annualization of FY 2026 Program Decreases	0	0	0	0
b) One-Time FY 2026 Increases	-53,000	-1,500,000	0	-1,553,000
c) Program Decreases in FY 2027	-413,104	-29,778	-130	-443,012
FY 2027 Budget Request	**18,955,553**	**1,019,362**	**366,728**	**20,341,643**
In-House Care	10,863,317			10,863,317
Private Sector Care	0			0
Consolidated Health Support	2,375,175			2,375,175
Information Management	2,600,177			2,600,177
Management Activities	304,382			304,382
Education and Training	349,460			349,460
Base Operations/Communications	2,463,042			2,463,042
RDT&E		1,019,362		1,019,362
Procurement			366,728	366,728

Note:

1. The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

   Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

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I. Description of Operations Financed:
This Budget Activity Group provides for the delivery of medical and dental care plus pharmaceuticals received by Department of War (DoW) eligible beneficiaries in Military Treatment Facilities and Dental Treatment Facilities in the Continental United States (CONUS) and Outside the Continental United States (OCONUS). This program includes the following:

Care in Department of War Medical Centers, Hospitals and Clinics - Includes resources for providing healthcare in DoW-owned and operated CONUS and OCONUS Military Treatment Facilities which are staffed and equipped to provide inpatient care for both surgical and medical patients and/or outpatient care for ambulatory patients.

Dental Care - Includes resources for providing dental care and services in CONUS and OCONUS to authorized personnel through hospital departments of dentistry, installation dental clinics, and Regional Dental Activities.

Pharmaceuticals - Includes all pharmaceuticals, pharmacy manpower authorizations, support equipment, and other costs directly associated with the production and operation of Pharmacy Services in DoW owned and operated CONUS and OCONUS facilities.

II. Force Structure Summary:
The In-House Care Budget Activity Group includes staffing in Military Treatment Facilities to provide the full range of inpatient and ambulatory medical and dental care services. In addition to medical and dental care, this Budget Activity Group also includes medical laboratories, substance abuse programs, on-the-job facility training/education programs and federal health care sharing agreements. This Budget Activity Group excludes the operation of management headquarters, deployable medical and dental units, and healthcare resources devoted exclusively to teaching organizations.

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. MEDCENs, Hospitals & Clinics (CONUS)	$6,418,259	$7,537,768	$4,000	0.05%	$7,541,768	$7,538,308	$7,091,612
2. MEDCENs, Hospitals & Clinics (OCONUS)	$978,319	$537,951	$0	0.00%	$537,951	$541,411	$824,738
3. Pharmaceuticals (CONUS)	$2,215,872	$1,980,017	$0	0.00%	$1,980,017	$1,980,017	$2,214,407
4. Pharmaceuticals (OCONUS)	$211,843	$203,224	$0	0.00%	$203,224	$203,224	$232,260
5. Dental Care (CONUS)	$403,796	$416,262	$0	0.00%	$416,262	$416,262	$429,387
6. Dental Care (OCONUS)	$66,387	$55,913	$0	0.00%	$55,913	$55,913	$70,913
Total	**$10,294,476**	**$10,731,135**	**$4,000**	**0.04%**	**$10,735,135**	**$10,735,135**	**$10,863,317**

Notes:
1. FY 2025 actuals excludes DoW MERHCF receipts of $1,838,200 thousand (O&M only).
2. FY 2026 enacted includes $1,200 thousand for Red Hill.
3. FY 2026 enacted excludes anticipated DoW MERHCF receipts of $1,889,900 thousand (O&M only).
4. FY 2027 request includes $1,200 thousand for Red Hill.
5. FY 2027 request excludes anticipated DoW MERHCF receipts of $2,201,200 thousand (O&M only).
6. The Pharmaceuticals, CONUS and OCONUS, program element now includes pharmacy manpower authorizations, support equipment, and other costs specifically identified and measurable to the production and operation of pharmacy services.

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B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$10,731,135**	**$10,735,135**
Congressional Adjustments (Distributed)	4,000	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**10,735,135**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**10,735,135**	
Supplemental	0	
Reprogrammings	0	
Price Changes		181,144
Functional Transfers		13,938
Program Changes		-66,901
CURRENT ESTIMATE	**10,735,135**	**10,863,317**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$10,735,135**	**$10,863,317**

FY 2026 President's Budget Request (Amended, if applicable)	**$10,731,135**
1. Congressional Adjustments	$4,000
a) Distributed Adjustments	$4,000
1) Deployment Psychology - Behavioral Science Telehealth	$4,000
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$10,735,135**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$10,735,135**
4. Reprogrammings (Requiring 1415 Actions)	$0

a) Increases $0

b) Decreases $0

Revised FY 2026 Estimate $10,735,135

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $10,735,135

6. Price Change $181,144

7. Functional Transfers $13,938

a) Transfers In $14,513

1) Reserve Health Readiness: $14,513
Transfers funding to the Defense Health Agency (DHA), In-House Care, MEDCENs, Hospitals, and Clinics program element from the Services to support the DoW Reserve Health Readiness Program for incremental costs associated with supporting the medical and dental readiness for Guard and Reserve personnel. Targets military treatment facilities to provide support where capacity exists and in conjunction with purchased care or contracted services when capacity does not exist within the medical facility. Funds increase the supplies and materials commodities. The FY 2026 Dental Care Activities (CONUS) baseline funding is $416,262 thousand.

b) Transfers Out ..... $-575

1) Educational and Developmental Intervention Services (EDIS): ..... $-575
Transfers funds and manpower from the DHA MEDCENs, Hospitals, and Clinics (OCONUS) program element to the Air Force in support of EDIS. The FY 2026 MEDCENs, Hospitals, and Clinics (OCONUS) baseline funding is $537,951 thousand.

8. Program Increases $232,434

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $232,434

1) a. Defense Logistics Agency (DLA) Supply Rate Change: $164,769
Provides funding to support the DLA supply chain management working capital fund rate increase in accordance with the DoW Financial Management Regulation Volume 2B, Chapter 9. The Defense Health Agency will align the funding increases to the MEDCENs, Hospital and Clinics (CONUS) program element in the supplies and materials commodities, as well as any obligation authority increases during the WCF rates finalization. The FY 2026 MEDCENs, Hospital and Clinics (CONUS) baseline funding is $7,538,308 thousand.

2) b. Civilian Pay Funding: $52,818
This funding increase supports workforce optimization efforts in In-House Care, MEDCENS, Hospitals, and Clinics program element aimed at strengthening government oversight and internal capability while reducing reliance on contracted labor for certain administrative, clinical support, and operational functions within the MTFs. These efforts support the transition to a steady-state civilian workforce aligned with mission requirements and direct care system needs. Additionally, the increase in civilian pay funding reflects resources required to attract and retain well-qualified personnel in critical skills areas. The growth in funding is driven by targeted recruitment and retention requirements and it supports stabilization of the direct care system while maintaining predictable compensation levels consistent with federal pay policies. The FY 2026 In-House Care civilian baseline funding is $5,635,781 thousand.

3) c. Foreign Currency Fluctuation: $8,957
Increases funding for planned overseas purchases for FY 2027 based on the projected change in the value of the U.S. dollar based on the 6-month historical weekly rates. Funding will be utilized to minimize risk to buying power for planned overseas purchases. The FY 2026 In-House Care, MEDCENs, Hospitals & Clinics (OCONUS) baseline funding is $541,441 thousand.

4) d. Corporate Dental System (CDS): $5,890
Increases funding for the CDS contract support in the In-House Care, Dental Care (CONUS) program element. The CDS is a single IT platform for all Services to document dental readiness and dental care across the Army, Navy, and Air Force. Funding supports the Defense Health Agency effort to operationalize the management and administration of this readiness support platform system within the Dental Care (CONUS) program element. The FY 2026 Dental Care (CONUS) baseline

funding is $416,262 thousand.

9. Program Decreases ..... $-299,335

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases ..... $-4,000

1) Deployment Psychology - Behavioral Science Telehealth: ..... $-4,000
Adjustment to reverse a one-time contract funding increase issued to the Defense Health Agency for Deployment Psychology - Behavioral Science Telehealth. Adjustment decreases medical care contract funding in the MEDCENS, Hospitals, and Clinics (CONUS) program element. The FY 2026 MEDCENS, Hospitals, and Clinics (CONUS) program element baseline funding is $7,538,308 thousand.

c) Program Decreases in FY 2027 ..... $-295,335

1) a. Efficiency - Contract Services: ..... $-294,256
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 MEDCENs, Hospitals, and Clinics (CONUS) baseline funding is $7,538,308 thousand.

2) b. Efficiency - Dental Supplies and Materials: ..... $-1,079
Reduces funding for supplies and materials to align with historical execution levels and ensure alignment with the priorities of the Secretary of War to improve the efficiency and effectiveness of our mission and business operations. The FY 2026 Dental Care Activities - CONUS baseline funding is $416,262 thousand.

FY 2027 Budget Request $10,863,317

IV. Performance Criteria and Evaluation Summary:

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Population - Eligible Beneficiaries, CONUS					
Active Duty	1,369,595	1,378,525	1,387,737	8,930	9,212
Active Duty Family Members	1,640,842	1,650,777	1,662,154	9,935	11,377
Retirees	1,033,474	1,028,361	1,019,483	-5,113	-8,878
Family Members of Retirees	2,452,064	2,445,311	2,434,930	-6,753	-10,381
Subtotal Eligible	**6,495,975**	**6,502,974**	**6,504,304**	**6,999**	**1,330**
Medicare Eligible Beneficiaries	2,467,440	2,486,860	2,505,890	19,420	19,030
Total Eligible Beneficiaries	**8,963,415**	**8,989,835**	**9,010,194**	**26,419**	**20,359**
Population - Eligible Beneficiaries, OCONUS					
Active Duty	157,021	158,517	159,427	1,496	910
Active Duty Family Members	125,685	126,504	127,253	819	749
Retirees	26,553	26,412	26,201	-141	-211
Family Members of Retirees	75,268	74,861	74,361	-407	-500
Subtotal Eligible	**384,527**	**386,294**	**387,242**	**1,767**	**948**
Medicare Eligible Beneficiaries	88,571	89,396	90,190	825	794
Total Eligible Beneficiaries	**473,098**	**475,690**	**477,432**	**2,592**	**1,742**
Population - Eligible Beneficiaries, Worldwide					
Active Duty	1,526,616	1,537,042	1,547,164	10,426	10,122
Active Duty Family Members	1,766,527	1,777,281	1,789,407	10,754	12,126
Retirees	1,060,028	1,054,773	1,045,684	-5,255	-9,089
Family Members of Retirees	2,527,332	2,520,173	2,509,291	-7,159	-10,882
Subtotal Eligible	**6,880,503**	**6,889,269**	**6,891,546**	**8,766**	**2,277**
Medicare Eligible Beneficiaries:					
Active Duty Family Members	3,953	3,976	4,005	23	29
Guard/Reserve Family Members	1,194	1,191	1,194	-3	3
Eligible Retirees	1,256,096	1,271,508	1,285,553	15,412	14,045
Eligible Family Members of Retirees	786,542	796,435	805,546	9,893	9,111
Survivors	504,897	499,817	496,453	-5,080	-3,364
Others	3,329	3,329	3,329	0	0
Total Medicare Eligible Beneficiaries	**2,556,011**	**2,576,256**	**2,596,080**	**20,245**	**19,824**
Total Eligible Beneficiaries	**9,436,514**	**9,465,525**	**9,487,626**	**29,011**	**22,101**

Notes:
1. FY 2026 and FY 2027 estimates are based on (a) future Budget End Strengths of Active Duty and Guard/Reserve members and (b) the DoW Actuary's projection of retirees.
2. "Medicare Eligible Beneficiaries" include: Active Duty Family Members, Guard/Reserve Family Members, Eligible Retirees, Eligible Family Members of Retirees, Inactive Guard/Reserve, Inactive Guard/Reserve Family Members, Survivors, and Others.
3. The Worldwide "Eligible Family Members of Retirees" are Family Members of Retirees, Inactive Guard/Reserve, and Inactive Guard/Reserve Family Members.
4. Reflects all MHS eligible, including those whose sponsor is not Army, Navy, Marine Corps, or Air Force.

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	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Enrollees - Direct Care					
TRICARE Region - East	1,103,726	1,100,496	1,095,720	-3,230	-4,776
TRICARE Region - West	1,160,942	1,149,896	1,141,097	-11,046	-8,799
TRICARE Region - Europe	123,426	124,356	124,691	930	335
TRICARE Region - Pacific	124,605	125,106	125,090	501	-16
TRICARE Region - Latin America	4,040	3,983	3,884	-57	-99
Alaska	45,330	44,980	44,841	-350	-139
Sub-Total CONUS Regions	**2,309,998**	**2,295,372**	**2,281,658**	**-14,626**	**-13,714**
Sub-Total OCONUS Regions	**252,071**	**253,445**	**253,665**	**1,374**	**220**
Total Direct Care Enrollees	**2,562,069**	**2,548,817**	**2,535,323**	**-13,252**	**-13,494**

Notes:
1. Under the T-5 contract, six states (Arkansas, Illinois, Louisiana, Oklahoma, Texas, and Wisconsin), realigned from the East to the West region effective January 2025.
2. FY 2025 Actuals derived from the 12 months of October 2024 - September 2025.
3. FY 2026 Estimates derived from the 12-month average of combined actuals and forecasted months (February 2025 - January 2026). Forecasted months begin with October 2025.
4. FY 2027 Estimates derived from the 12-month average of actuals and forecasted months (May 2025 - April 2026). Forecasted months begin with October 2025.

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In-House Care OP-5 Exhibit

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Direct Care System Workload (from M2 and Business Planning Tool)					
Inpatient Admissions, Non-Weighted (SIDR Dispositions-All)	119,481	119,471	119,538	-10	67
Inpatient Admissions, Weighted (MS-DRG RWPs, Non Mental Health)	94,038	93,256	93,641	-782	385
Inpatient Admissions, Occupied Bed Days (Mental Health Only)	66,590	68,386	71,803	1,796	3,417
Average Length of Stay (ALL Bed Days/All Dispositions)	3	3	3	0	0
Ambulatory Visits, Non-Weighted (Encounters, CAPER)	35,038,968	34,882,085	35,013,714	-156,883	131,629
Ambulatory Visits, Weighted (Adj Provider Aggregate RVUs, CAPER)	75,248,085	75,607,944	75,064,720	359,859	-543,224
Number of Outpatient Pharmacy Prescriptions (30-Day equivalents)	69,939,839	71,418,569	72,928,563	1,478,730	1,509,994

Notes:
1. The FY 2025 actuals and FY 2026 estimate use a centrally weighted moving average at the Parent Military Treatment Facility and Healthcare Product/Service Line Level. Workload for TRICARE for Life eligible beneficiaries is excluded from above.
2. The FY 2027 request is a forecast based on current data and trends analysis.
3. Relative Value Unit (RVU) data previously reported only outpatient professional RVUs, but the RVU data now includes both inpatient and outpatient professional RVUs.
4. The FY 2025 to FY 2026 and FY 2026 to FY 2027 increase in number of outpatient pharmacy prescriptions (30-day equivalents) is due to more patients filling high-demand medications at MTFs and changes in patient behavior when providers suggest MTFs as a convenient choice.

Exclusions:
1. TRICARE for Life eligible beneficiaries' encounters are excluded from the Ambulatory Visits data.
2. Excludes workload from Military Service Line Unit Assets.

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	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Dental Workload (Dental Weighted Values (DWVs)(from Components)					
CONUS	10,612,130	10,795,778	10,832,777	183,648	36,999
OCONUS	2,355,992	2,351,028	2,312,968	-4,964	-38,060
Total DWVs	**12,968,122**	**13,146,806**	**13,145,745**	**178,684**	**-1,061**
CONUS					
Active Duty	10,086,830	10,261,387	10,296,555	174,557	35,168
Non-Active Duty	525,300	534,391	536,222	9,091	1,831
Total CONUS	**10,612,130**	**10,795,778**	**10,832,777**	**183,648**	**36,999**
OCONUS					
Active Duty	2,278,951	2,274,149	2,237,334	-4,802	-36,815
Non-Active Duty	77,041	76,879	75,634	-162	-1,245
Total OCONUS	**2,355,992**	**2,351,028**	**2,312,968**	**-4,964**	**-38,060**

Notes:
1. FY 2025 actuals is based on the most recent 12-months of reliable data available for (October 2024 - September 2025).
2. FY 2026 estimate is based on 10-months of actual data (January 2025 - October 202**5**) and two forecasted months (November 2025 - December 2025).
3. FY 2027 request is a forecast based on 10-months of actual data (January 2025 - October 202**5**) and two forecasted months (November 2025 - December 2025).

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**49,074**	**51,830**	**52,045**	**2,756**	**215**
Officer	16,369	18,065	17,974	1,696	-91
Enlisted	32,705	33,765	34,071	1,060	306
Active Military Average Strength (A/S) (Total)	**49,146**	**50,452**	**51,938**	**1,306**	**1,486**
Officer	16,285	17,217	18,020	933	803
Enlisted	32,862	33,235	33,918	374	683
Civilian FTEs (Total)	**40,064**	**41,969**	**41,961**	**1,905**	**-8**
U.S. Direct Hire	38,259	40,612	40,580	2,353	-32
Foreign National Direct Hire	1,156	815	804	-341	-11
Total Direct Hire	**39,415**	**41,427**	**41,384**	**2,012**	**-43**
Foreign National Indirect Hire	649	542	577	-107	35
Average Annual Civilian Salary ($ in thousands)	**134.8**	**134.9**	**136.7**	**0.0**	**1.9**
Contractor FTEs (Total)	**14,832**	**13,572**	**13,572**	**-1,260**	**0**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2025 to FY 2026 **(+2756)** is attributed to the services' intent to increase active duty personnel availability to DHA **(**Air Force **(+985)** Army **(+2211)** Navy **(-440))**. The net increase from FY 2026 to FY 2027 **(+215)** is attributed to the services' projected program and execution for Air Force **(-188)** Army **(+2)** Navy **(+401)** and approved memorandum of agreements (MOAs) to transfer operational missions between DHA and the services.

Explanation of changes in Civilian FTEs: The net increase from FY 2025 to FY 2026 (**+1905**) represents a strategic adjustment to overcome hiring lags and other workforce challenges encountered in FY 2025, ensuring the civilian workforce is stabilized to sustain access to care and ensure consistent healthcare delivery for MHS beneficiaries. The net decrease from FY 2026 to FY 2027 (**-8**) is attributed to a targeted reduction of civilian FTEs as part of DHA's workforce optimization. This workforce optimization supports the Secretary’s priority to become lean and efficient and allows for the reallocation of resources to strengthen core military capabilities.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Explanation of changes in Contractor FTEs: The net decrease from FY 2025 to FY 2026 **(-1,260)** is attributed to enterprise-wide efficiencies that reduce reliance on contracted support by leveraging planned increases in both military and civilian personnel within MTFs, enhancing the overall effectiveness and cost efficiency of healthcare operations for MHS beneficiaries. There are no changes in Contractor FTEs from FY 2026 to FY 2027.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	5,226,720	66,902	218,441	5,512,063	15,213	19,630	5,546,906
103	WAGE BOARD	95,757	1,226	-9,953	87,030	240	31,621	118,891
104	FN DIRECT HIRE (FNDH)	41,610	533	-6,283	35,860	99	1,567	37,526
106	BENEFIT TO FMR EMPLOYEES	625	18	185	828	17	0	845
107	VOLUNTARY SEP INCENTIVES	259	8	-267	0	0	0	0
121	PCS BENEFITS	2,678	78	-2,756	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**5,367,649**	**68,765**	**199,367**	**5,635,781**	**15,569**	**52,818**	**5,704,168**
308	TRAVEL OF PERSONS	66,132	1,653	11,369	79,154	1,662	-3,527	77,289
0399	**TOTAL TRAVEL**	**66,132**	**1,653**	**11,369**	**79,154**	**1,662**	**-3,527**	**77,289**
401	DLA ENERGY (FUEL PRODUCTS)	798	9	-807	0	0	0	0
411	ARMY SUPPLY	26	0	-26	0	0	0	0
416	GSA SUPPLIES & MATERIALS	47	1	-48	0	0	0	0
422	DLA MAT SUPPLY CHAIN (MEDICAL)	2,725	-130	-2,595	0	0	1	1
0499	**TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS**	**3,596**	**-120**	**-3,476**	**0**	**0**	**1**	**1**
696	DFAS FINANCIAL OPERATION (OTHER DEFENSE AGENCIES)	415	-27	-388	0	0	0	0
0699	**TOTAL OTHER FUND PURCHASES**	**415**	**-27**	**-388**	**0**	**0**	**0**	**0**
771	COMMERCIAL TRANSPORT	12,249	306	1,261	13,816	290	257	14,363
0799	**TOTAL TRANSPORTATION**	**12,249**	**306**	**1,261**	**13,816**	**290**	**257**	**14,363**
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	33,801	980	-10,231	24,550	516	8,170	33,236
902	SEPARATION LIAB (FNIH)	170	5	-175	0	0	0	0
912	RENTAL PAYMENTS TO GSA (SLUC)	306	8	-314	0	0	0	0
913	PURCHASED UTILITIES (NON-FUND)	620	16	-636	0	0	0	0
914	PURCHASED COMMUNICATIONS (NON-FUND)	4,010	100	354	4,464	94	70	4,628

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			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
915	RENTS (NON-GSA)	11,617	290	1,287	13,194	277	10	13,481
917	POSTAL SERVICES (U.S.P.S)	1,684	42	1,993	3,719	78	6	3,803
920	SUPPLIES & MATERIALS (NON-FUND)	809,163	20,229	-54,711	774,681	16,268	188,067	979,016
921	PRINTING & REPRODUCTION	9,252	231	-280	9,203	193	-2,016	7,380
922	EQUIPMENT MAINTENANCE BY CONTRACT	186,883	4,672	-26,918	164,637	3,457	-3	168,091
923	FACILITIES SUST, REST, & MOD BY CONTRACT	122,504	3,063	-115,919	9,648	203	-11	9,840
924	PHARMACEUTICAL DRUGS	2,001,716	80,069	-245,119	1,836,666	71,630	0	1,908,296
925	EQUIPMENT PURCHASES (NON-FUND)	229,586	5,740	-3,557	231,769	4,867	-13,709	222,927
930	OTHER DEPOT MAINTENANCE (NON-FUND)	635	16	-651	0	0	0	0
932	MGT PROF SUPPORT SVCS	138,607	3,465	-64,790	77,282	1,623	-6	78,899
933	STUDIES, ANALYSIS & EVAL	2,038	51	15,203	17,292	363	-2	17,653
934	ENGINEERING & TECH SVCS	426	11	4,374	4,811	101	0	4,912
955	OTHER COSTS (MEDICAL CARE)	326,565	13,063	-233,414	106,214	4,142	-2,993	107,363
957	OTHER COSTS (LAND AND STRUCTURES)	3,535	88	-3,623	0	0	0	0
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	2,203	55	-2,258	0	0	2,015	2,015
960	OTHER COSTS (INTEREST AND DIVIDENDS)	2,776	69	90	2,935	62	1,208	4,205
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	6,012	150	5,283	11,445	240	3	11,688
986	MEDICAL CARE CONTRACTS	588,071	23,523	694,884	1,306,478	50,953	-440,888	916,543
987	OTHER INTRA-GOVT PURCH	9,085	227	47,080	56,392	1,184	-447	57,129
988	GRANTS	4,928	123	-1,074	3,977	84	135	4,196
989	OTHER SERVICES	216,800	5,420	51,113	273,333	5,740	152,008	431,081
990	IT CONTRACT SUPPORT SERVICES	131,442	3,286	-61,034	73,694	1,548	5,872	81,114
0999	**TOTAL OTHER PURCHASES**	**4,844,435**	**164,992**	**-3,043**	**5,006,384**	**163,623**	**-102,511**	**5,067,496**
9999	**GRAND TOTAL**	**10,294,476**	**235,569**	**205,090**	**10,735,135**	**181,144**	**-52,962**	**10,863,317**

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I. Description of Operations Financed:

This Budget Activity Group provides for all medical and dental care plus pharmaceuticals received by Military Health System (MHS)-eligible beneficiaries using health care services offered in the private sector. This Budget Activity Group includes the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program (TOP), the Supplemental Care Programs, TRICARE Mail Order Pharmacy (TMOP), the National Retail Pharmacy, TRICARE Reserve Select (TRS), which is a premium-based program for reservists and their family members, and various support activities.

Pharmaceuticals - Purchased Health Care – This category includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Mail Order Pharmacy (TMOP). This category excludes manpower authorizations and all administrative expenses of the Defense Health Agency (DHA) to include regional offices and Defense Supply Center-Philadelphia's management of the TMOP.

National Retail Pharmacy – Includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Retail Pharmacy Program. The TRICARE Retail Pharmacy Program provides network pharmaceutical prescription benefits for eligible beneficiaries from private-sector retail pharmacies.

TRICARE MCSC – Includes expenses for the at-risk health care costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) and measurable to the following for areas serviced by TRICARE MCSC: healthcare authorized for the following beneficiaries: (a) retired military personnel and (b) for spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. Also includes costs for the Extended Care Health Option (ECHO) for disabled dependents of active duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act: Includes health care costs for those programs that are considered at-risk to the TRICARE MCSC and external and internal resource sharing agreements, when paid by the TRICARE Managed Care Support contractors. In addition, it includes underwritten costs for health care for those beneficiaries who have enrolled directly with the MCSC-affiliated contracted providers.

MCSC excludes: (a) Military Treatment Facility (MTF) Enrollees – Purchased Care (beneficiaries enrolled to MTF providers); (b) claims processed by the TRICARE Overseas Contract; (c) any not-at-risk/non-underwritten costs associated with the Supplemental Care Program and (d) Miscellaneous Purchased Care activities such as surveys, demonstrations, or pilots requested by Congress. Also excluded are DHA costs for manpower authorizations and any administrative costs of DHA executive agents associated with managing TRICARE MCSC.

MTF Enrollees Purchased Care – Includes expenses for the underwritten costs for TRICARE health care benefits provided to the MTF Prime enrollees as authorized. Excludes health care provided under the Supplemental Care - Health Care program for active duty service members.

Dental Purchased Care – Includes expenses associated with the government-paid portion of insurance premiums specifically for providing dental benefits in civilian facilities and by private practitioners for the beneficiaries who are enrolled in the TRICARE Dental Program. Beneficiaries eligible for enrollment are: (a) active duty family members, and (b) select reservist or individual ready reservist (IRR) and dependent family members. It also includes administrative, management, and health care costs associated with these dental services. Excludes dental services and costs expensed for active duty members in the Supplemental Care - Dental program and direct health care system.

Uniformed Services Family Health Program (USFHP) – Includes costs based on annual capitation rates for providing TRICARE-like benefits authorized through contracts with designated civilian hospitals in selected markets to beneficiaries that enroll to a USFHP civilian facility located in their geographic residence. Beneficiaries eligible for enrollment into USFHP include active duty family members, retirees and their family members, and survivors who live within the specially designated geographic area.

Supplemental Care - Health Care – Includes costs for providing the TRICARE Prime benefit to active duty service members and other designated eligible patients who receive health care services in the civilian sector or non-defense facilities either referred or non-referred from the MTF, emergent care, and authorized non-emergent care. Includes members in travel status, Navy/Marine Corps service members enrolled to deployable units and referred by the unit primary care manager, eligible Reserve Component personnel, ROTC students, cadets/midshipmen, and eligible foreign military. This program also covers health care sought in the civilian sector due to active duty assignments in remote continental United States (CONUS) locations. The types of claims include health care under TRICARE Prime Remote, MTF-referred care, emergency care, and authorized non-emergency/non-referred care. It comprises the costs of sharing agreements that the managed care support contractors do not pay and excludes all costs associated with dental care for active duty members expensed in Supplemental Care - Dental program.

Supplemental Care - Dental – Includes costs for a dental benefit for uniform dental care and administrative expenses for active duty members, including eligible mobilized select reserves or individual ready reserves (IRR), receiving services in the civilian sector to include dental practitioners within Veterans Affairs facilities. Due to military assignments in remote CONUS locations, this program also covers dental care for active duty members in the civilian sector.

Continuing Health Education/Capitalization of Assets (CHE/CAP) – Provides for support of graduate medical education and capital investment within civilian facilities that provide services to the Military Health System and Medicare. These facilities operate under the Diagnosis Related Group (DRG) system of payment providing federal inpatient services under TRICARE and Medicare.

TRICARE Overseas Program (TOP) – Includes costs specifically for delivery of Military Health System Prime benefits in civilian facilities by private practitioners to active duty and eligible active duty family member beneficiaries enrolled in the TRICARE Overseas Program (TOP) and foreign claims for non-active duty beneficiaries. Coverage includes Europe, the Pacific region, Latin America, Asia, Africa, and Canada, and covered through Remote Overseas areas or TRICARE Select options per the TOP contract. The scope of health care includes medical, dental, inpatient care, laboratory work, health care testing, and other health care services equivalent to the TRICARE program. Benefits are exclusively pass-through costs. The benefits program excludes custodial care claims, special and emergent care claims, and Alaska claims. It also includes overseas health care provided under the Supplemental Care program. It excludes demonstrations, congressional mandates, and other healthcare expenses in the Miscellaneous Purchased Health Care program.

Miscellaneous Purchased Health Care – Includes costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) authorized for the following beneficiaries: (a) retired military personnel and (b) spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. It also includes costs for special education and institutional care in civilian facilities for disabled dependents of active-duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act. Includes administrative, management, and health

care costs for Custodial Care, Special, and Emergent Care claims, Alaska claims, Autism Benefits, Laboratory Developed Tests (LDTs), State Vaccine Program, TRICARE/Medicare dual eligible beneficiaries program (e.g., TRICARE Medicare Eligible Program Contract (TMEP)), transition assistance programs, and TRS.

Miscellaneous Support Activities – Includes the miscellaneous administrative costs and support contract expenses for various programs, demonstrations, and other congressionally-mandated programs or actions not directly providing health care. Programs financed include contracts for marketing and education functions, claims auditing, surveys, E-Commerce, case management services, the National Quality Monitoring Service, and ongoing support from the Defense Enrollment Eligibility Reporting System (DEERS).

II. Force Structure Summary:
TRICARE healthcare benefits under contracts in private sector care (PSC) programs are available to approximately 9.5 million DoW beneficiaries. The MCSC provide uniform healthcare plan options to eligible beneficiaries when they enroll with their regional contractor. TRICARE benefits include Dental Care via contracts with civilian dental practitioners as well. TRICARE benefits are also available to approximately 2.6 million Medicare-eligible beneficiaries of military retirees, special eligibility groups who qualify and receive benefits from Medicare by law. The Medicare Eligible Retiree Health Care Fund (MERHCF) covers these costs and is excluded from the baseline budget for PSC contracts.

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III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Pharmaceuticals Purchased Health Care	$1,685,455	$1,560,124	$204,710	13.12%	$1,764,834	$1,764,834	$0
2. National Retail Pharmacy	$1,626,134	$1,786,110	$18,837	1.05%	$1,804,947	$1,804,947	$0
3. Managed Care Support Contracts	$8,125,507	$8,500,513	($151,281)	(1.78%)	$8,349,232	$8,349,232	$0
4, MTF Enrollee Purchased Care	$2,848,272	$3,179,103	($196,813)	(6.19%)	$2,982,290	$2,982,290	$0
5. Dental Purchased Care	$283,381	$318,216	($37,852)	(11.90%)	$280,364	$280,364	$0
6. Uniformed Services Family Health Program	$667,333	$666,573	($10,546)	(1.58%)	$656,027	$656,027	$0
7. Supplemental Care - Health Care	$2,047,012	$2,224,566	($96,834)	(4.35%)	$2,127,732	$2,127,732	$0
8. Supplemental Care - Dental	$123,780	$114,411	$8,501	7.43%	$122,912	$122,912	$0
9. Continuing Health Education/Capitalization	$348,941	$403,675	($47,011)	(11.65%)	$356,664	$356,664	$0
10. Overseas Purchased Health Care	$565,557	$542,086	$14,148	2.61%	$556,234	$556,234	$0
11. Miscellaneous Purchased Health Care	$1,737,143	$1,609,168	$50,287	3.13%	$1,659,455	$1,659,455	$0
12. Miscellaneous Support Activities	$142,507	$119,220	($6,023)	(5.05%)	$113,197	$113,197	$0
Total	**$20,201,022**	**$21,023,765**	**($249,877)**	**(1.19%)**	**$20,773,888**	**$20,773,888**	**$0**

Notes:

1. FY25 Actuals **excludes** $10,580,761 thousand of DoW MERHCF execution (O&M only).
2. FY26 Enacted **excludes** $11,722,820 thousand of anticipated DoW MERHCF execution (O&M only).
3. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

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B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$21,023,765**	**$20,773,888**
Congressional Adjustments (Distributed)	0	
Congressional Adjustments (Undistributed)	(249,877)	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**20,773,888**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**20,773,888**	
Supplemental	0	
Reprogrammings	0	
Price Changes		807,561
Functional Transfers		(21,581,449)
Program Changes		0
CURRENT ESTIMATE	**20,773,888**	**0**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$20,773,888**	**$0**

FY 2026 President's Budget Request (Amended, if applicable)	**$21,023,765**
1. Congressional Adjustments	($249,877)
a) Distributed Adjustments	$0
b) Undistributed Adjustments	($249,877)
1) Underexecution	($249,877)
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$20,773,888**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$20,773,888**
4. Reprogrammings (Requiring 1415 Actions)	$0

a) Increases $0

b) Decreases $0

Revised FY 2026 Estimate $20,773,888

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $20,773,888

6. Price Change $807,561

7. Functional Transfers ..... ($21,581,449)

a) Transfers In $0

b) Transfers Out ..... ($21,581,449)

1) Establishment of PSCP Appropriation ..... ($21,581,449)
The FY 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.

8. Program Increases $0

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $0

9. Program Decreases $0

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases $0

c) Program Decreases in FY 2027 ..... $0

FY 2027 Budget Request $0

IV. Performance Criteria and Evaluation Summary:

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Prime Enrollees - Managed Care Support Contract					
TRICARE Region - East	632,489	634,267	0	1,778	(634,267)
TRICARE Region - West	574,387	576,002	0	1,615	(576,002)
Total MCS Contracts	**1,206,876**	**1,210,269**	**0**	**3,393**	**(1,210,269)**
TRICARE Select Enrollees					
TRICARE Region - East	1,150,311	1,155,911	0	5,600	(1,155,911)
TRICARE Region - West	941,257	945,839	0	4,582	(945,839)
Total Select	**2,091,568**	**2,101,750**	**0**	**10,182**	**(2,101,750)**
TRICARE Region - Overseas - Europe, Pacific, Latin America	94,578	94,399	0	(179)	(94,399)
Total MCSC, Select and TRICARE Overseas	**3,393,022**	**3,406,418**	**0**	**13,396**	**(3,406,418)**

Prime Enrollees Notes (PSC):

1. The 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.
2. Under the new TRICARE T-5 contract, six states (Arkansas, Illinois, Louisiana, Oklahoma, Texas, Wisconsin) realigned from the East to the West region, effective January 2025.
3. CONUS counts exclude Medicare-eligible enrollees except for a small number of MCSC Prime active-duty members who are Medicare-eligible.
4. Overseas counts include only MCSC Prime and Select enrollees.

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	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Private Sector Care System Workload					
Outpatient-Visits	90,070,984	95,024,888	0	4,953,904	(95,024,888)
Outpatient-Weighted (Relative Value Units, RVUs)	227,939,896	245,035,388	0	17,095,492	(245,035,388)
Inpatient-Admissions	335,053	343,429	0	8,376	(343,429)
Inpatient-Weighted (Relative Weighted Products, RWPs)	326,291	340,974	0	14,683	(340,974)
Pharmacy					
Retail - Number of Scripts (30-day equivalents)	28,330,606	30,122,292	0	1,791,686	(30,122,292)
Mail Order - Number of Scripts (30-day equivalents)	11,662,881	11,079,737	0	(583,144)	(11,079,737)
TRICARE					
Dental Program Enrollment	655,093	648,736	0	(6,357)	(648,736)
Uniformed Services Family Health Plan					
Enrollees (Non-Medicare eligible)	114,706	114,412	0	(294)	(114,412)

Workload Notes (PSC):
1. The 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.
2. Outpatient measures include workload associated with inpatient professional care.
3. FY 2025 to FY 2026 increased Retail (30-Day equivalents) is attributed to more patients utilizing PSC and filling prescriptions through retail pharmacy. In addition, with the rollout of MHS GENESIS, patients seen at the MTFs can request prescriptions be sent to the pharmacy of their choice.
4. FY 2025 to FY 2026 decrease Mail Order (30-day equivalents) is attributed to more patients filling prescriptions at retail pharmacy and MTFs based on individual choice.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reserve Drill Strength (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reservists on Full Time Active Duty (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Civilian End Strength (Total)	**0**	**0**	**0**	**0**	**0**
Active Military Average Strength (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reserve Drill Strength (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reservists on Full Time Active Duty (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Civilian FTEs (Total)	**0**	**0**	**0**	**0**	**0**
Average Annual Civilian Salary ($ in thousands)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Contractor FTEs (Total)	**0**	**0**	**0**	**0**	**0**

Personnel Summary Explanations:
Civilian, Contractor, and Military personnel are not programmed in the PSC Budget Activity Group.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
308	TRAVEL OF PERSONS	551	14	(13)	552	12	(564)	0
0399	**TOTAL TRAVEL**	**551**	**14**	**(13)**	**552**	**12**	**(564)**	**0**
647	DISA ENTERPRISE COMPUTING CENTERS	11,216	224	0	11,440	(458)	(10,982)	0
0699	**TOTAL OTHER FUND PURCHASES**	**11,216**	**224**	**0**	**11,440**	**(458)**	**(10,982)**	**0**
920	SUPPLIES & MATERIALS (NON-FUND)	1	0	6	7	0	(7)	0
921	PRINTING & REPRODUCTION	581	15	5,689	6,285	132	(6,417)	0
924	PHARMACEUTICAL DRUGS	3,341,252	133,650	94,879	3,569,781	139,221	(3,709,002)	0
925	EQUIPMENT PURCHASES (NON-FUND)	3,189	80	936	4,205	88	(4,293)	0
932	MGT PROF SUPPORT SVCS	29,165	729	34,399	64,293	1,350	(65,643)	0
933	STUDIES, ANALYSIS & EVAL	3,228	81	(3,309)	0	0	0	0
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	0	0	3	3	0	(3)	0
960	OTHER COSTS (INTEREST AND DIVIDENDS)	145	4	(149)	0	0	0	0
986	MEDICAL CARE CONTRACTS	16,719,412	668,776	(290,823)	17,097,365	666,797	(17,764,162)	0
987	OTHER INTRA-GOVT PURCH	23,385	585	(7,108)	16,862	354	(17,216)	0
989	OTHER SERVICES	62,214	1,555	(60,674)	3,095	65	(3,160)	0
990	IT CONTRACT SUPPORT SERVICES	6,683	167	(6,850)	0	0	0	0
0999	**TOTAL OTHER PURCHASES**	**20,189,255**	**805,642**	**(233,001)**	**20,761,896**	**808,007**	**(21,569,903)**	**0**
9999	**GRAND TOTAL**	**20,201,022**	**805,880**	**(233,014)**	**20,773,888**	**807,561**	**(21,581,449)**	**0**

Note:

1. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

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

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

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

Other Health Activities - Resources organizations and functions that support the provision of health care for DoW beneficiaries. Examples include: central medical laboratories, medical services squadrons, Army and Navy Medicine regional commands, public affairs, the Women Infants and Children Program, humanitarian actions, family advocacy, patient affairs, and contribution of resources for the DoW beneficiaries' health care at the CAPT James A. Lovell Federal Health Care Center North Chicago, IL.

Military Unique - Other Medical Activities - Resources unique military medical functions and activities related to the size of the military population supported. Examples of programs include physiological training units, drug abuse detection laboratories, optical repair and fabrication laboratories, medical logistics offices, medical materiel activities, deployment planning, plans, operation and training offices in military treatment facilities, and the DoW Armed Forces Blood Program.

Veterinary Services - Resources managing, directing, and operating veterinary procedures involving animals in clinical investigation departments and controlling zoonotic and veterinary public health diseases. Professional support of specialty training programs such as laboratory animal medicine and pathology and support of training programs involving animal models.

Joint Pathology Center (JPC) - Resources civilian personnel, equipment, and the associated operation and maintenance of the JPC including pathology education, consultation, and diagnostic testing provided to the DoW and other Federal Agencies.

Integrated Primary Prevention - Funds Defense wide Integrated Primary Prevention efforts to prevent self-directed harm and prohibited abusive or harmful acts including, sexual assault, harassment, suicide, retaliation, domestic abuse, suicide, and child abuse. These efforts include prevention strategy development, policy, oversight, manpower, research, programs, evaluation, and training.

Sexual Assault Response – Provides resources for sexual assault victim advocacy and associated response efforts for DoW SAPR Headquarters and Military Services. These efforts include program management, training, victim advocacy and response, and sexual assault data reporting via the Defense Sexual Assault Incident Database and exclude Management Health Activities resources.

Federal Advisory Committee Act (FACA) Advisory Board Activities - Resources the FACA Advisory Board and subcommittee functions, meetings, support, studies, and other activities. FACA is composed of those committees, boards, commissions, councils, task forces and similar groups which have been established to advise officers and agencies in the executive branch of the Federal Government and must follow the regulatory and statutory requirements related to FACA in Title 5 Appendix, United States Code (U.S.C.).

II. Force Structure Summary:

Consolidated Health Support includes civilian staffing and contracts to support the Defense Health Agency, the Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Air Force Medical Service by providing the active duty and beneficiary population with complementary health care such as laboratory testing, immunizations, physical exams, humanitarian actions, entomology testing, disease prevention and control, veterinary services, physiological training, and pathology education and consultation. In addition, this Budget Activity Group funds operations at the Armed Forces Blood Program, the medical logistics offices, sexual assault response, and deployment planning.

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Examining Activities	$18,252	$18,124	$0	0.00%	$18,124	$18,124	$29,412
2. Military Public / Occupational Health	$594,254	$604,117	$3,000	0.50%	$607,117	$607,117	$564,907
3. Other Health Activities	$565,117	$830,898	$0	0.00%	$830,898	$830,898	$868,583
4. Military Unique-Other Medical Activities	$533,408	$604,034	$26,500	4.39%	$630,534	$630,534	$825,142
5. Veterinary Services	$2,230	$2,795	$0	0.00%	$2,795	$2,795	$2,858
6. Joint Pathology Center (JPC)	$54,745	$44,073	$0	0.00%	$44,073	$44,073	$45,232
7. Integrated Primary Prevention	$3,241	$9,749	$0	0.00%	$9,749	$9,749	$36,477
8. Sexual Assault Response	$0	$537	$0	0.00%	$537	$537	$544
9. Support to FACA Advisory Board Activities	$64	$1,951	$0	0.00%	$1,951	$1,951	$2,020
Total	**$1,771,311**	**$2,116,278**	**$29,500**	**1.39%**	**$2,145,778**	**$2,145,778**	**$2,375,175**

Notes:
1. The FY 2025 actuals **exclude**:
- $162,500 thousand for the DoW transfer to the VA for the Joint DoW/VA Medical Facility Demonstration Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $15,000 thousand for the DoW transfer to the VA for the DoW/VA Joint Incentive Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $700 thousand for Red Hill.

2. The FY 2026 enacted **includes**:
- $165,000 thousand for the DoW transfer to the VA for the Joint DoW/VA Medical Facility Demonstration Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $15,000 thousand for the DoW transfer to the VA for the DoW/VA Joint Incentive Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $700 thousand for Red Hill.

3. The FY 2027 request **includes**:
- $174,000 thousand for the DoW transfer to the VA Affairs for the Joint DoW/VA Medical Facility Demonstration Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $15,000 thousand for the DoW transfer to the VA for the DoW/VA Joint Incentive Fund in the Other Health Activities program element, OP32 line 986, medical care contracts.
- $700 thousand for Red Hill.
- Internal realignment of funds from Other Health Activities (-$7,542 thousand) and Military Public/Occupational Health (-$3,376 thousand) to Examining Activities program element (+$10,918 thousand) to support Department of War Medical Examination Review Board.

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B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$2,116,278**	**$2,145,778**
Congressional Adjustments (Distributed)	29,500	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**2,145,778**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**2,145,778**	
Supplemental	0	
Reprogrammings	0	
Price Changes		41,054
Functional Transfers		-31,335
Program Changes		219,678
CURRENT ESTIMATE	**2,145,778**	**2,375,175**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$2,145,778**	**$2,375,175**

FY 2026 President's Budget Request (Amended, if applicable) $2,116,278

1. Congressional Adjustments $29,500

a) Distributed Adjustments $29,500

1) a. Circuit Rider Health Programs $1,000

2) b. Waterless Laboratory Diagnostic Systems $2,000

3) c. Outdoor Recreation and Education Activities $9,500

4) d. Therapeutic Service Dog Training Program $17,000

b) Undistributed Adjustments $0

c) Adjustments to Meet Congressional Intent $0

d) General Provisions $0

FY 2026 Appropriated Amount $2,145,778

2. Supplemental Appropriations $0

a) Supplemental Funding $0

3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$2,145,778**
4. Reprogrammings (Requiring 1415 Actions)	$0
a) Increases	$0
b) Decreases	$0
Revised FY 2026 Estimate	**$2,145,778**
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings	$0
a) Less: Supplemental Funding	$0
FY 2026 Normalized Current Estimate	**$2,145,778**
6. Price Change	$41,054
7. Functional Transfers	$-31,335

a) Transfers In $26,652

1) a. Defense Suicide Prevention Office:.....$23,747
Realigns non pay funds for the Office of the Under Secretary of War for Personnel and Readiness Defense Suicide Prevention Office from the Office of Force Resiliency and the Director, Defense Human Resources Activity. Aligns with the Secretary of War's priorities of Restoring the Warrior Ethos, Rebuilding our Military, and Reestablishing Deterrence.

2) b. Reserve Health Readiness:.....$2,806
Transfers funding to the Defense Health Agency (DHA), Consolidated Health Support, Military Public / Occupational Health program element from the Services to support the DoW Reserve Health Readiness Program through utilization of available capacity at Military Treatment Facilities. DHA will use funds to provide audiology care to Reserve and Guard personnel.

3) c. Office of Force Resiliency Realignment: $99
Transfer funding (+$99 thousand) and staff (+1 FTE) to the Defense Health Agency from the Office of the Under Secretary of War for Personnel and Readiness (OUSW(P&R)) for the Office of Force Resiliency. A determination was made to realign missions and resources within OUSW(P&R) to better meet departmental priorities to achieve statutory and principal staff assistant policy and program requirements, and to better serve Service members and their families.

b) Transfers Out .....$-57,987

1) a. Biosurveillance: .....$-46,426
Transfers funds ($-46,426 thousand) and manpower (-27 FTEs) from the Defense Health Agency to Office of the Under Secretary of War Acquisition and Sustainment to realign the oversight of the biosurveillance program. This includes resources for program personnel, including program manager, fusion center and decision support teams.

2) b. Total Force Fitness: .....$-6,481
Transfers funds from the Defense Health Agency to the Assistant Secretary of War (Readiness) for the Total Force Fitness program. A determination was made to realign missions and resources within the OUSW(P&R) to better meet department priorities such as Restoring the Warrior Ethos, Rebuilding our Military, and Reestablishing Deterrence.

3) c. Defense Health Assessment Program and Disability Evaluation System: ..... $-3,415
Transfer contract funds from the Consolidated Health Support, Military Public / Occupational Health program element for:
(i). The Defense Health Assessment Program ($-915 thousand) to the Office of the Chief of Staff, Army G-9, Directorate of Prevention, Resilience and Readiness.
(ii). The Disability Evaluation System to the Army Office of the Surgeon General ($-2,500 thousand).

4) d. Optical Fabrication Enterprise: ..... $-1,195
Transfer funds from the Consolidated Health Support, Military Public / Occupational Health program element to the Department of the Navy for Optical Fabrication Enterprise.

5) e. Occupational Health Transferred to the Department of the Army: ..... $-470
Transfers funds ($-470 thousand) and manpower (-3 FTEs) from the Defense Health Agency to the Department of the Army, for the Occupational Health Program.

8. Program Increases $258,962

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $258,962

1) a. Combat Support Agency - Secure Pharmaceutical Supply: $81,432
Increases contract funding in the Military Unique - Other Military Activities program element to secure the Department of War's (DoW) supply of pharmaceuticals and develop new manufacturing pathways based on critical medications list. The DoW strives to secure medical supply chains for national defense by strengthening national medical stockpiles and modernization based on evolving health and biological threats. Global logistics systems are needed for joint visibility and agile deployment of medical materiel. The FY 2026 Military Unique - Other baseline funding is $630,534 thousand.

2) b. Combat Support Agency - Joint Trauma System Sustainment: $38,600
Increases contract funding in the Military Unique - Other Military Activities program element to modernize the combat casualty care data and trauma systems. Updated systems will enhance lethality and survivability in Large Scale Combat Operations. This includes the establishment of Joint Trauma Education and Training Directorate in compliance with the FY2017 National Defense Authorization Act. Funding would provide enhanced sustained skills training, force protection, injury recovery, and performance optimization. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

3) c. Combat Support Agency - Medical Requirements and Blood Program: $42,458
Increases contract and supplies funding in the Military Unique – Other Military Activities program element for Combat Support Agency blood program requirements. The Defense Health Agency will use funds to purchase freeze-dried plasma, pre-deployment blood donor screening, and Armed Services Blood Program staffing and modernization. This will increase staffing across 20 DoW blood donor centers and fully fund Freeze Dried Plasma. The understaffing in blood collection and insufficient funding restricts DoW's ability to meet routine inventory needs resulting in critical inventory shortages, operational breakdowns, and a reduced capacity to save lives. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

4) d. Combat Support Agency - Armed Forces Medical Examiner System Sustainment (AFMES): $42,100
Increases contracts and equipment funding in the Military Unique - Other Military Activities program element for AFMES Modernization of casualty/remains identification and forensic services equipment and systems. AFMES technology is crucial to extend examiner reach, accelerate insights on cause of death, and decrease combat lethality, improving accuracy and minimizing family grief. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

5) e. Improve Wartime Readiness $50,970
Increases funding in the Military Unique – Other Military Activities program element to optimize the Military Health System through rescoping of military medical treatment facilities (MTF) with underutilized capabilities, increasing military-civilian, and Department of Veterans Affairs partnerships and investments in priority MTFs locations to improve wartime readiness. Increase funding supports deployment planning, operations and training offices in MTFs, medical materiel activities, and medical logistics offices. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

6) f. Forensic Record Storage: $2,901
Increases funding in the Military Unique - Other Military Activities program element to secure electronic repository system for Sexual Assault Forensic Exams. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

7) g. Warrior Heat and Exertion-Related Exposure: $501
Increases funding in the Military Unique - Other Military Activities program element for Warrior Heat and Exertion-Related Events focused on preventing severe heat illnesses in personnel from extreme heat or strenuous activity, leading to conditions like heat stroke, exhaustion, cramps, and increased injury risk, especially without proper acclimatization. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

9. Program Decreases .....$-39,284

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases .....$-29,500

1) a. Therapeutic Service Dog Training Program: .....$-17,000
Adjustment to reverse a one-time grant funding increase issued to the Defense Health Agency to determine the measurable effects of the Therapeutic Service Dog Training program as a therapeutic intervention for Service Members with posttraumatic stress disorder. Adjustment decreases grant funding in the Military Unique-Other Medical program element. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

2) b. Outdoor Recreation and Education Activities: .....$-9,500
Adjustment to reverse a one-time contract funding increase issued to the Defense Health Agency to establish an outdoor recreation wellness program for military families in conjunction with vetted non-governmental partners. Adjustment decreases medical care contract funding in the Military Unique-Other Medical program element. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

3) c. Waterless Laboratory Diagnostic Systems: .....$-2,000
Adjustment to reverse a one-time equipment funding increase for Waterless Laboratory Diagnostic Systems issued to the Defense Health Agency. Adjustment decreases medical care contract funding in the Military Unique-Other Medical program element. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

4) d. Circuit Rider Health Programs: .....$-1,000
Adjustment to reverse a one-time contract funding increase for Circuit Rider Health Programs issued to the Defense Health Agency. Adjustment decreases medical care contract funding in the Military Unique - Other Medical program element. The FY 2026 Military Unique - Other Military Activities program element baseline funding is $630,534 thousand.

c) Program Decreases in FY 2027 .....$-9,784

1) a. Reduce Advisory and Assistance Service Contracts: .....$-7,246
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 Consolidated Health Support baseline funding is $2,145,778 thousand.

2) b. Efficiency - Travel:.....$-2,538
Reduces discretionary travel funding to align with the Secretary of War's highest priorities to strengthen readiness, modernize capabilities, and sustain the Force. The FY 2026 Consolidated Health Support travel baseline funding is $15,796 thousand.

FY 2027 Budget Request $2,375,175

IV. Performance Criteria and Evaluation Summary:

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Estimate	Change FY 2025/2026	Change FY 2026/2027
1) Active Duty Force Structure	1,516,486	1,522,417	1,528,996	5,931	6,579
2) Spectacles/Inserts Fabricated (000's)	1,470	0	0	(1,470)	0

1) Active Duty Force Structure: Active Duty Force Structure: The FY 2025 to FY 2026 and FY 2026 to FY 2027 changes in Active Duty Force Structure support Department of War's increase in Active Duty end strength.

2) Spectacles/Inserts Fabricated: Decrease in FY 2025 to FY 2026 reflects the transfer of the Optical Fabrication function to the Department of the Navy.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**4,501**	**4,705**	**4,703**	**204**	**-2**
Officer	1,047	1,217	1,225	170	8
Enlisted	3,454	3,488	3,478	34	-10
Active Military Average Strength (A/S) (Total)	**4,668**	**4,603**	**4,704**	**-65**	**101**
Officer	1,161	1,132	1,221	-29	89
Enlisted	3,507	3,471	3,483	-36	12
Civilian FTEs (Total)	**5,061**	**5,015**	**5,054**	**-46**	**39**
U.S. Direct Hire	4,963	4,771	4,887	-192	116
Foreign National Direct Hire	79	171	148	92	-23
Total Direct Hire	**5,042**	**4,942**	**5,035**	**-100**	**93**
Foreign National Indirect Hire	19	73	19	54	-54
Average Annual Civilian Salary ($ in thousands)	**149.7**	**143.8**	**153.8**	**-5.9**	**10.0**
Contractor FTEs (Total)	**2,466**	**2,195**	**2,345**	**-271**	**150**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2025 to FY 2026 **(+204)** is attributed to the services' intent to increase active duty personnel availability to DHA (Air Force **(+91)** Army **(+95)** Navy **(+18)**). The net decrease from FY 2026 to FY 2027 **(-2)** is attributed to the services projected execution for Army **(+1)** Navy **(+6)** and approved MOAs to transfer operational missions for Air Force **(-9)**.

Explanation of changes in Civilian FTEs: The net decrease from FY 2025 to FY 2026 **(-46)** is attributed to ongoing workforce optimization and restructuring initiatives. The net increase from FY 2026 to FY 2027 **(+12)** is attributed to DoW's direction to enhance DHA Combat Support Agency program AFMES, which is critical to supporting warfighter health and readiness.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Explanation of changes in Contractor FTEs: The net decrease from FY 2025 to FY 2026 **(-271)** is attributed to enterprise-wide efficiencies to reduce the use of outside consultants and contractors. The net increase from FY 2026 to FY 2027 **(+150)** reflects investments to enhance DHA Combat Support Agency programs critical to supporting warfighter health and readiness, including: Joint Trauma System, AFMES, and Armed Services Blood Program.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	751,666	9,621	-63,149	698,138	1,927	70,513	770,578
103	WAGE BOARD	1,475	19	196	1,690	5	-187	1,508
104	FN DIRECT HIRE (FNDH)	2,878	37	10,039	12,954	36	-8,886	4,104
106	BENEFIT TO FMR EMPLOYEES	174	5	-33	146	3	0	149
107	VOLUNTARY SEP INCENTIVES	25	1	-26	0	0	0	0
121	PCS BENEFITS	215	6	-221	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**756,433**	**9,689**	**-53,194**	**712,928**	**1,971**	**61,440**	**776,339**
308	TRAVEL OF PERSONS	12,528	313	2,955	15,796	332	-2,538	13,590
0399	**TOTAL TRAVEL**	**12,528**	**313**	**2,955**	**15,796**	**332**	**-2,538**	**13,590**
422	DLA MAT SUPPLY CHAIN (MEDICAL)	2	0	-2	0	0	0	0
0499	**TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS**	**2**	**0**	**-2**	**0**	**0**	**0**	**0**
696	DFAS FINANCIAL OPERATION (OTHER DEFENSE AGENCIES)	194	-13	-181	0	0	0	0
0699	**TOTAL OTHER FUND PURCHASES**	**194**	**-13**	**-181**	**0**	**0**	**0**	**0**
771	COMMERCIAL TRANSPORT	1,700	43	-1,244	499	10	48	557
0799	**TOTAL TRANSPORTATION**	**1,700**	**43**	**-1,244**	**499**	**10**	**48**	**557**
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	988	29	7,214	8,231	173	-7,310	1,094
912	RENTAL PAYMENTS TO GSA (SLUC)	5	0	-5	0	0	0	0
913	PURCHASED UTILITIES (NON-FUND)	450	11	-455	6	0	0	6
914	PURCHASED COMMUNICATIONS (NON-FUND)	2,027	51	-2,047	31	1	1,567	1,599
915	RENTS (NON-GSA)	8	0	-8	0	0	492	492
917	POSTAL SERVICES (U.S.P.S)	32	1	-9	24	1	0	25
920	SUPPLIES & MATERIALS (NON-FUND)	58,375	1,459	25,250	85,084	1,787	4,288	91,159
921	PRINTING & REPRODUCTION	380	10	-295	95	2	40	137

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			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
922	EQUIPMENT MAINTENANCE BY CONTRACT	8,262	207	-4,214	4,255	89	-38	4,306
923	FACILITIES SUST, REST, & MOD BY CONTRACT	1,091	27	-1,005	113	2	3	118
924	PHARMACEUTICAL DRUGS	67,570	2,703	-562	69,711	2,719	11,873	84,303
925	EQUIPMENT PURCHASES (NON-FUND)	24,253	606	-13,490	11,369	239	20,828	32,436
932	MGT PROF SUPPORT SVCS	322,831	8,071	-104,946	225,956	4,745	-45,928	184,773
933	STUDIES, ANALYSIS & EVAL	50,661	1,267	7,549	59,477	1,249	45,423	106,149
934	ENGINEERING & TECH SVCS	547	14	2,754	3,315	70	56	3,441
955	OTHER COSTS (MEDICAL CARE)	122,506	4,900	-30,631	96,775	3,774	15,037	115,586
957	OTHER COSTS (LAND AND STRUCTURES)	420	11	966	1,396	29	25	1,450
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	173	4	-166	11	0	1	12
960	OTHER COSTS (INTEREST AND DIVIDENDS)	113	3	-89	27	1	-1	27
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	82	2	-84	0	0	0	0
986	MEDICAL CARE CONTRACTS	37,264	1,491	294,360	333,115	12,991	44,715	390,821
987	OTHER INTRA-GOVT PURCH	89,668	2,242	9,810	101,720	2,136	33,203	137,059
988	GRANTS	5,111	128	11,806	17,045	358	-16,856	547
989	OTHER SERVICES	168,382	4,210	206,780	379,372	7,967	5,307	392,646
990	IT CONTRACT SUPPORT SERVICES	39,255	981	-20,809	19,427	408	16,668	36,503
0999	**TOTAL OTHER PURCHASES**	**1,000,454**	**28,428**	**387,674**	**1,416,555**	**38,741**	**129,393**	**1,584,689**
9999	**GRAND TOTAL**	**1,771,311**	**38,460**	**336,008**	**2,145,778**	**41,054**	**188,343**	**2,375,175**

Notes:

1. FY 2025 actuals **excludes** $162,500 thousand, OP32 line 986, the Department of War transferred to the Department of Veterans Affairs in FY 2025 for the DoW/VA FHCC.
2. FY 2025 actuals **excludes** $15,000 thousand, OP32 line 986, the Department of War transferred to the Department of Veterans Affairs in FY 2025 for the DoW/VA JIF.
3. FY 2026 enacted **includes** $165,000 thousand, OP32 line 986, the Department of War will transfer to the Department of Veterans Affairs in FY 2026 for the DoW/VA FHCC.
4. FY 2026 enacted **includes** $15,000 thousand, OP32 line 986, the Department of War will transfer to the Department of Veterans Affairs in FY 2026 for the DoW/VA JIF.
5. FY 2027 enacted **includes** $174,000 thousand, OP32 line 986, the Department of War will transfer to the Department of Veterans Affairs in FY 2027 for the DoW/VA FHCC.
6. FY 2027 enacted **includes** $15,000 thousand, OP32 line 986, the Department of War will transfer to the Department of Veterans Affairs in FY 2027 for the DoW/VA JIF.

I. Description of Operations Financed:

Service Medical Information Management/Information Technology (IM/IT) – Provides resources for Military Treatment Facility (MTF) IM/IT activities, infrastructure, Service Medical specific systems; and Functional Area Applications (Service-Unique); Communications and Computing Infrastructure to include Information Assurance, long haul/wide area and deployable tactical/shipboard communications, office automation, and video-teleconferencing; and related technical activities including information architecture, data standardization, and data interoperability. Expressly excludes Base Communications and Voice Communications requirements funded in the Base Operations/ Communications Budget Activity Group.

Military Health System (MHS) Information Management/Information Technology Support Programs – Provides resources for services contracted or provided by other Department of War (DoW) agencies. Includes modifications to contractor-owned IM/IT systems to meet congressional and other mandated changes; changes or modifications to other DoW agencies' IM/IT systems to comply with changes in medical regulatory guidance; commercially purchased IM/IT-related services to support the Managed Care Support Contracts' compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities including information architecture, data standardization and data interoperability. Expressly excludes funding for centrally managed or Service Medical IM/IT systems, including acquiring centrally developed systems.

Military Health System Tri-Service Information Management/Information Technology – Provides resources for the MHS centrally managed, Tri-Service IM/IT programs to include developing standardized information systems designed to meet Tri-Service functional requirements at all echelons in the medical functional area. The Tri-Service IM/IT program defines, acquires/ develops, maintains/oversees the design, enhancement, operation, acquisition, sustainment, and management of information systems, related IT infrastructure, and communications in support of MHS activities.

Information Technology (IT) Development – Integrated Electronic Health Record (iEHR) – Provides resources for the acquisition, maintenance, enhancement, operation, sustainment, and program management in support of the iEHR information program and associated capabilities for the CAPT James A. Lovell Federal Health Care Center, North Chicago, IL, and the Interagency Program Office.

Department of War (DoW) Healthcare Management System Modernization Program (DHMSM) – Provides resources for the deployment and related technical sustainment of IT software and hardware baseline in support of healthcare delivery and the DHMSM Major Automated Information System within the MHS. This operation includes funding for IT equipment and recurring replacement, production software licenses and renewal/version upgrades, system deployment/implementation activities, and initial system user training. This program also includes funding to support the program office operations (e.g., Government and Vendor) and commercial software maintenance, hardware maintenance, system administration, other operations costs, regular training and education, and recurring telecommunications and data/system hosting and storage requirements in support of the DHMSM IT requirements. This program was established under the joint memo from Under Secretary of War (USW) (Comptroller) and USW (Acquisition Technology and Logistics) titled "Joint Memorandum on Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems," dated June 27, 2013.

DoW Medical Information Exchange (DMIX)/Enterprise Intelligence & Data Solutions (EIDS) – Provides resources to support MHS strategic goals and facilitates informed decision-making delivering vital information services and data in a timely, relevant, and actionable manner via DMIX/EIDS. DMIX/EIDS has

become the nexus of all MHS secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The Project Management Office strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoW leadership to improve patient care through the MHS Information Platform (MIP). In addition, it supports a set of DoW legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoW and Federal partners. The MIP provides a core clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, DMIX/EIDS is building the first secure cloud-based genomics platform for the DoW. A fully funded DMIX/EIDS initiative brings together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, all while meeting the Congressional intent of a fully interoperable health record.

Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment, and sustainment of the JOMIS capabilities for the DoW operational medicine community across the continuum of in-theater care. This funding provides procurement support for integrating medical capabilities under a joint concept of operations; support to field medical operations responsible for oversight and evaluation of critical command, control, communications, computer and intelligence health decision support systems; support for integrating medical capabilities under a joint concept of operations; sustainment support to JOMIS software baselines, comprised of the MHS GENESIS electronic health record (EHR) capability and legacy modules not replaced by the new EHR capabilities; and support for the upgrading or replacement of legacy operational medicine modules. The delivered products will support all echelons of care through an aggregation of medical data and situational reports that serve the theater of operations and the Continental United States sustaining base medical missions. It establishes the means and a standard for tying existing, developing, and future medical information systems (software and equipment) into an interoperable system that supports Military Departments. Funding will provide integrated, automated medical information addressing the functional areas, command and control (including planning functions), medical logistics, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower/training, and medical capabilities assessment and sustainment analysis.

Cybersecurity – Provides for the design, acquisition, modernization, and sustainment of the IT systems that underpin the MHS and directly enables the delivery of trusted healthcare to our service members, veterans, and their families. This funding supports a comprehensive defensive program that protects all MHS information—whether in storage, processing, or transit—against unauthorized interception, modification, and destruction, thereby ensuring confidentiality, integrity, and availability across the enterprise. Our defensive cyber operations provide multi-layered defenses through boundary and endpoint protection, Intrusion Detection Systems, and a robust Computer Network Defense posture designed to minimize damage and recovery time from any potential impairment to DoW information systems. Furthermore, these resources are critical for implementing the DoW Risk Management Framework through structured training, standardized workflows, and comprehensive guides that integrate security into the system development life cycle for both new and legacy systems. This risk-based approach ensures the efficient selection of security controls and fosters a resilient security posture aligned with the Federal Enterprise Architecture, which, combined with the sustainment of modern Public Key Infrastructure, is foundational to achieving the Defense Health Agency (DHA) Director's intent and strategic lines of effort.

Military Health System (MHS) Desktop to Datacenter (D2D) – Provides resources for the design, build, testing, installation, fielding, upgrades, and sustainment of IT supporting the DoW’s ability to provide and maintain infrastructure and enterprise support services for MHS systems in all healthcare regions worldwide. Resources will encompass: Circuits, Network Service Operations Center, MHS Enterprise Service Operations Centers Regional Services, Video Network Center, Lifecycle Management (Asset Management Support Services and Enterprise Software Management), Performance Planning Management, and Boundary

Services and Server Sustainment. D2D includes the following: (1) Network Security Management Service: Seamless integrated Wide, Local and Wireless Network allowing health care providers/staff to move from hospital to hospital and authenticate to all IT services without the need for separate accounts; (2) Desktop as a Service: Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to move from one exam room to another within the medical facility and have access to information; (3) Compute and Storage Management: Centrally managed integrated, robust computing infrastructure that provides a standard method to host applications and the ability to use single applications to support health care encounters; (4) Directory Services Enterprise Management: Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

II. Force Structure Summary:

This program funds concept exploration, management and sustainment of automated information systems, communications and computing infrastructure, related technical activities and information assurance supporting military medical readiness and promoting quality healthcare services to members of the Armed Forces, their families, and other beneficiaries of DoW healthcare.

Workload Introduction:
The IM/IT workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the DHA's IM/IT work for:
(1) MTF IT Support; (2) MHS Enterprise Cyber Security Support; (3) DHA GSC; (4) DoW DHMSM Deployment; (5) DoW DMIX; (6) EIDS MHS MIP; and (7) JOMIS /Medical Common Operating Picture (MedCOP).

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Service Medical IM/IT	$282,872	$176,327	$0	0.00%	$176,327	$176,327	$152,263
2. MHS IM/IT Support Programs	$60,394	$39,304	$0	0.00%	$39,304	$39,304	$66,362
3. MHS Tri-Service IM/IT	$548,253	$508,874	$0	0.00%	$508,874	$508,874	$709,285
4. IT Technology Development - Integrated Electronic Health Record (iEHR)	$23,429	$24,237	$0	0.00%	$24,237	$24,237	$24,270
5. DoW Healthcare Management System Modernization (DHMSM)	$606,057	$487,819	$0	0.00%	$487,819	$487,819	$491,174
6. DoW Medical Information Exchange (DMIX))/Enterprise Intelligence & Data Solutions (EIDS)	$121,465	$124,470	$0	0.00%	$124,470	$124,470	$137,248
7. Joint Operational Medicine Information System (JOMIS)	$242,484	$254,157	$0	0.00%	$254,157	$254,157	$255,286
8. Cybersecurity	$169,757	$174,610	$0	0.00%	$174,610	$174,610	$178,581
9. MHS Desktop to Datacenter (D2D)	$397,841	$482,000	$0	0.00%	$482,000	$482,000	$585,708
Total	**$2,452,552**	**$2,271,798**	**$0**	**0.00%**	**$2,271,798**	**$2,271,798**	**$2,600,177**

Notes:

1. FY 2025 actual **excludes** $1,400 thousand (O&M only) for DoW Medicare-Eligible Retiree Health Care Fund (MERHCF).
2. FY 2025 actual **includes** $266 thousand for Red Hill.
3. FY 2026 enacted **includes** $3,100 thousand for Red Hill.
4. FY 2026 enacted **excludes** $1,000 thousand (O&M only) for MERHCF.
5. FY 2027 request **includes** $3,100 thousand for Red Hill.
6. FY 2027 request **excludes** $1,600 thousand (O&M only) for MERHCF.

B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$2,271,798**	**$2,271,798**
Congressional Adjustments (Distributed)	0	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**2,271,798**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**2,271,798**	
Supplemental	0	
Reprogrammings	0	
Price Changes		40,554
Functional Transfers		0
Program Changes		287,825
CURRENT ESTIMATE	**2,271,798**	**2,600,177**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$2,271,798**	**$2,600,177**

FY 2026 President's Budget Request (Amended, if applicable)	**$2,271,798**
1. Congressional Adjustments	$0
a) Distributed Adjustments	$0
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$2,271,798**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$2,271,798**
4. Reprogrammings (Requiring 1415 Actions)	$0
a) Increases	$0

b) Decreases $0

Revised FY 2026 Estimate $2,271,798

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $2,271,798

6. Price Change $40,554

7. Functional Transfers $0

a) Transfers In $0

b) Transfers Out $0

8. Program Increases $325,448

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $325,448

1) a. Defense Health Agency (DHA) Digital Health Capabilities: $200,449
Increases funding in the MHS Tri-Service IM/IT (+171,670 thousand) and MHS D2D (+28,779 thousand) program element (PE) for DHA Digital Health Capabilities. The DHA IM/IT funding request seeks to elevate DHA's digital health capabilities by implementing Ambient Listening technology and enhancing virtual patient outreach through expanded video visits and Tele-Critical Care services. These strategic investments will strengthen enterprise care coordination and include essential hardware, such as tablets, alongside critical infrastructure upgrades like an advanced audio-visual platform and a global

teleconsultation portal. The FY 2026 MHS Tri-Service IM/IT PE baseline funding is $508,874 thousand and MHS D2D program element baseline funding is $482,000 thousand.

2) b. Information Management/Information Technology (IM/IT) Infrastructure and Modernization: $93,313
Increases funding in the MHS D2D PE for Defense Enterprise Office Solution, MHS Infrastructure Technology Sustainment and IM/IT GENESIS Workflow Enabler Refresh programs. Funds increase will address rising contract and equipment costs, specifically impacting IT Contract Support Services, Engineering and Technical Services, and Equipment Purchases (Non-Fund) OP-32 lines. The FY 2026 IM/IT baseline funding is $2,271,798 thousand.

3) c. Defense Health Agency DATA Ecosystem:.....$21,098
Increases funding in the MHS IM/IT Support Programs PE to accelerate the establishment of a federated data ecosystem to rapidly access, integrate, and operationalize data across a highly distributed enterprise to support time-sensitive clinical, operational, and readiness decisions. The increase in funding will cover contracts requirements. The FY 2026 MHS IM/IT Support Programs PE baseline funding is $39,304 thousand.

4) d. DoW Medical Information Exchange and Interoperability/Enterprise Intelligence & Data Solutions (DMIX/EIDS): $10,588
Increases funding in the DMIX/EIDS PE to resource the completion of EIDS data transition by end of FY 2027. The increase in funding will cover contract requirements. The FY 2026 DMIX/EIDS baseline funding is $124,470 thousand.

9. Program Decreases .....$-37,623

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases $0

c) Program Decreases in FY 2027 .....$-37,623

1) a. Efficiency - Contract Services: .....$-9,657
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 IM/IT baseline funding is $2,271,798 thousand.

2) b. Workforce Optimization:.....$-21,773
Reduces the IM/IT civilian personnel funding and FTEs (-$21,773 thousand; -99 FTEs) to keep civilian funding at the FY 2025 levels to achieve workforce optimization. Funds are reduced from the Service Medical IM/IT PE (-$12,831 thousand; 60

FTEs); DHMSM PE (-$7,020 thousand; -30 FTEs); JOMIS PE (-$1,150 thousand; -5 FTEs); IEHR PE (-$500 thousand; -2 FTEs), and DMIX/EDIS PE (-$272 thousand; -2 FTEs). The FY 2026 IM/IT civilian funding request is $316,369 thousand. The FY 2026 IM/IT program civilian personnel staffing is 1,976 FTEs.

3) c. Efficiency - Supplies and Materials: .....$-2,594
Reduces funding for supplies and materials to align with historical execution levels and ensure alignment with priorities of the Secretary of War to improve the efficiency and effectiveness of mission and business operations. The FY 2026 IM/IT baseline funding is $2,271,798 thousand.

4) d. Efficiency - Printing and Reproduction: .....$-2,201
Reduces funding for printing and reproduction to align with historical execution levels and ensure alignment with priorities of the Secretary of War to improve the efficiency and effectiveness of mission and business operations. The FY 2026 IM/IT baseline funding is $2,271,798 thousand.

5) e. Efficiency - Travel Budget: .....$-1,398
Reduces discretionary travel funding to align with historical execution levels and ensure alignment with priorities of the Secretary of War to improve the efficiency and effectiveness of mission and business operations. The FY 2026 IM/IT baseline funding is $2,271,798 thousand.

FY 2027 Budget Request $2,600,177

IV. Performance Criteria and Evaluation Summary:

The workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the DHA's IM/IT work for: (1) MTF IT Support; (2) MHS Enterprise Cyber Security Support; (3) DHA GSC; (4) DoW DHMSM Deployment; (5) DoW DMIX; (6) EIDS MHS MIP; and (7) JOMIS/MedCOP.

Workload Description by Program	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Military Treatment Facility (MTF) Information Technology (IT) Support			
1. Provides software, hardware, and network IT support for enterprise systems at DoW medical headquarters, hospitals, and medical clinics worldwide, as appropriate, to achieve operational benefits. Activities supported include: outpatient encounters, inpatient stays, prescription issuance and management, laboratory orders and results, medical records management, claims processing, patient appointing and scheduling, medical logistics services, patient safety reporting, medical workload management, clinical data analysis, nutrition care services, blood management, staff credentialing, medical coding, medical surveillance, surgical scheduling, and more	50 systems	46 systems	40 systems
2. Shutdown/Decommission (end operational use) legacy systems replaced by Military Health System (MHS) GENESIS (site instances of systems)	42 site instances of systems	3 site instances of	0 site instances of systems
Military Health System (MHS) Enterprise Services Cyber Security Support			
1. Manage the cybersecurity status of systems (including networks and medical devices enrolled in Risk Management Framework throughout the MHS)	1,688 Total (1,080 Active, 608 Decommissioned)	1,705	1,722
2. Implement required cybersecurity patches (Cybersecurity Support cannot determine the number of patches needed in advance) (Percentage)	99%	95%	95%

Workload Description by Program	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Defense Health Agency (DHA) Global Service Center (GSC)			
1. Provide enterprise help desk services in support of the MHS systems and network. Manage and resolve 95% of Critical (Priority 1) incidents within 90 minutes. [Equation: {Number of "Priority 1" incidents resolved or escalated within the 90-minute time constraint in the period of interest/Total number of "Priority 1" incidents in the period of interest} x 100. Priority categories based on the type of problem and number of users affected]	26 Priority 1 Incidents ≥95%	29 Priority 1 Incidents ≥95%	32 Priority 1 Incidents ≥95%
2. Meet or exceed an average customer satisfaction rating of 4.0 on a 5-point Likert scale rating system (excluding Tier 3). Report Number of Survey responses with rating of 4.0 or above and average monthly customer satisfaction ratings for each returned customer survey reported on a quarterly basis. Reporting will include number of surveys sent, number of surveys returned, and rate of return %.	12,128 survey responses	13,100 survey responses	14,200 survey responses
Department of War (DoW) Healthcare Management Systems Modernization (DHMSM) Deployment			
1. Measure and determine MHS GENESIS' ability to scale the number of users up without degrading the average log-in and transaction response times. Measure the percentage of users able to log-in in and complete transactions in less than two (2) seconds	96.81%	90%	90%
2. System Operational Availability assesses the total time the system can perform clinical functions during a given interval – excluding scheduled downtimes. (Percentage)	99.12%	90%	90%
Department of War (DoW) Medical Information Exchange (DMIX)			
1. Percentage of population with Joint Legacy Viewer (JLV) access using JLV	36.78%	30%	30%
2. Retrieve patient-centric information pulled from disparate healthcare systems in real time for presentation in a browser in less than two (2) minutes. (Percentage) Reason: It helps check the performance of related healthcare systems. This information helps assess improvements/changes/updates to the evaluated system. For example, a new patch could improve response times. Having these measurements will highlight the improvement. (Percentage)	99.99%	90%	90%
3. Software availability from an end-user perspective - not counting scheduled downtime - and platform and network availability (DES/JLV). (Percentage)	99.6%	93%	93%

Workload Description by Program	**FY 2025 Actuals**	**FY 2026 Estimate**	**FY 2027 Estimate**
Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP). Measures calculated per MIP Post-Implementation Review Plan			
1. System Availability – Clinical Care Functions: System uptime (including scheduled downtime) for MIP functions that support direct clinical care, e.g., Legacy Data Consolidation (Percentage)	99.5%	99.5%	99.5%
2. System Availability – Non-Clinical Functions: System uptime (excluding scheduled downtime) for MIP functions that don't support direct clinical care, e.g., non-Legacy Data Consolidation. (Percentage)	99.5%	99.5%	99.5%
Joint Operational Medicine Information System (JOMIS)/Medical Common Operating Picture (MedCOP)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99%	99%	99%
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	<10	<5	<5
3. Maintainability: Time to implement Tier 3 tickets (Metric ID OP1913-5006)	20 Business Days	15 Business Days	15 Business Days

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**349**	**373**	**371**	**24**	**-2**
Officer	68	57	55	-11	-2
Enlisted	281	316	316	35	0
Active Military Average Strength (A/S) (Total)	**343**	**361**	**372**	**18**	**11**
Officer	64	63	56	-1	-7
Enlisted	279	298	316	19	18
Civilian FTEs (Total)	**2,015**	**1,976**	**1,877**	**-39**	**-99**
U.S. Direct Hire	1,973	1,950	1,835	-23	-115
Foreign National Direct Hire	31	15	31	-16	16
Total Direct Hire	**2,004**	**1,965**	**1,866**	**-39**	**-99**
Foreign National Indirect Hire	11	11	11	0	0
Average Annual Civilian Salary ($ in thousands)	**160.8**	**161.2**	**157.8**	**0.4**	**-3.4**
Contractor FTEs (Total)	**5,219**	**5,212**	**5,212**	**-7**	**0**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2025 to FY 2026 **(+24)** is attributed to the services' intent to increase active duty personnel availability to DHA. **(**Air Force **(+35)** Army **(-7)** Navy **(-4))**. The net decrease from FY 2026 to FY 2027 **(-2)** is attributed to approved MOAs to transfer operational missions to the Air Force.

Explanation of changes in Civilian FTEs: The net decrease from FY 2025 to FY 2026 **(-39)** is attributed to DHA's implementation of workforce optimization and restructuring initiatives to optimize resources supporting healthcare delivery and medical readiness. The net decrease in civilian FTEs from FY 2026 to FY 2027 **(-99)** is attributed to a targeted reduction of **(-60)** civilian FTEs as part of the DHA workforce optimization, which reallocates resources to core military capabilities, and the **(-39)** civilian FTEs, which optimizes DHA's organizational structure by consolidating functions and eliminating bureaucratic layering to fund high-priority capabilities.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Explanation of changes in Contractor FTEs:
The net decrease from FY 2025 to FY 2026 **(-7)** is attributed to enterprise-wide efficiencies to reduce the use of outside consultants and contractors, enabling the remaining staff to provide the highest-quality, most efficient delivery of health care to beneficiaries. There are no changes in Contractor FTEs from FY 2026 to FY 2027.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	321,394	4,114	-9,907	315,601	871	-22,473	293,999
103	WAGE BOARD	819	10	-829	0	0	0	0
104	FN DIRECT HIRE (FNDH)	1,097	14	-367	744	2	701	1,447
106	BENEFIT TO FMR EMPLOYEES	25	1	-2	24	1	-1	24
107	VOLUNTARY SEP INCENTIVES	2	0	-2	0	0	0	0
121	PCS BENEFITS	18	1	-19	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**323,355**	**4,140**	**-11,126**	**316,369**	**874**	**-21,773**	**295,470**
308	TRAVEL OF PERSONS	1,992	50	1,487	3,529	74	-1,401	2,202
0399	**TOTAL TRAVEL**	**1,992**	**50**	**1,487**	**3,529**	**74**	**-1,401**	**2,202**
614	SPACE & NAVAL WARFARE CENTER	0	0	6,523	6,523	430	-299	6,654
647	DISA ENTERPRISE COMPUTING CENTERS	18,539	371	0	18,910	-756	16,961	35,115
671	DISA DISN SUBSCRIPTION SERVICES (DSS)	24,428	-1,954	2,474	24,948	0	516	25,464
0699	**TOTAL OTHER FUND PURCHASES**	**42,967**	**-1,583**	**8,997**	**50,381**	**-326**	**17,178**	**67,233**
771	COMMERCIAL TRANSPORT	590	15	-562	43	1	0	44
0799	**TOTAL TRANSPORTATION**	**590**	**15**	**-562**	**43**	**1**	**0**	**44**
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	572	17	1,500	2,089	44	-1,499	634
912	RENTAL PAYMENTS TO GSA (SLUC)	58	1	-59	0	0	0	0
914	PURCHASED COMMUNICATIONS (NON-FUND)	2,211	55	13,459	15,725	330	-16	16,039
915	RENTS (NON-GSA)	145	4	266	415	9	-1	423
920	SUPPLIES & MATERIALS (NON-FUND)	2,610	65	12,599	15,274	321	-2,612	12,983
921	PRINTING & REPRODUCTION	0	0	2,188	2,188	46	-2,204	30
922	EQUIPMENT MAINTENANCE BY CONTRACT	1,561	39	701	2,301	48	-3	2,346
923	FACILITIES SUST, REST, & MOD BY CONTRACT	2,875	72	-2,902	45	1	0	46
925	EQUIPMENT PURCHASES (NON-FUND)	90,998	2,275	74,163	167,436	3,516	9,911	180,863

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
932	MGT PROF SUPPORT SVCS	129,472	3,237	-57,699	75,010	1,575	-75	76,510
933	STUDIES, ANALYSIS & EVAL	22,483	562	-19,485	3,560	75	-4	3,631
934	ENGINEERING & TECH SVCS	36,152	904	-33,155	3,901	82	10,496	14,479
955	OTHER COSTS (MEDICAL CARE)	2,608	104	-2,712	0	0	0	0
960	OTHER COSTS (INTEREST AND DIVIDENDS)	0	0	173	173	4	-1	176
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	615	15	-630	0	0	0	0
986	MEDICAL CARE CONTRACTS	6,642	266	-6,905	3	0	71	74
987	OTHER INTRA-GOVT PURCH	45,766	1,144	4,479	51,389	1,079	4,209	56,677
988	GRANTS	408	10	-418	0	0	0	0
989	OTHER SERVICES	6,890	172	-1,355	5,707	120	5,064	10,891
990	IT CONTRACT SUPPORT SERVICES	1,731,582	43,290	-218,612	1,556,260	32,681	270,485	1,859,426
0999	**TOTAL OTHER PURCHASES**	**2,083,648**	**52,232**	**-234,404**	**1,901,476**	**39,931**	**293,821**	**2,235,228**
9999	**GRAND TOTAL**	**2,452,552**	**54,854**	**-235,608**	**2,271,798**	**40,554**	**287,825**	**2,600,177**

The net increase from FY 2026 to FY 2027 in OP-32 line 990, IT Contracts Support Services is attributed to increased funding in the MHS Tri-service IM/IT, D2D and IM/IT Support Programs PEs for IM/IT infrastructure modernization and data ecosystem.

I. Description of Operations Financed:
This Budget Activity Group represents approximately one percent of the Combat and Operational Medicine Program budget. It covers the Defense Health Agency's (DHA) Medical Headquarters and its functions supporting Military Health System's (MHS) worldwide patient care delivery.

Defense Health Agency - Resources required for the DHA operating costs supporting delivery of patient care worldwide for members of the Armed Forces, family members, and others entitled to Department of War (DoW) health care. Oversees and maintains DoW Unified Medical Program resources for all medical activities. More specifically, the resources support headquarters functions, including the cost of operating the DHA and centrally managed requirements supporting the delivery of healthcare services.

Management Headquarters - Required for the DHA management headquarters operating costs, which enable the Agency to coordinate and oversee the provision of health care within the MHS. Management Headquarters funds will be realigned to the DHA program element in FY 2027 to consolidate operating costs.

Sexual Assault Prevention - **Management Headquarter Activity** (**MHA)** - Resources required for Sexual Assault Prevention efforts related to prevention strategy development, policy, oversight, research, programs, evaluation, and training for MHA.

II. Force Structure Summary:
Management Activities include resources necessary to support headquarters functions outlined in DoW Instruction 5100.73, Major DoW Headquarters Activities. Within the MHS, this covers the costs of operating the acquisition, administration, audiovisual, audit, cost analysis, data automation, financial management, information, public affairs, legal and legislative affairs, logistics, management analysis, personnel and organization, security programs at the DHA and sexual assault prevention efforts for the MHA, only.

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Defense Health Agency	$295,135	$261,938	$0	0.00%	$261,938	$261,938	$304,105
2. Management Headquarters	$45,727	$41,688	$0	0.00%	$41,688	$41,688	$0
3. Sexual Assault Prevention - MHA	$85	$272	$0	0.00%	$272	$272	$277
Total	**$340,947**	**$303,898**	**$0**	**0.00%**	**$303,898**	**$303,898**	**$304,382**

Notes:
FY 2027 request **includes:**
-Internal realignment of funds from the Management Headquarters program element (PE) (-$43,176 thousand; Fulltime Equivalents (FTEs) -244) to the DHA PE (+$43,176 thousand; FTE +244) to consolidate operating costs.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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Management Activities OP-5 Exhibit

B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$303,898**	**$303,898**
Congressional Adjustments (Distributed)	0	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**303,898**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**303,898**	
Supplemental	0	
Reprogrammings	0	
Price Changes		1,105
Functional Transfers		23,043
Program Changes		-23,664
CURRENT ESTIMATE	**303,898**	**304,382**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$303,898**	**$304,382**

FY 2026 President's Budget Request (Amended, if applicable)	**$303,898**
1. Congressional Adjustments	$0
a) Distributed Adjustments	$0
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$303,898**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$303,898**
4. Reprogrammings (Requiring 1415 Actions)	$0
a) Increases	$0

b) Decreases $0

Revised FY 2026 Estimate $303,898

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $303,898

6. Price Change $1,105

7. Functional Transfers $23,043

a) Transfers In $23,043

1) Defense Suicide Prevention Office (DPSO): $23,043
Transfers funds and manpower (+26 FTEs) to the DHA from the Office of Force Resiliency and the Director, Defense Human Resource Activity for the organizational realignment of the DPSO. Action realigns missions and resources within Office of the Under Secretary of War for Personnel and Readiness to more efficiently execute department priorities, to achieve statutory and principal staff assistant policy and program requirements, and to better serve our Service members and their families. The FY 2026 Management Activities baseline funding is $303,898 thousand. The FY 2026 Management Activities civilian staffing is 1,611 FTEs.

b) Transfers Out $0

8. Program Increases $0

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $0

1) a. Defense Health Agency: $0
Internal realignment of funds and FTEs ($43,176 thousand; FTEs 244) to the DHA PE from the Management Headquarters PE (-$43,176 thousand; FTE -244) to consolidate pay and non-pay management headquarters functions, and coordinate and oversee the provision of health care within the MHS. The FY 2026 Management Activities baseline funding is $303,898 thousand. The FY 2026 Management Activities civilian staffing is 1,611 FTEs.

9. Program Decreases ..... $-23,664

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases $0

c) Program Decreases in FY 2027 ..... $-23,664

1) a. Workforce Optimization: ..... $-18,614
Reduces the DHA Management Activities personnel funding and FTEs (-$18,614 thousand; -88 FTEs) to keep civilian funding at the FY 2025 levels to achieve workforce optimization. The FY 2026 DHA Management Activities civilian baseline funding is $290,309 thousand. The FY 2026 DHA Management Activities civilian personnel staffing is 1,611 FTEs.

2) b. Contract Services: ..... $-5,050
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 Management Activities baseline funding is $303,898 thousand.

FY 2027 Budget Request $304,382

IV. Performance Criteria and Evaluation Summary:

Refer to the Personnel Summary in Section V.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**660**	**789**	**789**	**129**	**0**
Officer	446	554	554	108	0
Enlisted	214	235	235	21	0
Active Military Average Strength (A/S) (Total)	**665**	**725**	**789**	**60**	**64**
Officer	449	500	554	51	54
Enlisted	216	225	235	9	10
Civilian FTEs (Total)	**1,865**	**1,611**	**1,549**	**-254**	**-62**
U.S. Direct Hire	1,863	1,611	1,549	-252	-62
Foreign National Direct Hire	1	0	0	-1	0
Total Direct Hire	**1,864**	**1,611**	**1,549**	**-253**	**-62**
Foreign National Indirect Hire	1	0	0	-1	0
Average Annual Civilian Salary ($ in thousands)	**181.1**	**180.2**	**189.3**	**-0.8**	**9.1**
Contractor FTEs (Total)	**327**	**47**	**47**	**-280**	**0**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2025 to FY 2026 **(+129)** is attributed to the services' intent to increase active duty personnel availability to DHA **(**Air Force **(+97)** and Army **(+32))**. There were no changes from FY 2026 to FY 2027.

Explanation of changes in Civilian FTEs: The net decrease from FY 2025 to FY 2026 **(-254)** and from FY 2026 to FY 2027 **(-62)** is attributed to the DHA's implementation of workforce optimization and restructuring initiatives aimed at reducing non-statutory overhead costs, consolidating redundant roles, and optimizing resources supporting healthcare delivery and medical readiness.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Explanation of changes in Contractor FTEs: The net decrease from FY 2025 to FY 2026 **(-280)** is attributed to enterprise-wide efficiencies to reduce the use of outside consultants and contractors, enabling the remaining staff to provide the highest-quality, most efficient delivery of health care to beneficiaries. There are no changes in Contractor FTEs from FY 2026 to FY 2027.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	337,087	4,315	-51,093	290,309	801	2,149	293,259
103	WAGE BOARD	328	4	-332	0	0	0	0
104	FN DIRECT HIRE (FNDH)	36	0	-36	0	0	0	0
121	PCS BENEFITS	214	6	-220	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**337,665**	**4,325**	**-51,681**	**290,309**	**801**	**2,149**	**293,259**
308	TRAVEL OF PERSONS	76	2	681	759	16	0	775
0399	**TOTAL TRAVEL**	**76**	**2**	**681**	**759**	**16**	**0**	**775**
771	COMMERCIAL TRANSPORT	98	2	-100	0	0	0	0
0799	**TOTAL TRANSPORTATION**	**98**	**2**	**-100**	**0**	**0**	**0**	**0**
920	SUPPLIES & MATERIALS (NON-FUND)	2	0	205	207	4	6	217
922	EQUIPMENT MAINTENANCE BY CONTRACT	0	0	3	3	0	0	3
925	EQUIPMENT PURCHASES (NON-FUND)	23	1	-24	0	0	0	0
932	MGT PROF SUPPORT SVCS	2,894	72	940	3,906	82	-3,988	0
955	OTHER COSTS (MEDICAL CARE)	0	0	1,082	1,082	42	1	1,125
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	140	4	-144	0	0	0	0
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	20	1	-21	0	0	0	0
986	MEDICAL CARE CONTRACTS	0	0	10	10	0	0	10
989	OTHER SERVICES	29	1	7,592	7,622	160	1,211	8,993
0999	**TOTAL OTHER PURCHASES**	**3,108**	**79**	**9,643**	**12,830**	**288**	**-2,770**	**10,348**
9999	**GRAND TOTAL**	**340,947**	**4,408**	**-41,457**	**303,898**	**1,105**	**-621**	**304,382**

I. Description of Operations Financed:

This Budget Activity Group has two primary categories and provides support for education and training opportunities for personnel funded by COMP:

Uniformed Services University of the Health Sciences (USUHS) - Resources required for operation and maintenance of the Department of War-funded university that produces physicians, advanced practice nurses, advanced practice dentists, and other health professionals from the School of Medicine, Graduate School of Nursing, Postgraduate Dental College, College of Allied Health Sciences, National Capital Area Graduate Medical Education Residency Programs and Graduate Education Programs leading to undergraduate, masters or doctoral degrees in medicine, dentistry, nursing, public health, healthcare administration, clinical psychology and the health and biomedical sciences.

Education and Training - Health Care - Resources required for specialized skills training and professional development education programs for health care personnel at the Medical Education and Training Campus (METC), San Antonio, Texas. It also includes educational programs for healthcare personnel at federal and private sector academic institutions and medical facilities. Professional development provides officer, enlisted, and civilian medical personnel with the specialized skills and knowledge required to perform highly technical health service missions.

II. Force Structure Summary:

Education and Training resources provide tuition and other educational expenses for specialized skills training and professional development education programs for healthcare personnel, as well as educational programs for healthcare personnel at federal and private sector academic institutions and medical facilities. USUHS resources fund the operation and maintenance requirements necessary to operate a DoW-funded medical school that trains doctors; offers graduate programs for nurses and professionals in the biological sciences; provides professional development education, undergraduate degree programs through the USUHS-METC Affiliation, specialized skills training, and other training necessary to accomplish the mission.

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Uniformed Services University of the Health Sciences	$205,636	$205,071	$14,500	7.07%	$219,571	$219,571	$182,242
2. Education and Training - Healthcare	$162,690	$166,355	$0	0.00%	$166,355	$166,355	$167,218
Total	**$368,326**	**$371,426**	**$14,500**	**3.90%**	**$385,926**	**$385,926**	**$349,460**

B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$371,426**	**$385,926**
Congressional Adjustments (Distributed)	14,500	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**385,926**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**385,926**	
Supplemental	0	
Reprogrammings	0	
Price Changes		4,368
Functional Transfers		0
Program Changes		-40,835
CURRENT ESTIMATE	**385,926**	**349,460**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$385,926**	**$349,460**

FY 2026 President's Budget Request (Amended, if applicable)	**$371,426**
1. Congressional Adjustments	$14,500
a) Distributed Adjustments	$14,500
1) Advanced Orthopedic Surgical Training:	$4,500
2) Uniformed Services University Multi-Domain Operations:	$10,000
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$385,926**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$385,926**

4. Reprogrammings (Requiring 1415 Actions) $0

a) Increases $0

b) Decreases $0

Revised FY 2026 Estimate $385,926

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $385,926

6. Price Change $4,368

7. Functional Transfers $0

a) Transfers In $0

b) Transfers Out $0

8. Program Increases $6,219

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $6,219

1) a. Equipment Increase: $6,219
Increased funding provides support to the top eight Major Simulation Medical Centers within the Military Health System in an effort to increase student throughput and training opportunities for medical and dental students aligning with the Secretary of

War's top priorities of readiness, modernization, and force sustainment. The FY 2026 Education and Training - Healthcare baseline funding is $166,355 thousand.

9. Program Decreases ..... $-47,054

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases ..... $-14,500

1) Advanced Orthopedic Surgical Training: ..... $-4,500
Adjustment to reverse one-time funding increase issued to the Defense Health Agency to ensure military orthopedic surgeons and related health professionals receive advanced surgical training, particularly in arthroscopic techniques and other specialized orthopedic procedures, due to musculoskeletal injuries common among servicemembers that significantly affect readiness and retention. Adjustment decreases grants funding for medical training in the Uniform Services University Health Sciences program element. The FY 2026 Uniform Services University of the Health Sciences program element baseline funding is $219,571 thousand.

2) Uniformed Services University Multi-Domain Operations: ..... $-10,000
Adjustment to reverse one-time funding increase issued to address a growing gap between modern warfare requirements and the traditional military medical training model. Multi-Domain Operations is a warfighting concept that integrates operations across all theaters of conflict optimizing the Military Health System for contested warfare medicine. Adjustment decreases grant funding for medical training in the Uniformed Services University Health Sciences program element. The FY 2026 Uniformed Services University of the Health Sciences program element baseline funding is $219,571 thousand.

c) Program Decreases in FY 2027 ..... $-32,554

1) a. Military Health System (MHS) Education and Training: ..... $-24,396
Reduces funding in the Uniformed Services University of the Health Sciences program element to enhance focus on optimizing organization structure and workforce composition to rebuild readiness, revive the warrior ethos, and maximize strategic deterrence. This action will enable the Defense Health Agency to reallocate resources to combat support programs critical to warfighter health and readiness. The FY 2026 Uniformed Services University of the Health Sciences program element baseline funding is $219,571 thousand.

2) b. Efficiency - Printing and Reproduction: ..... $-2,872

Reduces funding for printing and reproduction to align with historical execution levels and ensure alignment with the priorities of the Secretary of War to improve the efficiency and effectiveness of our mission and business operations. The FY 2026 Education and Training - Healthcare program element baseline funding is $166,355 thousand.

3) c. Efficiency - Travel Budget: .....$-1,912
Reduces discretionary travel funding to align with the Secretary of War's highest priorities to strengthen readiness, modernize capabilities, and sustain the Force. The FY 2026 Education and Training - Healthcare program element baseline funding is $166,355 thousand.

4) d. Efficiency - Contract Services: .....$-3,374
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 Education and Training - Healthcare program element baseline funding is $166,355 thousand.

FY 2027 Budget Request $349,460

IV. Performance Criteria and Evaluation Summary:

(Student Load Count)

	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Request	Change FY 2025/2026	Change FY 2026/2027
Officer Acquisition[1]	697	697	697	0	0
Graduate Medical Education (GME)[2]	5,271	5,271	5,271	0	0
Medical Education and Training Campus (METC)[3]	8,915	9,329	9,362	414	33
Other Training[4]	3,078	3,116	3,168	38	52

1. Officer Acquisition programs represent the Uniformed Services University of the Health Sciences Medical Students. Values represent student load for a year.

2. Graduate Medical Education includes initial and advanced skills training programs and leadership programs for officer and enlisted personnel and includes Graduate Dental education programs. Values represent student load for a year.

3. Medical Education and Training Campus: The student loads illustrated reflect annual workload projections based upon actual Defense Health Agency and Uniformed Services University of the Health Sciences requirement training programs and courses. METC includes enlisted training programs for Army (MOS), Navy (NEC), and Air Force (AFSC) requirements, as well as Public Health, Nuclear Medicine, Medical Laboratory Technicians, Surgery Technicians, Preventive Medicine, Pharmacy Technicians, Dental Assistants, and Combat Medic. The Army Training Resource Requirement System (ATRRS) manages these programs. The increase from FY 2025 to FY 2026 is due to efforts used to maximum course sizes in ATRRS. The increase from FY 2026 to FY 2027 is due to efforts to maximize capacity within each training opportunity.

4. Other Training student loads illustrated reflect the average daily student numbers based upon actual Defense Health Agency requirement training programs and courses. Other Training includes courses offered at the Continuing Education Program Office; Joint Medical Executive Skills Institute, Military Treatment Facility - Medical Treatment Network; Defense Medical Readiness Training Institute; and skills progression courses, as well as service specific professional development training. Values represent student load for a year.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**12,409**	**12,782**	**12,781**	**373**	**-1**
Officer	6,675	7,154	7,151	479	-3
Enlisted	5,734	5,628	5,630	-106	2
Active Military Average Strength (A/S) (Total)	**12,338**	**12,596**	**12,782**	**258**	**186**
Officer	6,720	6,915	7,153	195	238
Enlisted	5,618	5,681	5,629	63	-52
Civilian FTEs (Total)	**1,150**	**1,195**	**1,106**	**45**	**-89**
U.S. Direct Hire	1,150	1,195	1,106	45	-89
Total Direct Hire	**1,150**	**1,195**	**1,106**	**45**	**-89**
Average Annual Civilian Salary ($ in thousands)	**162.8**	**171.8**	**170.2**	**9.1**	**-1.7**
Contractor FTEs (Total)	**200**	**178**	**178**	**-22**	**0**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2025 to FY2026 **(+373)** is attributed to the services' intent to increase active duty personnel availability to DHA **(Air Force (-311)** Army **(+245)** and Navy **(+439))**. The net decrease from FY 2026 to FY 2027 **(-1)** is attributed to regular personnel fluctuations **(**Air Force **(-1)** Army **(-1)** and Navy **(+1)).**

Explanation of changes in Civilian FTEs: The net increase from FY 2025 to FY 2026 **(+45)** is attributed to enterprise-wide initiatives to recruit and retain a stable, trained, and readily available workforce to ensure consistent healthcare delivery to MHS beneficiaries. The net decrease from FY 2026 to FY 2027 **(-89)** is attributed to the Secretary of War Workforce Optimization initiative, which optimizes DHA's organizational structure by consolidating functions and eliminating bureaucratic layering to fund high-priority capabilities supporting healthcare delivery and medical readiness.

Explanation of changes in Contractor FTEs: The net decrease from FY 2025 to FY 2026 **(-22)** is attributed to enterprise-wide efficiencies to reduce the use of outside consultants and contractors, enabling the remaining staff to provide the highest-quality, most efficient delivery of health care to beneficiaries. There are no estimated changes in Contractor from FY 2026 to FY 2027.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	184,917	2,367	12,919	200,203	553	-17,146	183,610
103	WAGE BOARD	2,128	27	2,990	5,145	14	-551	4,608
107	VOLUNTARY SEP INCENTIVES	125	4	-129	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**187,170**	**2,398**	**15,780**	**205,348**	**567**	**-17,697**	**188,218**
308	TRAVEL OF PERSONS	29,361	734	-4,477	25,618	538	-1,913	24,243
0399	**TOTAL TRAVEL**	**29,361**	**734**	**-4,477**	**25,618**	**538**	**-1,913**	**24,243**
401	DLA ENERGY (FUEL PRODUCTS)	7	0	-7	0	0	0	0
0499	**TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS**	**7**	**0**	**-7**	**0**	**0**	**0**	**0**
771	COMMERCIAL TRANSPORT	158	4	144	306	6	188	500
0799	**TOTAL TRANSPORTATION**	**158**	**4**	**144**	**306**	**6**	**188**	**500**
912	RENTAL PAYMENTS TO GSA (SLUC)	196	5	-201	0	0	0	0
913	PURCHASED UTILITIES (NON-FUND)	0	0	71	71	1	1	73
914	PURCHASED COMMUNICATIONS (NON-FUND)	7,582	190	-7,749	23	0	0	23
915	RENTS (NON-GSA)	14	0	127	141	3	0	144
917	POSTAL SERVICES (U.S.P.S)	0	0	0	0	0	9	9
920	SUPPLIES & MATERIALS (NON-FUND)	24,645	616	-1,588	23,673	497	194	24,364
921	PRINTING & REPRODUCTION	1,646	41	2,613	4,300	90	-2,817	1,573
922	EQUIPMENT MAINTENANCE BY CONTRACT	1,052	26	-215	863	18	53	934
923	FACILITIES SUST, REST, & MOD BY CONTRACT	681	17	-698	0	0	0	0
925	EQUIPMENT PURCHASES (NON-FUND)	5,885	147	2,031	8,063	169	6,219	14,451
932	MGT PROF SUPPORT SVCS	25,163	629	-11,088	14,704	309	-6,170	8,843
933	STUDIES, ANALYSIS & EVAL	138	3	938	1,079	23	19	1,121
934	ENGINEERING & TECH SVCS	6,508	163	-5,618	1,053	22	19	1,094
955	OTHER COSTS (MEDICAL CARE)	2,066	83	-2,149	0	0	0	0

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
957	OTHER COSTS (LAND AND STRUCTURES)	0	0	34	34	1	1	36
960	OTHER COSTS (INTEREST AND DIVIDENDS)	84	2	-85	1	0	0	1
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	21	1	-22	0	0	0	0
986	MEDICAL CARE CONTRACTS	132	5	435	572	22	1,242	1,836
987	OTHER INTRA-GOVT PURCH	2,310	58	2,287	4,655	98	742	5,495
988	GRANTS	25,894	647	34,058	60,599	1,273	-20,982	40,890
989	OTHER SERVICES	33,159	829	-5,307	28,681	602	-40	29,243
990	IT CONTRACT SUPPORT SERVICES	14,454	361	-8,673	6,142	129	98	6,369
0999	**TOTAL OTHER PURCHASES**	**151,630**	**3,824**	**-800**	**154,654**	**3,258**	**-21,413**	**136,499**
9999	**GRAND TOTAL**	**368,326**	**6,960**	**10,640**	**385,926**	**4,369**	**-40,835**	**349,460**

Note:

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I. Description of Operations Financed:
Base Operations (BASOPS)/Communications refers to the resources for operating and maintaining facilities within the MHS. BASOPS provides essential municipal services for our facilities, services for pest control, custodial, refuse collection, landscaping, security, internal and external communications, administrative services, and routine repair, maintenance, or modernization activities at locations worldwide supporting the Armed Forces. BASOPS/Communications of the following program elements:

Facility Restoration and Modernization - Resources required for restoration and modernization projects, including repair and replacement due to excessive age, natural disaster, fire, accident, or other causes. Modernization includes altering facilities to implement new or higher standards (including regulatory changes), accommodate new functions, or replace building components that typically last more than 30 years (such as foundations and frameworks). Recapitalization extends a facility's service life by restoring, modernization, replacing the facility, keeping infrastructure inventory relevant to delivering healthcare advances, and enhancing operational or business effectiveness within a revitalized structure. The Operations & Maintenance portion of recapitalization is restoration or modernization activities.

Facility Sustainment - Resources required for maintenance and repair activities necessary to keep facilities in good working order. It includes regularly scheduled adjustments and inspections, preventive maintenance tasks, emergency response, and service calls for minor repairs. Sustainment also includes significant repair or replacement of facility components (usually accomplished by contract) expected to occur periodically throughout the life cycle of facilities. This work includes regular roof replacement, refinishing of wall surfaces, repairing and replacing of heating and cooling systems, and replacing tile and carpeting.

Pollution Prevention & Environmental Compliance - All resources expended to comply with environmental laws, regulations, or standards and actions designed to reduce or eliminate an operation's environmental impact. Environmental Compliance and Pollution Prevention seek to minimize or eliminate operational effects on the air, surface, and ground waters, vegetation, and soils through the source reduction of pollutants, more efficient use of natural resources, recycling, and reduced emissions of toxic and other undesirable materials or wastes to the environment. Costs include human resources, training, travel, and supplies.

Facilities Operations - Resources required for fire prevention and protection, including crash rescue, emergency response, disaster preparedness, engineering readiness, utilities to include plant operation and purchase of heat, light and power, electricity, water, natural gas, other utility services, refuse collection and disposal to include recycling operations, pavement clearance including snow and ice removal from roads, lease costs for real property including off-base facilities, grounds maintenance and landscaping, real property management and engineering services including special inspections of facilities and master planning, pest control, and custodial services.

Visual Information Systems - Resources required to provide staffing, travel, contractual service, procure supplies and materials, expense equipment, and necessary facilities and services for visual information productions, services, and support.

Base Communications - Resources required to provide base communication voice or data and wireless services to Military Health System medical activities, including non-tactical, non-DCS (Defense Communications System), base communication facilities, and equipment systems that provide local voice, data, or wireless communications worldwide. Services include telephone, telegraph, marine cable, postage and box rentals, contractual mail service including express letter delivery, or messenger service. Consists of all rental payments for equipment to accomplish communication services. (Excludes parcel post and

express mail services for freight and IT or telecom hardware, software, and related training).

Base Operations Support - Resources required to provide comptroller services, data processing services, information activities, legal activities, civilian personnel administration, military personnel administration, printing and reproduction, facility safety, management analysis/engineering services, retail supply operations, supply activities, procurement operations, storage activities, transportation activities, physical security and police activities, non-aseptic laundry and dry cleaning, food services, and morale, welfare and recreation activities.

The FY 2027 request for Base Operations/Communications includes $2,463,042 thousand of discretionary and $3,138,924 thousand of mandatory for a total of $5,601,966 thousand. The mandatory funds investments in medical facility improvements and modernization projects that restore facility conditions and support warfighter readiness to avoid future replacement costs and improve the resilience of this critical infrastructure. The FY 2027 mandatory funds continue efforts from FY 2026 to modernize aging medical infrastructure.

II. Force Structure Summary:
The Base Operations and Communications Budget Activity Group (BAG) includes staffing and contracts to provide base operations support services to the Military Health System facilities, planning and oversight of medical infrastructure, and facility systems maintenance, including life support systems. Infrastructure alterations are necessary to maintain modern medical practices, promote efficiencies, and recapitalize facility inventory to accomplish the healthcare mission. This BAG awards contracts to complete these infrastructure changes. In addition to infrastructure and system operations, this BAG includes essential base support activities such as environmental waste removal, non-medical custodial service, grounds and surface maintenance, mowing, landscaping, road maintenance, snow removal, security services, and base communication systems. Many of the activities and services received consist of cost-effective contracts to assure timely repair and availability to sustain continuous services within the medical facility. The funds in this BAG enable the Combat and Operational Medicine medical facilities to comply with The Joint Commission and other accreditation agencies' standards for accreditation and certification of healthcare organizations.

NOTE: Funds distribution between CONUS and OCONUS follows the Financial Management Regulation (FMR) definition of CONUS and OCONUS. Per the DoW 7000.14.R, Financial Management Regulation. "Contiguous United States [CONUS] is the 48 states of the United States and the District of Columbia, which do not include Alaska and Hawaii. Non-Foreign OCONUS Area is the states of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands; Guam; the U.S. Virgin Islands, and U.S. territories and possessions (excluding the former Trust Territories of the Pacific Islands, which are foreign areas for Joint Travel Regulations purposes).

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	**FY 2025 Actuals**	**Budget Request**	**Amount**	**Percent**	**Appropriated**	**Current Enacted**	**FY 2027 Request**
1. Facility Restoration/Modernization - CONUS	$197,597	$383,327	$-20,000	-5.22%	$363,327	$363,327	$386,010
2. Facility Sustainment - CONUS	$759,907	$561,964	$-10,000	-1.78%	$551,964	$551,964	$572,911
3. Facility Restoration/Modernization - OCONUS	$17,694	$107,704	$0	0.00%	$107,704	$107,704	$189,184
4. Facility Sustainment - OCONUS	$213,506	$176,895	$0	0.00%	$176,895	$176,895	$186,185
5. Pollution Prevention	$714	$322	$0	0.00%	$322	$322	$645
6. Environmental Compliance	$18,168	$17,852	$0	0.00%	$17,852	$17,852	$14,349
7. Facilities Operations - Health Care (CONUS)	$492,934	$440,027	$0	0.00%	$440,027	$440,027	$434,496
8. Visual Information Systems	$2,130	$1,270	$0	0.00%	$1,270	$1,270	$1,294
9. Base Communications - CONUS	$89,970	$91,079	$0	0.00%	$91,079	$79,227	$77,304
10. Base Operations - CONUS	$404,114	$459,944	$5,000	1.09%	$464,944	$476,773	$470,205
11. Facilities Operations - Health Care (OCONUS)	$114,109	$104,395	$0	0.00%	$104,395	$104,395	$118,886
12. Base Communications - OCONUS	$6,642	$6,807	$0	0.00%	$6,807	$6,807	$7,330
13. Base Operations - OCONUS	$6,952	$4,704	$0	0.00%	$4,704	$4,727	$4,243
Total	**$2,324,437**	**$2,356,290**	**$-25,000**	**-1.06%**	**$2,331,290**	**$2,331,290**	**$2,463,042**

Notes:
1. The FY 2025 actuals include $17,362 thousand for Disaster Relief: Hurricane Helene and Milton.

B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$2,356,290**	**$2,331,290**
Congressional Adjustments (Distributed)	-25,000	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**2,331,290**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**2,331,290**	
Supplemental	0	
Reprogrammings	0	
Price Changes		48,334
Functional Transfers		18,834
Program Changes		64,584
CURRENT ESTIMATE	**2,331,290**	**2,463,042**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$2,331,290**	**$2,463,042**

FY 2026 President's Budget Request (Amended, if applicable)	**$2,356,290**
1. Congressional Adjustments	$-25,000
a) Distributed Adjustments	$-25,000
1) Fisher House	$5,000
2) Previously Funded	$-30,000
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$2,331,290**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$2,331,290**

4. Reprogrammings (Requiring 1415 Actions) $0

a) Increases $0

b) Decreases $0

Revised FY 2026 Estimate $2,331,290

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $2,331,290

6. Price Change $48,334

7. Functional Transfers $18,834

a) Transfers In $24,870

1) Real Property Assessment: $24,870
Transfers real property sustainment and repair funding to the Defense Health Agency from the Department of the Army for selected primary and supporting facility real property assets supporting the DHA mission. Funds increased the facility sustainment, restoration, and modernization program elements.

b) Transfers Out ..... $-6,036

1) Base Operations Transferred to the Department to the Navy: ..... $-6,036
Transfers Facilities Operations program element funds from the Defense Health Agency to the Department of the Navy, Naval District Washington for the following base operations support: Fire Protection, Emergency Management, Fire and Emergency Response, Safety, Morale, Welfare and Recreation and operations of the Wounded Warrior Cafe.

8. Program Increases $83,728

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $83,728

1) a. Hospital Alteration & Repair at Yokosuka Japan: $75,000
Increases funding in the Facilities Restoration and Modernization OCONUS program element for alterations, repair, and modernization of the 40-year-old electrical infrastructure at the Naval Hospital Yokosuka. The FY 2026 Facilities Restoration and Modernization OCONUS baseline funding is $107,704 thousand.

2) b. Restoration and Modernization: $6,277
Increases funding in the Facilities Restoration and Modernization CONUS program element for growth in repair costs resulting from higher manufacturing costs for materials and increased competition for a limited number of suppliers and contractors. There is a high demand for a limited number of reliable suppliers and contractors, which drives up prices through competitive bidding processes. The FY 2026 Facilities Restoration and Modernization CONUS baseline funding is $363,327 thousand.

3) c. White House Medical Unit Travel $2,451
Increases travel funds for the White House Medical Unit (WHMU). The WHMU is a specialized military unit within the White House Military Office overseeing care for the White House staff. The FY 2026 Base Operations and Communications baseline travel funding is $7,997 thousand.

9. Program Decreases ..... $-19,144

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases ..... $-5,000

1) Fisher House: ..... $-5,000
Reduction for one-time funding for Fisher House.

c) Program Decreases in FY 2027 ..... $-14,144

1) a. Contract Services Reduction: ..... $-12,260
The reduction of funding for contract services is undertaken to prioritize cost efficiency, transparency, and the consolidation of services. This measure represents a deliberate workforce optimization strategy designed to streamline resources while safeguarding against adverse impacts to modernization initiatives and overall mission effectiveness. The FY 2026 Facilities Operations - Healthcare CONUS baseline funding is $440,027 thousand.

2) b. Printing and Reproduction: ..... $-1,884
Reduces funding for printing and reproduction to align with historical execution levels and ensure alignment with the priorities of the Secretary of War to improve the efficiency and effectiveness of our mission and business operations. The FY 2026 Base Operations / Communication baseline funding is $2,331,290 thousand.

FY 2027 Budget Request $2,463,042

IV. Performance Criteria and Evaluation Summary:

Facility Sustainment Model

	FY 2025	FY 2026	FY 2027	Change FY 2025/2026	Change FY 2026/2027
Facility Sustainment Funding:	715,876	739,449	747,576	23,573	8,127
Facility Sustainment Model Requirement:	763,000	787,718	828,221	24,718	40,503
Sustainment Rate (MILPERS not included):	94%	94%	90%		

Program	Program Value FY25	Program Value FY26	Program Value FY27
Direct Care Medical Healthcare Delivery Mission	100%	100%	100%
Medical Labs	100%	100%	100%
All other	100%	100%	100%
Remaining (Utility plants, USUHS, etc.)	100%	100%	100%

Note

1. FY 2025 to FY 2026 increase is based on increased MILCON, inflation and area cost factors of labor, materials, and sustainment costs.
2. FY 2026 to FY 2027 increase is based on increased MILCON, inflation and the real property assets transferred from the Department of Army to DHA.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**1,332**	**1,321**	**1,305**	**-11**	**-16**
Officer	337	351	364	14	13
Enlisted	995	970	941	-25	-29
Active Military Average Strength (A/S) (Total)	**1,332**	**1,321**	**1,305**	**-11**	**-16**
Officer	337	351	364	14	13
Enlisted	995	970	941	-25	-29
Civilian FTEs (Total)	**1,005**	**980**	**984**	**-25**	**4**
U.S. Direct Hire	959	955	938	-4	-17
Foreign National Direct Hire	31	12	31	-19	19
Total Direct Hire	**990**	**967**	**969**	**-23**	**2**
Foreign National Indirect Hire	15	13	15	-2	2
Average Annual Civilian Salary ($ in thousands)	**134.2**	**153.9**	**143.6**	**19.7**	**-10.4**
Contractor FTEs (Total)	**526**	**478**	**478**	**-48**	**0**

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2025 to FY 2026 **(-26)** is attributed to actual execution for Air Force **(-1)** Army **(+1)** Navy **(-26)**. The net decrease from FY 2026 to FY 2027 **(-4)** is attributed to routine personnel fluctuations for Navy **(-4).**

Explanation of changes in Civilian FTEs: The net decrease in Civilian FTEs from FY 2025 to FY 2026 **(-25)** is attributed to DHA's restructuring initiatives aimed at reducing non-statutory overhead costs, consolidating redundant roles, and optimizing resources supporting healthcare delivery and medical readiness. The net increase in FY 2026 to FY 2027 **(+4)** is attributed to DHA's deliberate efforts to recruit and retain a stable, trained, and readily available workforce to ensure consistent healthcare delivery to MHS beneficiaries.

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Explanation of changes in Contractor FTEs: The net decrease in contractor FTEs from FY 2025 to FY 2026 **(-48)** is attributed to enterprise-wide efficiencies to reduce the use of outside consultants and contractors, enabling the remaining staff to provide the highest-quality, most efficient delivery of health care to beneficiaries. There are no estimated changes in Contractor FTEs from FY 2026 to FY 2027.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	107,053	1,370	9,141	117,564	324	-6,186	111,702
103	WAGE BOARD	25,885	331	4,282	30,498	84	-3,352	27,230
104	FN DIRECT HIRE (FNDH)	1,107	14	439	1,560	4	-118	1,446
106	BENEFIT TO FMR EMPLOYEES	13	0	17	30	1	-1	30
107	VOLUNTARY SEP INCENTIVES	15	0	-15	0	0	0	0
121	PCS BENEFITS	37	1	-38	0	0	0	0
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**134,110**	**1,716**	**13,826**	**149,652**	**413**	**-9,657**	**140,408**
308	TRAVEL OF PERSONS	18,958	474	-11,435	7,997	168	2,451	10,616
0399	**TOTAL TRAVEL**	**18,958**	**474**	**-11,435**	**7,997**	**168**	**2,451**	**10,616**
401	DLA ENERGY (FUEL PRODUCTS)	5,086	56	-5,138	4	0	-4	0
411	ARMY SUPPLY	1,187	20	-1,207	0	0	0	0
416	GSA SUPPLIES & MATERIALS	129	3	-132	0	0	0	0
0499	**TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS**	**6,402**	**79**	**-6,477**	**4**	**0**	**-4**	**0**
631	NAVY BASE SUPPORT (NFESC)	0	0	0	0	0	165	165
647	DISA ENTERPRISE COMPUTING CENTERS	1,139	23	-1,162	0	0	1,185	1,185
671	DISA DISN SUBSCRIPTION SERVICES (DSS)	1,590	-127	-326	1,137	0	23	1,160
696	DFAS FINANCIAL OPERATION (OTHER DEFENSE AGENCIES)	68,313	-4,427	8,289	72,175	3,510	-1,366	74,319
0699	**TOTAL OTHER FUND PURCHASES**	**71,042**	**-4,531**	**6,801**	**73,312**	**3,510**	**7**	**76,829**
771	COMMERCIAL TRANSPORT	2,766	69	-1,889	946	20	787	1,753
0799	**TOTAL TRANSPORTATION**	**2,766**	**69**	**-1,889**	**946**	**20**	**787**	**1,753**
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	779	23	413	1,215	26	-377	864
912	RENTAL PAYMENTS TO GSA (SLUC)	3,204	80	564	3,848	81	-442	3,487
913	PURCHASED UTILITIES (NON-FUND)	343,628	8,591	-13,050	339,169	7,123	-5,781	340,511

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Base Operations/Communications OP-5 Exhibit

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
914	PURCHASED COMMUNICATIONS (NON-FUND)	27,478	687	2,257	30,422	639	8,587	39,648
915	RENTS (NON-GSA)	47,145	1,179	-23,888	24,436	513	11,245	36,194
917	POSTAL SERVICES (U.S.P.S)	1,230	31	-1,142	119	2	150	271
920	SUPPLIES & MATERIALS (NON-FUND)	16,261	407	6,833	23,501	494	1,295	25,290
921	PRINTING & REPRODUCTION	5,086	127	2,903	8,116	170	-2,044	6,242
922	EQUIPMENT MAINTENANCE BY CONTRACT	9,999	250	-6,123	4,126	87	1,249	5,462
923	FACILITIES SUST, REST, & MOD BY CONTRACT	1,160,405	29,010	7,241	1,196,656	25,130	135,437	1,357,223
925	EQUIPMENT PURCHASES (NON-FUND)	30,621	766	-22,362	9,025	190	110	9,325
932	MGT PROF SUPPORT SVCS	51,993	1,300	68,911	122,204	2,566	-95,271	29,499
933	STUDIES, ANALYSIS & EVAL	201	5	-130	76	2	0	78
934	ENGINEERING & TECH SVCS	5,154	129	-2,243	3,040	64	-2	3,102
955	OTHER COSTS (MEDICAL CARE)	29,003	1,160	-23,100	7,063	275	-5,477	1,861
957	OTHER COSTS (LAND AND STRUCTURES)	20,754	519	-5,474	15,799	332	11,886	28,017
960	OTHER COSTS (INTEREST AND DIVIDENDS)	145	4	-149	0	0	0	0
964	OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	58	1	129	188	4	-189	3
985	RESEARCH & DEVELOPMENT, CONTRACTS	2	0	-2	0	0	0	0
986	MEDICAL CARE CONTRACTS	1,034	41	-682	393	15	42	450
987	OTHER INTRA-GOVT PURCH	170,933	4,273	3,221	178,427	3,747	-97,886	84,288
989	OTHER SERVICES	128,971	3,224	-37,806	94,389	1,982	112,355	208,726
990	IT CONTRACT SUPPORT SERVICES	37,075	927	-835	37,167	781	14,947	52,895
0999	**TOTAL OTHER PURCHASES**	**2,091,159**	**52,734**	**-44,514**	**2,099,379**	**44,223**	**89,834**	**2,233,436**
9999	**GRAND TOTAL**	**2,324,437**	**50,541**	**-43,688**	**2,331,290**	**48,334**	**83,418**	**2,463,042**

NOTE:
The Defense Health Agency performed internal realignments from Management and Professional Services and Other Intra-government Purchases OP-32 lines to Rents (non-GSA), Other Services, IT Contract Support Services, and Facilities, Sustainment, Restoration and Modernization by contract OP32 lines for the proper executing and accounting of Combat and Operational Medicine Program funds.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
101	EXEC, GEN'L & SPEC SCHEDS	12,666	162	6,737	19,565	54	-1,353	18,266
103	WAGE BOARD	20,806	266	-3,242	17,830	49	-1,960	15,919
104	FN DIRECT HIRE (FNDH)	387	5	-392	0	0	513	513
106	BENEFIT TO FMR EMPLOYEES	10	0	10	20	0	0	20
0199	**TOTAL CIVILIAN PERSONNEL COMPENSATION**	**33,869**	**434**	**3,112**	**37,415**	**104**	**-2,801**	**34,718**
308	TRAVEL OF PERSONS	54	1	36	91	2	0	93
0399	**TOTAL TRAVEL**	**54**	**1**	**36**	**91**	**2**	**0**	**93**
401	DLA ENERGY (FUEL PRODUCTS)	11	0	-11	0	0	0	0
416	GSA SUPPLIES & MATERIALS	120	3	-123	0	0	0	0
0499	**TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS**	**131**	**3**	**-134**	**0**	**0**	**0**	**0**
771	COMMERCIAL TRANSPORT	564	14	-578	0	0	0	0
0799	**TOTAL TRANSPORTATION**	**564**	**14**	**-578**	**0**	**0**	**0**	**0**
914	PURCHASED COMMUNICATIONS (NON-FUND)	24	1	-25	0	0	0	0
915	RENTS (NON-GSA)	1,135	28	872	2,035	43	-1,008	1,070
920	SUPPLIES & MATERIALS (NON-FUND)	8,186	205	105	8,496	178	-7	8,667
922	EQUIPMENT MAINTENANCE BY CONTRACT	2,681	67	-2,507	241	5	0	246
923	FACILITIES SUST, REST, & MOD BY CONTRACT	1,093,684	27,342	-10,382	1,110,644	23,324	101,405	1,235,373
925	EQUIPMENT PURCHASES (NON-FUND)	771	19	-193	597	13	0	610
932	MGT PROF SUPPORT SVCS	242	6	-248	0	0	0	0
933	STUDIES, ANALYSIS & EVAL	19	0	-19	0	0	0	0
934	ENGINEERING & TECH SVCS	481	12	-493	0	0	0	0
955	OTHER COSTS (MEDICAL CARE)	9	0	-9	0	0	0	0
957	OTHER COSTS (LAND AND STRUCTURES)	20,166	504	-7,071	13,599	286	11,886	25,771
986	MEDICAL CARE CONTRACTS	40	2	-42	0	0	34	34

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
987	OTHER INTRA-GOVT PURCH	15,003	375	11,018	26,396	554	374	27,324
989	OTHER SERVICES	11,355	284	-11,263	376	8	0	384
990	IT CONTRACT SUPPORT SERVICES	290	7	-297	0	0	0	0
0999	**TOTAL OTHER PURCHASES**	**1,154,086**	**28,853**	**-20,555**	**1,162,384**	**24,410**	**112,685**	**1,299,479**
9999	**GRAND TOTAL**	**1,188,704**	**29,305**	**-18,119**	**1,199,890**	**24,516**	**109,884**	**1,334,290**

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Cost of Medical Activities

(Dollars in Thousands)		FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025/2026 Change	FY 2025/2026 Percent	FY 2026/2027 Change	FY 2026/2027 Percent
In-House Care								
	1. MEDCENs, Hospitals & Clinics (CONUS)	6,418,259	7,538,308	7,091,612	1,120,049	17.5%	-446,696	-5.9%
	2. MEDCENs, Hospitals & Clinics (OCONUS)	978,319	541,411	824,738	-436,908	-44.7%	283,327	52.3%
	3. Pharmaceuticals (CONUS)	2,215,872	1,980,017	2,214,407	-235,855	-10.6%	234,390	11.8%
	4. Pharmaceuticals (OCONUS)	211,843	203,224	232,260	-8,619	-4.1%	29,036	14.3%
	5. Dental Care (CONUS)	403,796	416,262	429,387	12,466	3.1%	13,125	3.2%
	6. Dental Care (OCONUS)	66,387	55,913	70,913	-10,474	-15.8%	15,000	26.8%
	Subtotal In-House Care	**10,294,476**	**10,735,135**	**10,863,317**	**440,659**	**4.3%**	**128,182**	**1.2%**
Private Sector Care								
	1. Pharmaceuticals Purchased Health Care	1,685,455	1,764,834	0	79,379	4.7%	-1,764,834	-100.0%
	2. National Retail Pharmacy	1,626,134	1,804,947	0	178,813	11.0%	-1,804,947	-100.0%
	3. Managed Care Support Contracts	8,125,507	8,349,232	0	223,725	2.8%	-8,349,232	-100.0%
	4, MTF Enrollee Purchased Care	2,848,272	2,982,290	0	134,018	4.7%	-2,982,290	-100.0%
	5. Dental Purchased Care	283,381	280,364	0	-3,017	-1.1%	-280,364	-100.0%
	6. Uniformed Services Family Health Program	667,333	656,027	0	-11,306	-1.7%	-656,027	-100.0%
	7. Supplemental Care - Health Care	2,047,012	2,127,732	0	80,720	3.9%	-2,127,732	-100.0%
	8. Supplemental Care - Dental	123,780	122,912	0	-868	-0.7%	-122,912	-100.0%
	9. Continuing Health Education/Capitalization	348,941	356,664	0	7,723	2.2%	-356,664	-100.0%
	10. Overseas Purchased Health Care	565,557	556,234	0	-9,323	-1.6%	-556,234	-100.0%
	11. Miscellaneous Purchased Health Care	1,737,143	1,659,455	0	-77,688	-4.5%	-1,659,455	-100.0%
	12. Miscellaneous Support Activities	142,507	113,197	0	-29,310	-20.6%	-113,197	-100.0%
	Subtotal Private Sector Care	**20,201,022**	**20,773,888**	**0**	**572,866**	**2.8%**	**-20,773,888**	**-100.0%**
Consolidated Health Support								
	1. Examining Activities	18,252	18,124	29,412	-128	-0.7%	11,288	62.3%
	2. Military Public / Occupational Health	594,254	607,117	564,907	12,863	2.2%	-42,210	-7.0%
	3. Other Health Activities	565,117	830,898	868,583	265,781	47.0%	37,685	4.5%
	4. Military Unique-Other Medical Activities	533,408	630,534	825,142	97,126	18.2%	194,608	30.9%
	5. Veterinary Services	2,230	2,795	2,858	565	25.3%	63	2.3%
	6. Joint Pathology Center (JPC)	54,745	44,073	45,232	-10,672	-19.5%	1,159	2.6%
	7. Integrated Primary Prevention	3,241	9,749	36,477	6,508	200.8%	26,728	274.2%
	8. Sexual Assault Response	0	537	544	537	0.0%	7	1.3%
	9. Support to FACA Advisory Board Activities	64	1,951	2,020	1,887	2,948.4%	69	3.5%
	Subtotal Consolidated Health Support	**1,771,311**	**2,145,778**	**2,375,175**	**374,467**	**21.1%**	**229,397**	**10.7%**

Note:

1. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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Cost of Medical Activities

(Dollars in Thousands)		FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025/2026 Change	FY 2025/2026 Percent	FY 2026/2027 Change	FY 2026/2027 Percent
Information Management								
	1. Service Medical IM/IT	282,872	176,327	152,263	-106,545	-37.7%	-24,064	-13.6%
	2. MHS IM/IT Support Programs	60,394	39,304	66,362	-21,090	-34.9%	27,058	68.8%
	3. MHS Tri-Service IM/IT	548,253	508,874	709,285	-39,379	-7.2%	200,411	39.4%
	4. IT Technology Development - Integrated Electronic Health Record (iEHR)	23,429	24,237	24,270	808	3.4%	33	0.1%
	5. DoW Healthcare Management System Modernization (DHMSM)	606,057	487,819	491,174	-118,238	-19.5%	3,355	0.7%
	6. DoW Medical Information Exchange (DMIX))/Enterprise Intelligence & Data Solutions (EIDS)	121,465	124,470	137,248	3,005	2.5%	12,778	10.3%
	7. Joint Operational Medicine Information System (JOMIS)	242,484	254,157	255,286	11,673	4.8%	1,129	0.4%
	8. Cybersecurity	169,757	174,610	178,581	4,853	2.9%	3,971	2.3%
	9. MHS Desktop to Datacenter (D2D)	397,841	482,000	585,708	84,159	21.2%	103,708	21.5%
	Subtotal Information Management	**2,452,552**	**2,271,798**	**2,600,177**	**-180,754**	**-7.4%**	**328,379**	**14.5%**
Management Activities								
	1. Defense Health Agency	295,135	261,938	304,105	-33,197	-11.2%	42,167	16.1%
	2. Management Headquarters	45,727	41,688	0	-4,039	-8.8%	-41,688	-100.0%
	3. Sexual Assault Prevention - MHA	85	272	277	187	220.0%	5	1.8%
	Subtotal Management Activities	**340,947**	**303,898**	**304,382**	**-37,049**	**-10.9%**	**484**	**0.2%**
Education and Training								
	1. Uniformed Services University of the Health Sciences	205,636	219,571	182,242	13,935	6.8%	-37,329	-17.0%
	2. Education and Training - Healthcare	162,690	166,355	167,218	3,665	2.3%	863	0.5%
	Subtotal Education and Training	**368,326**	**385,926**	**349,460**	**17,600**	**4.8%**	**-36,466**	**-9.4%**
Base Operations/Communications								
	1. Facility Restoration/Modernization - CONUS	197,597	363,327	386,010	165,730	83.9%	22,683	6.2%
	2. Facility Sustainment - CONUS	759,907	551,964	572,911	-207,943	-27.4%	20,947	3.8%
	3. Facility Restoration/Modernization - OCONUS	17,694	107,704	189,184	90,010	508.7%	81,480	75.7%
	4. Facility Sustainment - OCONUS	213,506	176,895	186,185	-36,611	-17.1%	9,290	5.3%
	5. Pollution Prevention	714	322	645	-392	-54.9%	323	100.3%
	6. Environmental Compliance	18,168	17,852	14,349	-316	-1.7%	-3,503	-19.6%
	7. Facilities Operations - Health Care (CONUS)	492,934	440,027	434,496	-52,907	-10.7%	-5,531	-1.3%
	8. Visual Information Systems	2,130	1,270	1,294	-860	-40.4%	24	1.9%
	9. Base Communications - CONUS	89,970	79,227	77,304	-10,743	-11.9%	-1,923	-2.4%
	10. Base Operations - CONUS	404,114	476,773	470,205	72,659	18.0%	-6,568	-1.4%

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
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Cost of Medical Activities

(Dollars in Thousands)		FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025/2026 Change	FY 2025/2026 Percent	FY 2026/2027 Change	FY 2026/2027 Percent
	11. Facilities Operations - Health Care (OCONUS)	114,109	104,395	118,886	-9,714	-8.5%	14,491	13.9%
	12. Base Communications - OCONUS	6,642	6,807	7,330	165	2.5%	523	7.7%
	13. Base Operations - OCONUS	6,952	4,727	4,243	-2,225	-32.0%	-484	-10.2%
	Subtotal Base Operations/Communications	**2,324,437**	**2,331,290**	**2,463,042**	**6,853**	**0.3%**	**131,752**	**5.7%**
	Subtotal COMP Operations and Maintenance	**37,753,071**	**38,947,713**	**18,955,553**	**1,194,642**	**3.2%**	**-19,992,160**	**-51.3%**
Procurement								
0807720DHA & 0807721DHA	Dental Equipment	438	455	473	17	3.9%	18	4.0%
0807720DHA & 0807721DHA	Food Service, Preventive Medicine, and Pharmacy Equipment	7,259	7,543	7,846	284	3.9%	303	4.0%
0807720DHA & 0807721DHA	Medical Information System Equipment	8,456	8,626	8,812	170	2.0%	186	2.2%
0807720DHA & 0807721DHA	Medical Patient Care Administrative Equipment	7,173	7,316	7,462	143	2.0%	146	2.0%
0807720DHA & 0807721DHA	Medical/Surgical Equipment	25,863	26,873	27,980	1,010	3.9%	1,107	4.1%
0807720DHA & 0807721DHA	Other Equipment	26,876	28,053	28,924	1,177	4.4%	871	3.1%
0807720DHA & 0807721DHA	Pathology/Lab Equipment	22,813	23,703	24,690	890	3.9%	987	4.2%
0807720DHA & 0807721DHA	Radiographic Equipment	167,755	144,473	150,750	-23,282	-13.9%	6,277	4.3%
0807746DHA	Joint Operational Medicine Information System	30,129	30,732	31,203	603	2.0%	471	1.5%
0807759DHA	Data to Desktop Center	75,536	77,047	78,588	1,511	2.0%	1,541	2.0%
0807787DHA	DoW Healthcare Management System Modernization	26,569	0	0	-26,569	-100.0%	0	0.0%
	Subtotal Procurement	**398,867**	**354,821**	**366,728**	**-44,046**	**-11.0%**	**11,907**	**3.4%**
Research, Development, Test & Evaluation								
0602115DHA	Applied Biomedical Technology	185,368	228,841	183,565	43,473	23.5%	-45,276	-19.8%
0602787DHA	Medical Technology (AFRRI)	1,504	1,557	1,588	53	3.5%	31	2.0%
0603002DHA	Medical Advanced Technology (AFRRI)	372	388	396	16	4.3%	8	2.1%
0603115DHA	Medical Development	997,910	1,755,684	360,845	757,774	75.9%	-1,394,839	-79.4%
0604110DHA	Medical Products Support and Advanced Concept Development	188,416	208,983	186,018	20,567	10.9%	-22,965	-11.0%
0605013DHA	Information Technology Development	10,104	10,169	16,760	65	0.6%	6,591	64.8%
0605026DHA	DoW Healthcare Management System Modernization (DHMSM)	5,919	6,038	5,141	119	2.0%	-897	-14.9%
0605039DHA	DoW Medical Information Exchange and Interoperability	27,406	8,337	8,504	-19,069	-69.6%	167	2.0%
0605045DHA	Joint Operational Medicine Information System (JOMIS)	27,070	28,707	29,353	1,637	6.0%	646	2.3%
0605145DHA	Medical Products and Support Systems Development	55,982	63,939	64,904	7,957	14.2%	965	1.5%
0606105DHA	Medical Program-Wide Activities	88,425	99,338	100,912	10,913	12.3%	1,574	1.6%
0607100DHA	Medical Products and Capabilities Enhancement Activities	18,015	19,071	19,452	1,056	5.9%	381	2.0%
0605502DHA	Small Business Innovative Research	47,553	0	0	-47,553	-100.0%	0	0.0%
0601117DHA	Basic Operational Medical Research Sciences	41,392	41,660	41,924	268	0.6%	264	0.6%
	Subtotal RDT&E	**1,695,436**	**2,472,712**	**1,019,362**	**777,276**	**45.8%**	**-1,453,350**	**-58.8%**

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Cost of Medical Activities

(Dollars in Thousands)		FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025/2026 Change	FY 2025/2026 Percent	FY 2026/2027 Change	FY 2026/2027 Percent
	Total Combat and Operational Medicine Program	**39,847,374**	**41,775,246**	**20,341,643**	**1,927,872**	**4.8%**	**-21,433,603**	**-51.3%**
Medicare Eligible Accrual Fund Receipts								
	Direct Care	1,847,700	1,899,030	2,212,200	51,330	2.8%	313,170	16.5%
	Military Personnel Accounts	546,300	482,185	541,100	-64,115	-11.7%	58,915	12.2%
	Private Sector Care	10,580,761	11,722,820	11,803,200	1,142,059	10.8%	80,380	0.7%
	Total Medicare Eligible Accrual Fund	**12,974,761**	**14,104,035**	**14,556,500**	**1,129,274**	**8.7%**	**452,465**	**3.2%**
Research, Development, Test & Evaluation By Program Title								
	Biomedical Technology	185,368	181,841	183,565	-3,527	-1.9%	1,724	0.9%
	Congressionally Directed Programs	696,640	1,500,000	0	803,360	115.3%	-1,500,000	-100.0%
	DHA Central Information Technology Development	10,104	10,169	16,760	65	0.6%	6,591	64.8%
	DoW Healthcare Management System Modernization (DHMSM)	5,919	6,038	5,141	119	2.0%	-897	-14.9%
	DoW Medical Information Exchange and Interoperability	27,406	28,707	29,353	1,301	4.7%	646	2.3%
	GDF Medical Research Enhancement	41,392	41,660	41,924	268	0.6%	264	0.6%
	Joint Operational Medicine Information System (JOMIS) Medical	27,070	28,707	29,353	1,637	6.0%	646	2.3%
	Advanced Technology (AFRRI)	372	388	396	16	4.3%	8	2.1%
	Medical Products and Capabilities Enhancement Activities	18,015	19,071	19,452	1,056	5.9%	381	2.0%
	Medical Products and Support Systems Development	55,982	63,939	64,904	7,957	14.2%	965	1.5%
	Medical Products Support and Advanced Concept Development	169,112	178,983	186,018	9,871	5.8%	7,035	3.9%
	Medical Program-Wide Activities	88,425	99,338	100,912	10,913	12.3%	1,574	1.6%
	Medical Technology Development	320,574	332,684	360,845	12,110	3.8%	28,161	8.5%
	Small Business Innovation Research (SBIR) Program	47,553	0	0	-47,553	-100.0%	0	0.0%
	Armed Forces Radiobiology Research Institute (AFRRI)	1,504	1,557	1,588	53	3.5%	31	2.0%
	Total Research, Development, Test and Evaluation	**1,695,436**	**2,493,082**	**1,040,211**	**797,646**	**47.0%**	**-1,452,871**	**-58.3%**

Note:

1. The FY 2027 Operation and Maintenance (O&M) budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total O&M excluding BAG 2 for FY 2027 is $18,955,553 thousand, an increase of 4.3 percent from FY 2026 enacted levels of $18,173,825.

   Discretionary Funding comparison excluding 0130 BAG 2:

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
O&M Excluding BAG 2	$ 17,552,049	$ 18,173,825	$ 18,955,553	4.3%

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Personnel Summary

	FY 2025 Actuals		FY 2026 Enacted		FY 2027 Request		FY 2026-2027 Change	
	End Strength	Avg Strength	End Strength	Avg Strength	End Strength	Avg Strength	End Strength	Avg Strength
Active Military – Assigned to COMP								
Army Total	**17,165**	**17,064**	**19,883**	**18,524**	**19,883**	**19,883**	**0**	**1,359**
Officers	7,982	7,945	9,242	8,612	9,242	9,242	0	630
Enlisted	9,183	9,119	10,641	9,912	10,641	10,641	0	729
Navy Total	**26,057**	**26,055**	**26,044**	**26,051**	**26,448**	**26,246**	**404**	**195**
Officers	8,071	8,071	9,001	8,536	9,088	9,044	87	508
Enlisted	17,986	17,984	17,043	17,515	17,360	17,202	317	-313
Air Force Total	**25,623**	**25,972**	**26,519**	**26,071**	**26,319**	**26,419**	**-200**	**348**
Officers	9,118	9,263	9,448	9,283	9,270	9,359	-178	76
Enlisted	16,505	16,709	17,071	16,788	17,049	17,060	-22	272
Total Active Duty	**68,845**	**69,091**	**72,446**	**70,646**	**72,650**	**72,548**	**204**	**1,902**
Officers	25,171	25,279	27,691	26,431	27,600	27,645	-91	1,214
Enlisted	43,674	43,812	44,755	44,215	45,050	44,903	295	688
Active Military - Non COMP Medical								
Army Total	**25,775**	**25,775**	**26,211**	**25,994**	**26,211**	**26,211**	**0**	**217**
Officers	6,616	6,616	7,091	6,854	7,091	7,091	0	237
Enlisted	19,159	19,159	19,120	19,140	19,120	19,120	0	-20
Navy Total	**14,534**	**14,082**	**14,472**	**14,504**	**14,044**	**14,259**	**-428**	**-245**
Officers	3,291	3,176	3,234	3,263	3,201	3,218	-33	-45
Enlisted	11,243	10,906	11,238	11,241	10,843	11,041	-395	-200
Air Force Total	**3,952**	**4,086**	**4,415**	**4,184**	**4,813**	**4,605**	**398**	**421**
Officers	1,726	1,734	1,837	1,782	2,036	1,937	199	155
Enlisted	2,226	2,352	2,578	2,402	2,777	2,668	199	266
Total Active Duty	**44,261**	**43,943**	**45,098**	**44,682**	**45,068**	**45,075**	**-30**	**393**
Officers	11,633	11,526	12,162	11,899	12,328	12,246	166	347
Enlisted	32,628	32,417	32,936	32,783	32,740	32,829	-196	46

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Personnel Summary

	FY 2025 Actuals		FY 2026 Enacted		FY 2027 Request		FY 2026-2027 Change	
	End Strength	FTEs	End Strength	FTEs	End Strength	FTEs	End Strength	FTEs
I. Civilian Personnel - US Direct Hire								
Army	121	115	165	136	142	135	-23	-1
Navy	324	309	334	318	334	318	0	0
Air Force	0	0	0	0	0	0	0	0
Defense Health Agency	51,887	49,902	54,826	52,102	54,703	51,920	-123	-182
Total	**52,332**	**50,326**	**55,325**	**52,556**	**55,179**	**52,373**	**-146**	**-183**
II. Civilian Personnel - Foreign National Direct Hire								
Army	1	1	0	0	1	1	1	1
Navy	92	88	160	153	160	153	0	0
Air Force	0	0	0	0	0	0	0	0
Defense Health Agency	1,325	1,301	1,135	1,045	997	950	-138	-95
Total	**1,418**	**1,390**	**1,295**	**1,198**	**1,158**	**1,104**	**-137**	**-94**
III. Civilian Personnel - Foreign National Indirect Hire								
Army	0	0	0	0	0	0	0	0
Navy	0	0	0	0	0	0	0	0
Air Force	0	0	0	0	0	0	0	0
Defense Health Agency	709	695	695	639	653	622	-42	-17
Total	**709**	**695**	**695**	**639**	**653**	**622**	**-42**	**-17**
IV. Total Civilian Personnel								
Army	122	116	165	136	143	136	-22	0
Navy	416	397	494	471	494	471	0	0
Air Force	0	0	0	0	0	0	0	0
Defense Health Agency	53,921	51,898	56,656	53,786	56,353	53,492	-303	-294
Total *	**54,459**	**52,411**	**57,315**	**54,393**	**56,990**	**54,099**	**-325**	**-294**
V. Summary Civilian Personnel								
U.S. Direct Hire	52,332	50,326	55,325	52,556	55,179	52,373	-146	-183
Foreign National Direct Hire	1,418	1,390	1,295	1,198	1,158	1,104	-137	-94
Foreign National Indirect Hire	709	695	695	639	653	622	-42	-17
Total Civilians	**54,459**	**52,411**	**57,315**	**54,393**	**56,990**	**54,099**	**-325**	**-294**

* Includes reimbursable civilians - memo

Combat and Operational Medicine Program
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Personnel Summary

	FY 2025 Actuals		FY 2026 Enacted		FY 2027 Request		FY 2026-2027 Change	
	End Strength	Civ FTEs	End Strength	Civ FTEs	End Strength	Civ FTEs	End Strength	Civ FTEs
SPECIAL INTEREST MANPOWER								
Defense Health Agency Management Headquarters (PE 0807898)								
Military	37	0	46	0	45	0	-1	0
Civilian	0	0	0	0	0	0	0	0
Army Management Headquarters (PE 0807798)								
Military	0	0	0	0	0	0	0	0
Civilian	0	0	0	0	0	0	0	0
Navy Management Headquarters (PE 0807798)								
Military	7	0	7	0	7	0	0	0
Civilian	0	0	0	0	0	0	0	0
Air Force Management Headquarters (PE 0807798)								
Military	2	0	1	0	1	0	0	0
Civilian	0	0	0	0	0	0	0	0
Defense Health Agency (PE 0807704DHA)								
Military	614	0	735	0	736	0	1	0
Civilian	1,733	1,650	1,433	1,365	1,624	1,547	191	182

Note: Some numbers might not add due to rounding

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Population - Eligible Beneficiaries, CONUS					
Active Duty	1,369,595	1,378,525	1,387,737	8,930	9,212
Active Duty Family Members	1,640,842	1,650,777	1,662,154	9,935	11,377
Retirees	1,033,474	1,028,361	1,019,483	-5,113	-8,878
Family Members of Retirees	2,452,064	2,445,311	2,434,930	-6,753	-10,381
Subtotal Eligible	**6,495,975**	**6,502,974**	**6,504,304**	**6,999**	**1,330**
Medicare Eligible Beneficiaries	2,467,440	2,486,860	2,505,890	19,420	19,030
Total Eligible Beneficiaries	**8,963,415**	**8,989,835**	**9,010,194**	**26,419**	**20,359**
Population - Eligible Beneficiaries, OCONUS					
Active Duty	157,021	158,517	159,427	1,496	910
Active Duty Family Members	125,685	126,504	127,253	819	749
Retirees	26,553	26,412	26,201	-141	-211
Family Members of Retirees	75,268	74,861	74,361	-407	-500
Subtotal Eligible	**384,527**	**386,294**	**387,242**	**1,767**	**948**
Medicare Eligible Beneficiaries	88,571	89,396	90,190	825	794
Total Eligible Beneficiaries	**473,098**	**475,690**	**477,432**	**2,592**	**1,742**
Population - Eligible Beneficiaries, Worldwide					
Active Duty	1,526,616	1,537,042	1,547,164	10,426	10,122
Active Duty Family Members	1,766,527	1,777,281	1,789,407	10,754	12,126
Retirees	1,060,028	1,054,773	1,045,684	-5,255	-9,089
Family Members of Retirees	2,527,332	2,520,173	2,509,291	-7,159	-10,882
Subtotal Eligible	**6,880,503**	**6,889,269**	**6,891,546**	**8,766**	**2,277**
Medicare Eligible Beneficiaries:					
Active Duty Family Members	3,953	3,976	4,005	23	29
Guard/Reserve Family Members	1,194	1,191	1,194	-3	3
Eligible Retirees	1,256,096	1,271,508	1,285,553	15,412	14,045
Eligible Family Members of Retirees	786,542	796,435	805,546	9,893	9,111
Survivors	504,897	499,817	496,453	-5,080	-3,364
Others	3,329	3,329	3,329	0	0
Total Medicare Eligible Beneficiaries	**2,556,011**	**2,576,256**	**2,596,080**	**20,245**	**19,824**
Total Eligible Beneficiaries	**9,436,514**	**9,465,525**	**9,487,626**	**29,011**	**22,101**

Notes:
1. FY 2026 and FY 2027 estimates are based on (a) future Budget End Strengths of Active Duty and Guard/Reserve members and (b) the DoW Actuary's projection of retirees.
2. "Medicare Eligible Beneficiaries" include: Active Duty Family Members, Guard/Reserve Family Members, Eligible Retirees, Eligible Family Members of Retirees, Inactive Guard/Reserve, Inactive Guard/Reserve Family Members, Survivors, and Others.
3. The Worldwide "Eligible Family Members of Retirees" are Family Members of Retirees, Inactive Guard/Reserve, and Inactive Guard/Reserve Family Members.
4. Reflects all MHS eligible, including those whose sponsor is not Army, Navy, Marine Corps, or Air Force.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Enrollees - Direct Care					
TRICARE Region - East	1,103,726	1,100,496	1,095,720	-3,230	-4,776
TRICARE Region - West	1,160,942	1,149,896	1,141,097	-11,046	-8,799
TRICARE Region - Europe	123,426	124,356	124,691	930	335
TRICARE Region - Pacific	124,605	125,106	125,090	501	-16
TRICARE Region - Latin America	4,040	3,983	3,884	-57	-99
Alaska	45,330	44,980	44,841	-350	-139
Sub-Total CONUS Regions	**2,309,998**	**2,295,372**	**2,281,658**	**-14,626**	**-13,714**
Sub-Total OCONUS Regions	**252,071**	**253,445**	**253,665**	**1,374**	**220**
Total Direct Care Enrollees	**2,562,069**	**2,548,817**	**2,535,323**	**-13,252**	**-13,494**

Notes:
1. Under the T-5 contract, six states (Arkansas, Illinois, Louisiana, Oklahoma, Texas, and Wisconsin), realigned from the East to the West region effective January 2025.
2. FY 2025 Actuals derived from the 12 months of October 2024 - September 2025.
3. FY 2026 Estimates derived from the 12-month average of combined actuals and forecasted months (February 2025 - January 2026). Forecasted months begin with October 2025.
4. FY 2027 Estimates derived from the 12-month average of actuals and forecasted months (May 2025 - April 2026). Forecasted months begin with October 2025.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Direct Care System Workload (from M2 and Business Planning Tool)					
Inpatient Admissions, Non-Weighted (SIDR Dispositions-All)	119,481	119,471	119,538	-10	67
Inpatient Admissions, Weighted (MS-DRG RWPs, Non Mental Health)	94,038	93,256	93,641	-782	385
Inpatient Admissions, Occupied Bed Days (Mental Health Only)	66,590	68,386	71,803	1,796	3,417
Average Length of Stay (ALL Bed Days/All Dispositions)	3	3	3	0	0
Ambulatory Visits, Non-Weighted (Encounters, CAPER)	35,038,968	34,882,085	35,013,714	-156,883	131,629
Ambulatory Visits, Weighted (Adj Provider Aggregate RVUs, CAPER)	75,248,085	75,607,944	75,064,720	359,859	-543,224
Number of Outpatient Pharmacy Prescriptions (30-Day equivalents)	69,939,839	71,418,569	72,928,563	1,478,730	1,509,994

Notes:
1. The FY 2025 actuals and FY 2026 estimate use a centrally weighted moving average at the Parent Military Treatment Facility and Healthcare Product/Service Line Level. Workload for TRICARE for Life eligible beneficiaries is excluded from above.
2. The FY 2027 request is a forecast based on current data and trends analysis.
3. Relative Value Unit (RVU) data previously reported only outpatient professional RVUs, but the RVU data now includes both inpatient and outpatient professional RVUs.
4. The FY 2025 to FY 2026 and FY 2026 to FY 2027 increase in number of outpatient pharmacy prescriptions (30-day equivalents) is due to more patients filling high-demand medications at MTFs and changes in patient behavior when providers suggest MTFs as a convenient choice.

Exclusions:
1. TRICARE for Life eligible beneficiaries' encounters are excluded from the Ambulatory Visits data.
2. Excludes workload from Military Service Line Unit Assets.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Dental Workload (Dental Weighted Values (DWVs)(from Components)					
CONUS	10,612,130	10,795,778	10,832,777	183,648	36,999
OCONUS	2,355,992	2,351,028	2,312,968	-4,964	-38,060
Total DWVs	**12,968,122**	**13,146,806**	**13,145,745**	**178,684**	**-1,061**
CONUS					
Active Duty	10,086,830	10,261,387	10,296,555	174,557	35,168
Non-Active Duty	525,300	534,391	536,222	9,091	1,831
Total CONUS	**10,612,130**	**10,795,778**	**10,832,777**	**183,648**	**36,999**
OCONUS					
Active Duty	2,278,951	2,274,149	2,237,334	-4,802	-36,815
Non-Active Duty	77,041	76,879	75,634	-162	-1,245
Total OCONUS	**2,355,992**	**2,351,028**	**2,312,968**	**-4,964**	**-38,060**

Notes:
1. FY 2025 actuals is based on the most recent 12-months of reliable data available for (October 2024 - September 2025).
2. FY 2026 estimate is based on 10-months of actual data (January 2025 - October 202**5**) and two forecasted months (November 2025 - December 2025).
3. FY 2027 request is a forecast based on 10-months of actual data (January 2025 - October 202**5**) and two forecasted months (November 2025 - December 2025).

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Infrastructure					
Inpatient Facilities	46	46	46	0	0
Medical Clinics	556	556	556	0	0
Dental Clinics	105	105	105	0	0

Notes:
1. There is no change to the reported infrastructure data from FY 2025 to FY 2026 or FY 2026 to FY 2027.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals (DHP)	FY 2026 Enacted (DHP)	FY 2027 Request (PSCP)	FY 2025-2026 Change	FY 2026-2027 Change
Prime Enrollees - Managed Care Support Contract					
TRICARE Region - East	632,489	634,267	635,007	1,778	740
TRICARE Region - West	574,387	576,002	576,673	1,615	671
Total MCS Contracts	**1,206,876**	**1,210,269**	**1,211,680**	**3,393**	**1,411**
TRICARE Select Enrollees					
TRICARE Region - East	1,150,311	1,155,911	1,158,240	5,600	2,329
TRICARE Region - West	941,257	945,839	947,744	4,582	1,905
Total Select	**2,091,568**	**2,101,750**	**2,105,984**	**10,182**	**4,234**
TRICARE Region - Overseas - Europe, Pacific, Latin America	94,578	94,399	94,079	-179	-320
Total MCSC, Select and TRICARE Overseas	**3,393,022**	**3,406,418**	**3,411,743**	**13,396**	**5,325**

Prime Enrollees Notes

1. The 2027 President's Budget establishes the Private Sector Care Program (PSCP) appropriation and transfers funding from the Defense Health Program Private Sector Care Budget Activity Group to the new account 0146D, PSCP.
2. Under the new TRICARE T-5 contract, six states (Arkansas, Illinois, Louisiana, Oklahoma, Texas, Wisconsin) realigned from the East to the West region, effective January 2025.
3. CONUS counts exclude Medicare-eligible enrollees except for a small number of Managed Care Support Contract (MCSC) Prime active-duty members who are Medicare-eligible.
4. Overseas counts include only MCSC Prime and Select enrollees.

Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Medical Workload Data - COMP Summary

	FY 2025 Actuals (PSC)	FY 2026 Enacted (PSC)	FY 2027 Request (PSCP)	FY 2025-2026 Change	FY 2026-2027 Change
Private Sector Care System Workload					
Outpatient-Visits	90,070,984	95,024,888	100,251,257	4,953,904	5,226,369
Outpatient-Weighted (Relative Value Units, RVUs)	227,939,896	245,035,388	263,413,043	17,095,492	18,377,655
Inpatient-Admissions	335,053	343,429	352,015	8,376	8,586
Inpatient-Weighted (Relative Weighted Products, RWPs)	326,291	340,974	356,318	14,683	15,344
Pharmacy					
Retail - Number of Scripts (30-day equivalents)	28,330,606	30,122,292	31,913,647	1,791,686	1,791,355
Mail Order - Number of Scripts (30-day equivalents)	11,662,881	11,079,737	10,525,750	-583,144	-553,987
TRICARE					
Dental Program Enrollment	655,093	648,736	653,165	-6,357	4,429
Uniformed Services Family Health Plan					
Enrollees (Non-Medicare eligible)	114,706	114,412	114,071	-294	-341

Workload Notes

1. The 2027 President's Budget establishes the Private Sector Care Program (PSCP) appropriation and transfers funding from the Defense Health Program Private Sector Care Budget Activity Group to the new account 0146D, PSCP.
2. Outpatient measures include workload associated with inpatient professional care.
3. Increases in Retail (30-Day equivalents) in FY 2025-2026 and FY 2026-2027 are attributed to more patients utilizing Private Sector Care and filling prescriptions through retail pharmacy. In addition, with the rollout of MHS GENESIS, patients seen at the MTFs can request prescriptions be sent to the pharmacy of their choice.
4. Decreases in Mail Order (30-day equivalents) in FY 2025-FY 2026 and FY 2026-2027 are attributed to more patients filling prescriptions at retail pharmacy and MTFs based on individual choice. Mail order is expected to continue declining with copay increases in FY 2026.
5. FY 2026 and FY 2027 outpatient workload growth is projected to exceed inpatient workload growth.
6. The FY 2027 Uniformed Services Family Health Program (USFHP) enrollee and Dental Program Enrollment estimates are projected based on FY 2025 data and the FY 2026 estimate which is based on population trend.

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Combat and Operational Medicine Program
Operation and Maintenance, Defense Health Agency
Fiscal Year (FY) 2027 Budget Estimates

Appropriation/Fund	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request
I. Management & Professional Support Services			
FFRDC Work	693,614	577,930	375,004
Non-FFRDC Work	6,511	5,425	3,520
Subtotal	**700,125**	**583,355**	**378,524**
II. Studies, Analysis & Evaluations			
FFRDC Work	74,575	77,166	121,815
Non-FFRDC Work	4,174	4,318	6,817
Subtotal	**78,749**	**81,484**	**128,632**
III. Engineering & Technical Services			
FFRDC Work	48,787	16,120	27,028
Non-FFRDC Work	0	0	0
Subtotal	**48,787**	**16,120**	**27,028**
IV: Training & Leadership Development			
FFRDC Work	0	0	0
Non-FFRDC Work	0	0	0
Subtotal	**0**	**0**	**0**
TOTAL			
FFRDC Work	816,976	671,216	523,847
Non-FFRDC Work	10,685	9,743	10,337
GRAND Total	**827,661**	**680,959**	**534,184**
Reimbursable	0	0	0

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OPR & MAINT
Active

Domestic	**FY 2024**	**FY 2025**	**FY 2026**
Compliance			
Air			
Stationary and Mobile Sources	.000	.021	.021
Compliance Cross-Cutting Programs			
Compliance Education and Training	.640	1.473	.507
Multi-Program Management	.000	.947	.847
Compliance Cross-Cutting Programs Total	.640	2.420	1.354
Compliance Manpower			
Compliance Manpower	2.824	3.610	3.74
Compliance Other			
Miscellaneous Compliance Activities	1.397	3.610	2.662
Compliance Related Cleanup			
Other Compliance-Related Assessment and Cleanup	0	0	0
Planning			
Environmental Impact Analysis	.000	.085	.085
Storage and Disposal			
Hazardous Waste (RCRA - C)	5.093	6.109	7.691
Solid Waste (RCRA - D)	1.615	2.062	2.712
USTs (RCRA - I)	0	0	0
Storage and Disposal Total	6.708	8.171	9.403
Toxic Substances			
Controlled Substances	0	0	0
EPCRA Reporting (TRI and Tier I&II)	.005	.005	.005
Toxic Substances Total	.005	.005	.005
Water			
Safe Drinking Water	.778	1.011	.797
Spill Prevention and Response/ASTs	0	.021	.021
Stormwater	0	0	0
Wastewater	.045	.025	.025
Water Total	0.823	1.057	.843

Compliance Total	**11.709**	**16.828**	**15.260**
Pollution Prevention			
Pollution Prevention Other			
Miscellaneous Pollution Prevention Activities	0	0	.180
Pollution Prevention Projects			
Hazardous Material/Hazardous and Solid Waste	.318	.316	.142
Pollution Prevention Total	**.318**	**.316**	**.142**
Total Domestic	**12.027**	**17.144**	**15.582**
Foreign			
Compliance			
Air			
Stationary and Mobile Sources	.000	.002	.002
Compliance Cross-Cutting Programs			
Compliance Education and Training	.158	.158	.138
Multi-Program Management	.115	.115	.115
Compliance Cross-Cutting Programs Total	.273	.275	.255
Compliance Manpower			
Compliance Manpower	.569	.573	.590
Compliance Other			
Miscellaneous Compliance Activities	.026	.026	.026
Planning			
Environmental Impact Analysis	0	0	0
Storage and Disposal			
Hazardous Waste (RCRA - C)	.825	.617	.617
Solid Waste (RCRA - D)	.870	.580	.580
USTs (RCRA - I)	0	0	0
Storage and Disposal Total	1.695	1.197	1.197
Toxic Substances			

EPCRA Reporting (TRI and Tier I&II)	0	0	0
Water			
Safe Drinking Water	.361	.367	.524
Compliance Total	**2.924**	**2.438**	**2.592**
Pollution Prevention			
Pollution Prevention Projects			
Hazardous Material/Hazardous and Solid Waste	0.152	0	0
Pollution Prevention Total	**0.152**	**0**	**0**
Total Foreign	**3.076**	**2.438**	**2.592**
DHA TOTALS			
Environmental Activity Cost Type			
Compliance	14.633	19.266	17.852
Pollution Prevention	.470	.316	.322
Conservation	0	0	0
Environmental Activity Cost Type Totals	**15.103**	**19.582**	**18.174**
Location			
Domestic	12.027	17.194	17.541
Foreign	3.076	2.438	2.592
Location Totals	**15.103**	**19.582**	**18.174**

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Combat and Operational Medicine Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Major DoW Headquarters Activities

	FY 2025 Actuals				FY 2026 Enacted				FY 2027 Request			
Category/ Organization Appropriation	Military End Strength	Civ FTEs	Total Manpower	Total Obligation ($000)	Military End Strength	Civ FTEs	Total Manpower	Total Obligation ($000)	Military End Strength	Civ FTEs	Total Manpower	Total Obligation ($000)
0807704DHA, O&M, COMP	614	1,650	2,264	295,134	735	1,365	2,100	261,938	736	1,547	2,283	304,105
0807798DHA, O&M, COMP	9	215	224	45,727	8	244	252	41,688	8	0	8	0
0807898DHA, O&M, COMP	37	0	37	0	46	0	46	0	45	0	45	0
0808762DHA, O&M, COMP	0	0	0	85	0	2	2	272	0	2	2	277
Total	**660**	**1,865**	**2,525**	**340,947**	**789**	**1,611**	**2,400**	**303,898**	**789**	**1,549**	**2,338**	**304,382**

Note:

1. Active Duty Military Personnel assigned to DHA are funded by the Services' MILPERS appropriations, not by COMP/PSCP.

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Private Sector Care Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Introductory Statement

Appropriation Summary

Appropriation Summary	FY 2025 Actuals	Price Change	Program Change	FY 2026 Enacted	Price Change	Program Change	FY 2027 Request
Operation & Maintenance, Primary Sector Care Program	0.0	0.0	0.0	0.0	0.0	22,175.5	22,175.5
Total PSCP	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**22,175.5**	**22,175.5**
MERHCF Receipts	0.0			0.0			11,803.2
Total Health Care Costs	**0.0**			**0.0**			**33,978.7**

Notes:

1. Reflects DoW Medicare-Eligible Retiree Health Care Fund (MERHCF) O&M transfer Receipts for FY 2027 that support approximately 2.6 million Medicare-eligible retirees and their family members.
2. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

Description of Operations Financed:

The Private Sector Care Program (PSCP) appropriation finances the MHS eligible beneficiaries using health care services offered in the private sector for all medical and dental care including pharmaceuticals. This program was previously funded under the legacy Defense Health Program (DHP) Budget Activity Group (BAG 2) Private Sector Care. The 2027 budget request establishes a separate appropriation to provide greater transparency and accountability for the purchased care system and combat casualty care. The DoW Medicare Eligible Retiree Health Care Fund (MERHCF) is an accrual fund to pay for DoW's share of applicable Private Sector Care operation and maintenance health care costs for Medicare-eligible retirees, retiree family members and survivors.

The MHS purchases more than 65 percent of the total care provided for beneficiaries through tailored contracts, such as Managed Care Support Contracts responsible for the administration of the TRICARE benefit through the PSCP appropriation. The private sector care system includes network and non-network TRICARE authorized civilian health care professionals, institutions, pharmacies, and suppliers to provide access to the full array of high-quality health care services to beneficiaries.

The PSCP budget request remains a critical component of the MHS, accounting for more than half of the Operations and Maintenance funding requirement within the MHS. The FY 2027 budget request fully funds anticipated PSCP requirements, helping to mitigate risk to other Department of War programs by delivering private sector contractor providers to serve both uniformed service members and other MHS beneficiaries.

Narrative Explanation of FY 2026 and FY 2027 Operation and Maintenance (OM) Changes:

The PSCP O&M funding reflects an overall increase of $22,175.5 million between FY 2026 and FY 2027, consisting of $0.0 million in price growth and a net program increase of $22,175.5 million.

Program **increases** include:

- $21,581.4 million increase establishes the PSCP O&M appropriation and transfers funding from the Combat and Operational Medicine Program Private Sector Care Budget Activity Group to the new account 0146D, PSCP.
- $599.8 million increase is based on an extensive financial review and analysis of health care claims and trends.

Program **decreases** include:

- $5.8 million reduces funding for printing and reproduction to align with historical execution levels and ensure alignment with the priorities of the Secretary of War to improve the efficiency and effectiveness of our mission and business operations.

Private Sector Care Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Funding by Budget Activity

(Dollars in Thousands)

0146D Private Sector Care Program	**FY 2025 Actuals**	**FY 2026 Enacted**	**FY 2026 Mandatory Spend**	**FY 2026 Total**	**FY 2027 Request**	**FY 2027 Mandatory Request**	**FY 2027 Total**
BUDGET ACTIVITY 01: OPERATION & MAINTENANCE							
0146D 020 PRIVATE SECTOR CARE PROGRAM	-	-	-	-	22,175,472	-	22,175,472
TOTAL, BA 01: OPERATION & MAINTENANCE	**-**	**-**	**-**	**-**	**22,175,472**	**-**	**22,175,472**

Note:

1. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

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I. Description of Operations Financed:

This Budget Activity Group provides for all medical and dental care plus pharmaceuticals received by Military Health System (MHS)-eligible beneficiaries using health care services offered in the private sector. This Budget Activity Group includes the TRICARE Managed Care Support Contracts (MCSC), the Uniformed Services Family Health Program (USFHP), the TRICARE Overseas Program (TOP), the Supplemental Care Programs, TRICARE Mail Order Pharmacy (TMOP), the National Retail Pharmacy, TRICARE Reserve Select (TRS), which is a premium-based program for reservists and their family members, and various support activities.

Pharmaceuticals - Purchased Health Care – This category includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Mail Order Pharmacy (TMOP). This category excludes manpower authorizations and all administrative expenses of the Defense Health Agency (DHA) to include regional offices and Defense Supply Center-Philadelphia's management of the TMOP.

National Retail Pharmacy – Includes expenses for the pharmaceutical costs associated with contractual pharmacy services providing authorized benefits to eligible beneficiaries via the TRICARE Retail Pharmacy Program. The TRICARE Retail Pharmacy Program provides network pharmaceutical prescription benefits for eligible beneficiaries from private-sector retail pharmacies.

TRICARE MCSC – Includes expenses for the at-risk health care costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) and measurable to the following for areas serviced by TRICARE MCSC: healthcare authorized for the following beneficiaries: (a) retired military personnel and (b) for spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. Also includes costs for the Extended Care Health Option (ECHO) for disabled dependents of active duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act: Includes health care costs for those programs that are considered at-risk to the TRICARE MCSC and external and internal resource sharing agreements, when paid by the TRICARE Managed Care Support contractors. In addition, it includes underwritten costs for health care for those beneficiaries who have enrolled directly with the MCSC-affiliated contracted providers.

MCSC excludes: (a) Military Treatment Facility (MTF) Enrollees – Purchased Care (beneficiaries enrolled to MTF providers); (b) claims processed by the TRICARE Overseas Contract; (c) any not-at-risk/non-underwritten costs associated with the Supplemental Care Program and (d) Miscellaneous Purchased Care activities such as surveys, demonstrations, or pilots requested by Congress. Also excluded are DHA costs for manpower authorizations and any administrative costs of DHA executive agents associated with managing TRICARE MCSC.

MTF Enrollees Purchased Care – Includes expenses for the underwritten costs for TRICARE health care benefits provided to the MTF Prime enrollees as authorized. Excludes health care provided under the Supplemental Care - Health Care program for active duty service members.

Dental Purchased Care – Includes expenses associated with the government-paid portion of insurance premiums specifically for providing dental benefits in civilian facilities and by private practitioners for the beneficiaries who are enrolled in the TRICARE Dental Program. Beneficiaries eligible for enrollment are: (a) active duty family members, and (b) select reservist or individual ready reservist (IRR) and dependent family members. It also includes administrative, management, and health care costs associated with these dental services. Excludes dental services and costs expensed for active duty members in the Supplemental Care - Dental program and direct health care system.

Uniformed Services Family Health Program (USFHP) – Includes costs based on annual capitation rates for providing TRICARE-like benefits authorized through contracts with designated civilian hospitals in selected markets to beneficiaries that enroll to a USFHP civilian facility located in their geographic residence. Beneficiaries eligible for enrollment into USFHP include active duty family members, retirees and their family members, and survivors who live within the specially designated geographic area.

Supplemental Care - Health Care – Includes costs for providing the TRICARE Prime benefit to active duty service members and other designated eligible patients who receive health care services in the civilian sector or non-defense facilities either referred or non-referred from the MTF, emergent care, and authorized non-emergent care. Includes members in travel status, Navy/Marine Corps service members enrolled to deployable units and referred by the unit primary care manager, eligible Reserve Component personnel, ROTC students, cadets/midshipmen, and eligible foreign military. This program also covers health care sought in the civilian sector due to active duty assignments in remote continental United States (CONUS) locations. The types of claims include health care under TRICARE Prime Remote, MTF-referred care, emergency care, and authorized non-emergency/non-referred care. It comprises the costs of sharing agreements that the managed care support contractors do not pay and excludes all costs associated with dental care for active duty members expensed in Supplemental Care - Dental program.

Supplemental Care - Dental – Includes costs for a dental benefit for uniform dental care and administrative expenses for active duty members, including eligible mobilized select reserves or individual ready reserves (IRR), receiving services in the civilian sector to include dental practitioners within Veterans Affairs facilities. Due to military assignments in remote CONUS locations, this program also covers dental care for active duty members in the civilian sector.

Continuing Health Education/Capitalization of Assets (CHE/CAP) – Provides for support of graduate medical education and capital investment within civilian facilities that provide services to the Military Health System and Medicare. These facilities operate under the Diagnosis Related Group (DRG) system of payment providing federal inpatient services under TRICARE and Medicare.

TRICARE Overseas Program (TOP) – Includes costs specifically for delivery of Military Health System Prime benefits in civilian facilities by private practitioners to active duty and eligible active duty family member beneficiaries enrolled in the TRICARE Overseas Program (TOP) and foreign claims for non-active duty beneficiaries. Coverage includes Europe, the Pacific region, Latin America, Asia, Africa, and Canada, and covered through Remote Overseas areas or TRICARE Select options per the TOP contract. The scope of health care includes medical, dental, inpatient care, laboratory work, health care testing, and other health care services equivalent to the TRICARE program. Benefits are exclusively pass-through costs. The benefits program excludes custodial care claims, special and emergent care claims, and Alaska claims. It also includes overseas health care provided under the Supplemental Care program. It excludes demonstrations, congressional mandates, and other healthcare expenses in the Miscellaneous Purchased Health Care program.

Miscellaneous Purchased Health Care – Includes costs specifically for providing benefits identified in Title 32 of the Code of Federal Regulations Part 199 (32 CFR 199) authorized for the following beneficiaries: (a) retired military personnel and (b) spouses and dependent children of active duty, retired, or deceased military personnel in civilian facilities and by private practitioners. It also includes costs for special education and institutional care in civilian facilities for disabled dependents of active-duty personnel covered under the Program for Persons with Disabilities (PFPWD) Act. Includes administrative, management, and health

care costs for Custodial Care, Special, and Emergent Care claims, Alaska claims, Autism Benefits, Laboratory Developed Tests (LDTs), State Vaccine Program, TRICARE/Medicare dual eligible beneficiaries program (e.g., TRICARE Medicare Eligible Program Contract (TMEP)), transition assistance programs, and TRS.

Miscellaneous Support Activities – Includes the miscellaneous administrative costs and support contract expenses for various programs, demonstrations, and other congressionally-mandated programs or actions not directly providing health care. Programs financed include contracts for marketing and education functions, claims auditing, surveys, E-Commerce, case management services, the National Quality Monitoring Service, and ongoing support from the Defense Enrollment Eligibility Reporting System (DEERS).

II. Force Structure Summary:
TRICARE healthcare benefits under contracts in private sector care (PSC) programs are available to approximately 9.5 million DoW beneficiaries. The MCSC provide uniform healthcare plan options to eligible beneficiaries when they enroll with their regional contractor. TRICARE benefits include Dental Care via contracts with civilian dental practitioners as well. TRICARE benefits are also available to approximately 2.6 million Medicare-eligible beneficiaries of military retirees, special eligibility groups who qualify and receive benefits from Medicare by law. The Medicare Eligible Retiree Health Care Fund (MERHCF) covers these costs and is excluded from the baseline budget for PSC contracts.

III. Financial Summary ($ in Thousands):

		FY 2026					
			Congressional Action				
A. BA Subactivities	FY 2025 Actuals	Budget Request	Amount	Percent	Appropriated	Current Enacted	FY 2027 Request
1. Pharmaceuticals Purchased Health Care	$0	$0	$0	0.00%	$0	$0	$1,950,895
2. National Retail Pharmacy	$0	$0	$0	0.00%	$0	$0	$1,994,922
3. Managed Care Support Contracts	$0	$0	$0	0.00%	$0	$0	$8,818,935
4, MTF Enrollee Purchased Care	$0	$0	$0	0.00%	$0	$0	$3,174,102
5. Dental Purchased Care	$0	$0	$0	0.00%	$0	$0	$297,714
6. Uniformed Services Family Health Program	$0	$0	$0	0.00%	$0	$0	$691,627
7. Supplemental Care - Health Care	$0	$0	$0	0.00%	$0	$0	$2,271,162
8. Supplemental Care - Dental	$0	$0	$0	0.00%	$0	$0	$130,795
9. Continuing Health Education/Capitalization	$0	$0	$0	0.00%	$0	$0	$390,487
10. Overseas Purchased Health Care	$0	$0	$0	0.00%	$0	$0	$586,792
11. Miscellaneous Purchased Health Care	$0	$0	$0	0.00%	$0	$0	$1,752,266
12. Miscellaneous Support Activities	$0	$0	$0	0.00%	$0	$0	$115,775
Total	**$0**	**$0**	**$0**	**0.00%**	**$0**	**$0**	**$22,175,472**

Note:

1. FY27 Request excludes $11,803,200 thousand of anticipated DoW MERHCF execution (O&M only).
2. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

Private Sector Care Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Private Sector Care Program OP-5 Exhibit

B. Reconciliation Summary	Change FY 2026/FY 2026	Change FY 2026/FY 2027
BASELINE FUNDING	**$0**	**$0**
Congressional Adjustments (Distributed)	0	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	**0**	
Fact-of-Life Changes (2026 to 2026 Only)	0	
SUBTOTAL BASELINE FUNDING	**0**	
Supplemental	0	
Reprogrammings	0	
Price Changes		0
Functional Transfers		21,581,449
Program Changes		594,023
CURRENT ESTIMATE	**0**	**22,175,472**
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	**$0**	**$22,175,472**

FY 2026 President's Budget Request (Amended, if applicable)	**$0**
1. Congressional Adjustments	$0
a) Distributed Adjustments	$0
b) Undistributed Adjustments	$0
c) Adjustments to Meet Congressional Intent	$0
d) General Provisions	$0
FY 2026 Appropriated Amount	**$0**
2. Supplemental Appropriations	$0
a) Supplemental Funding	$0
3. Fact-of-Life Changes	$0
a) Functional Transfers	$0
b) Technical Adjustments	$0
c) Emergent Requirements	$0
FY 2026 Baseline Funding	**$0**
4. Reprogrammings (Requiring 1415 Actions)	$0
a) Increases	$0

b) Decreases $0

Revised FY 2026 Estimate $0

5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings $0

a) Less: Supplemental Funding $0

FY 2026 Normalized Current Estimate $0

6. Price Change $0

7. Functional Transfers $21,581,449

a) Transfers In $21,581,449

1) Establishment of PSCP Appropriation $21,581,449
The FY 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.

b) Transfers Out $0

8. Program Increases $599,834

a) Annualization of New FY 2026 Program $0

b) One-Time FY 2027 Increases $0

c) Program Growth in FY 2027 ..... $599,834

1) PSC Baseline: $599,834
Increase in PSC funding is based on an extensive financial review and analysis of health care claims and trends. This yearly review includes determining the beneficiary population, estimating the per-beneficiary utilization of the TRICARE PSC health

care benefit; and projecting cost trends for pharmaceuticals and health care services. This analysis is used to develop updated financial projections which inform the budget request. A large portion of the increase is in pharmacy, for reasons including the following: 1.) the increased use of expensive specialty pharmaceuticals, 2.) the increased use of certain drug classes, such as glucagon-like peptide-1 (GLP-1s) for weight loss and diabetes, and 3.) the high-cost growth of brand name pharmaceuticals. The FY 2026 PSC baseline funding is $20,773,888 thousand.

9. Program Decreases ..... $-5,811

a) Annualization of FY 2026 Program Decreases $0

b) One-Time FY 2026 Increases $0

c) Program Decreases in FY 2027 ..... $-5,811

1) Efficiency - Printing and Reproduction ..... $-5,811
Reduces funding for printing and reproduction to align with historical execution levels and ensure alignment with the priorities of the Secretary of War to improve the efficiency and effectiveness of our mission and business operations. The FY 2026 PSC Printing and Reproduction baseline funding is $6,285 thousand.

FY 2027 Budget Request $22,175,472

IV. Performance Criteria and Evaluation Summary:

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Prime Enrollees - Managed Care Support Contract					
TRICARE Region - East	0	0	635,007	0	635,007
TRICARE Region - West	0	0	576,673	0	576,673
Total MCS Contracts	**0**	**0**	**1,211,680**	**0**	**1,211,680**
TRICARE Select Enrollees					
TRICARE Region - East	0	0	1,158,240	0	1,158,240
TRICARE Region - West	0	0	947,744	0	947,744
Total Select	**0**	**0**	**2,105,984**	**0**	**2,105,984**
TRICARE Region - Overseas - Europe, Pacific, Latin America	0	0	94,079	0	94,079
Total MCSC, Select and TRICARE Overseas	**0**	**0**	**3,411,743**	**0**	**3,411,743**

Prime Enrollees Notes (PSCP):

1. The 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.
2. Under the new TRICARE T-5 contract, six states (Arkansas, Illinois, Louisiana, Oklahoma, Texas, Wisconsin) realigned from the East to the West region, effective January 2025.
3. CONUS counts exclude Medicare-eligible enrollees except for a small number of MCSC Prime active-duty members who are Medicare-eligible.
4. Overseas counts include only MCSC Prime and Select enrollees.

Private Sector Care Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Private Sector Care Program OP-5 Exhibit

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2025-2026 Change	FY 2026-2027 Change
Private Sector Care System Workload					
Outpatient-Visits	0	0	100,251,257	0	100,251,257
Outpatient-Weighted (Relative Value Units, RVUs)	0	0	263,413,043	0	263,413,043
Inpatient-Admissions	0	0	352,015	0	352,015
Inpatient-Weighted (Relative Weighted Products, RWPs)	0	0	356,318	0	356,318
Pharmacy					
Retail - Number of Scripts (30-day equivalents)	0	0	31,913,647	0	31,913,647
Mail Order - Number of Scripts (30-day equivalents)	0	0	10,525,750	0	10,525,750
TRICARE					
Dental Program Enrollment	0	0	653,165	0	653,165
Uniformed Services Family Health Plan					
Enrollees (Non-Medicare eligible)	0	0	114,071	0	114,071

Workload Notes (PSCP):
1. The FY 2027 President's Budget establishes the PSCP appropriation and transfers funding from the Defense Health Program PSC Budget Activity Group to the new account 0146D, PSCP.
2. Outpatient measures include workload associated with inpatient professional care.
3. The FY 2027 USFHP enrollee and Dental Program Enrollment estimates are projected based on FY 2025 data and the FY 2026 estimate which is based on population trend.

V. Personnel Summary:

	FY 2025	FY 2026	FY 2027	Change FY 2025/ FY 2026	Change FY 2026/ FY 2027
Active Military End Strength (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reserve Drill Strength (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reservists on Full Time Active Duty (E/S) (Total)	**0**	**0**	**0**	**0**	**0**
Civilian End Strength (Total)	**0**	**0**	**0**	**0**	**0**
Active Military Average Strength (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reserve Drill Strength (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Reservists on Full Time Active Duty (A/S) (Total)	**0**	**0**	**0**	**0**	**0**
Civilian FTEs (Total)	**0**	**0**	**0**	**0**	**0**
Average Annual Civilian Salary ($ in thousands)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Contractor FTEs (Total)	**0**	**0**	**0**	**0**	**0**

Personnel Summary Explanations:
Civilian, Contractor, and Military personnel are not programmed in the PSC Budget Activity Group.

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

			Change from FY 2025 to FY 2026			Change from FY 2026 to FY 2027		
		FY 2025 Program	Price Growth	Program Growth	FY 2026 Program	Price Growth	Program Growth	FY 2027 Program
308	TRAVEL OF PERSONS	0	0	0	0	0	563	563
0399	**TOTAL TRAVEL**	**0**	**0**	**0**	**0**	**0**	**563**	**563**
647	DISA ENTERPRISE COMPUTING CENTERS	0	0	0	0	0	11,669	11,669
0699	**TOTAL OTHER FUND PURCHASES**	**0**	**0**	**0**	**0**	**0**	**11,669**	**11,669**
920	SUPPLIES & MATERIALS (NON-FUND)	0	0	0	0	0	7	7
921	PRINTING & REPRODUCTION	0	0	0	0	0	606	606
924	PHARMACEUTICAL DRUGS	0	0	0	0	0	3,998,078	3,998,078
925	EQUIPMENT PURCHASES (NON-FUND)	0	0	0	0	0	4,289	4,289
932	MGT PROF SUPPORT SVCS	0	0	0	0	0	66,188	66,188
933	STUDIES, ANALYSIS & EVAL	0	0	0	0	0	5,538	5,538
959	OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	0	0	0	0	0	3	3
986	MEDICAL CARE CONTRACTS	0	0	0	0	0	18,068,175	18,068,175
987	OTHER INTRA-GOVT PURCH	0	0	0	0	0	17,199	17,199
989	OTHER SERVICES	0	0	0	0	0	3,157	3,157
0999	**TOTAL OTHER PURCHASES**	**0**	**0**	**0**	**0**	**0**	**22,163,240**	**22,163,240**
9999	**GRAND TOTAL**	**0**	**0**	**0**	**0**	**0**	**22,175,472**	**22,175,472**

Note:

1. The FY 2027 Operation and Maintenance budget submission reflects a transfer of Budget Activity Group (BAG) 2, Private Sector Care, from account 0130 to account 0146, the Private Sector Care Program (PSCP). The total PSCP for FY 2027 is $22,175,472 thousand, an increase of 6.7 percent from FY 2026 enacted levels of $20,773,888 thousand (0130 BAG 2); additional details are in the PSCP exhibits, starting on page 151.

$ in Thousands	FY2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY26-27 %
BAG 2	$ 20,201,022	$ 20,773,888	$ 22,175,472	6.7%

Private Sector Care Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2027 Budget Estimates
Private Sector Care Program, PB-15 Exhibit

Appropriation/Fund	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Estimate
I. Management & Professional Support Services			
FFRDC Work	0	0	65,572
Non-FFRDC Work	0	0	616
Subtotal	**0**	**0**	**66,188**
II. Studies, Analysis & Evaluations			
FFRDC Work	0	0	5,244
Non-FFRDC Work	0	0	294
Subtotal	**0**	**0**	**5,538**
III. Engineering & Technical Services			
FFRDC Work	0	0	0
Non-FFRDC Work	0	0	0
Subtotal	**0**	**0**	**0**
IV: Training & Leadership Development			
FFRDC Work	0	0	0
Non-FFRDC Work	0	0	0
Subtotal	**0**	**0**	**0**
TOTAL			
FFRDC Work	0	0	70,816
Non-FFRDC Work	0	0	910
GRAND Total	**0**	**0**	**71,726**
Reimbursable	0	0	0

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Appropriation Procurement ($ K)

Line No.	Item Nomenclature	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
1	**Items greater than $350,000 each:**							
	Medical Equipment - Replacement/Modernization	243,184	222,445	231,382	240,183	249,856	258,812	263,990
	Medical Equipment - New Facility Outfitting	23,449	24,597	25,555	26,552	27,578	28,642	29,215
	Joint Operational Medicine Information System	30,129	30,732	31,203	31,820	33,054	34,330	35,014
	Military Health System - InfrastructureTechnology Sustainment	75,536	77,047	78,588	80,160	83,254	86,468	88,197
	Information Technology Development and Sustainment - DoD Healthcare Management System Modernization	26,569	0	0	0	0	0	0
	COMP Procurement FY27 Totals	**398,867**	**354,821**	**366,728**	**378,715**	**393,742**	**408,252**	**416,416**

The Combat and Operational Medicine (COMP) 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, Air Force, and Direct Care Financial Management (DCFM) Division. 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 COMP's capability to meet the Department's medical equipment requirements will be severely degraded.

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BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130 **P-1 ITEM NOMENCLATURE: Replacement/Modernization**

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
Quantity							
Total Cost ($ M)	243.184	222.445	231.382	240.183	249.856	258.812	263.990
Dental Equipment	0.438	0.455	0.473	0.491	0.510	0.530	0.541
Food Ser, Preventive Med, Pharmacy Equip	6.852	7.120	7.407	7.695	7.992	8.300	8.466
Medical Information System Equipment	8.456	8.626	8.812	8.986	9.333	9.693	9.887
Medical Patient Care Administrative Equip	7.173	7.316	7.462	7.611	7.905	8.210	8.374
Medical/Surgical Equipment	23.830	24.761	25.786	26.792	27.826	28.900	29.478
Other Equipment	12.900	13.298	13.594	13.896	14.490	15.049	15.351
Pathology/Lab Equipment	22.315	23.186	24.153	25.095	26.064	27.070	27.611
Radiographic Equipment	161.220	137.683	143.695	149.617	155.736	161.060	164.282

REMARKS

To fortify the readiness and optimize the health outcomes of our warfighters and beneficiaries, DHA prioritizes strategic investments in cutting-edge medical devices and equipment. These investments are critical enablers for maintaining a technologically advanced and resilient military healthcare system capable of delivering exceptional care in both garrison and deployed environments. To maximize impact on patient care, support to the combatant commands, operational effectiveness, and long-term cost containment, DHA's most significant medical equipment investments will be to focus on radiological capabilities, surgical excellence, pathology and laboratory efficiency, Food and Drug Administration (FDA) and non-FDA medical products and devices, and information systems functional areas.

Equipping our medical personnel with advanced imaging modalities, including MRI, CT, X-ray, Ultrasound, and Echocardiography, provides the critical diagnostic advantage needed to rapidly assess and treat injuries and illnesses. Furthermore, investing in state-of-the-art surgical equipment, encompassing advanced operating room tools and surgical robotics, enhances precision, reduces invasiveness, and accelerates recovery times. As a result, our MHS skilled professionals can fully leverage these technologies for optimal patient outcomes, essential to our readiness to support the warfighter both on the battlefield and at home. These strategic investments strengthen our commitment to readiness, optimize patient outcomes, and safeguard the health and well-being of those who serve and their families. Investing in modernization improves our ability to ensure medical readiness and the health of our force.

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130 **P-1 ITEM NOMENCLATURE: New Facility Outfitting**

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
Quantity							
Total Cost ($ M)	23.449	24.597	25.555	26.552	27.578	28.642	29.215
Dental Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Food Ser, Preventive Med, Pharmacy Equip	0.407	0.423	0.439	0.456	0.474	0.492	0.502
Medical Information System Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Patient Care Administrative Equip	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical/Surgical Equipment	2.033	2.112	2.194	2.280	2.368	2.459	2.508
Other Equipment	13.976	14.755	15.330	15.928	16.543	17.182	17.526
Pathology/Lab Equipment	0.498	0.517	0.537	0.558	0.580	0.602	0.614
Radiographic Equipment	6.535	6.790	7.055	7.330	7.613	7.907	8.065

REMARKS

The new facility outfitting program element of the COMP'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 COMP's military medical construction program.

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130 **P-1 ITEM NOMENCLATURE: Joint Operational Medicine Information System (JOMIS)**

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
Quantity							
Total Cost ($ M)	30.129	30.732	31.203	31.820	33.054	34.330	35.014
JOMIS	30.129	30.732	31.203	31.820	33.054	34.330	35.014

REMARKS

The purpose of JOMIS is to modernize, deploy, and sustain the DoW's OpMed Information System (IS) capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. Current challenges in the OpMed mission include aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods across the services that impact standard user adoption, inefficient acquisition methods, and the lack of unified functional user input.

To mitigate these challenges, JOMIS has planned the following actions:
• Translate the Theater Medical Information Requirements (TMIR) IS Capability Development Document into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices.
• Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoW and Federal medical data landscapes.
• Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission.
• Take advantage of industry and DoW best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to "continuously integrate" and "continuously deliver" capability throughout the software development life cycle.

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Military Health System (MHS) - Infrastructure Technology Sustainment

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
Quantity							
Total Cost ($ M)	75.536	77.047	78.588	80.160	83.254	86.468	88.197
MHS Infrastructure Technology Sustainment	75.536	77.047	78.588	80.160	83.254	86.468	88.197

REMARKS

The Defense Health Agency (DHA) Local Area Network (LAN) and Wireless LAN (WLAN) technology refresh program ensures mission assurance for the Military Health System (MHS) across all Military Treatment Facilities (MTFs). The program directly mitigates unacceptable operational risk by replacing end-of-support (EOS) network infrastructure that is non-compliant with Department of War (DoW) cybersecurity mandates, including Security Technical Implementation Guides (STIGs). Failure to execute this lifecycle replacement results in critical vulnerabilities (CAT1/CAT2 findings) that would compel an operational shutdown of the networks to maintain information assurance. Such a directed shutdown would suspend all MHS data communications, disabling access to mission-critical systems, including MHS GENESIS, thereby compromising patient safety and degrading the delivery of the healthcare benefit. This investment provides the requisite infrastructure baseline to guarantee continuity of operations and support the strategic modernization of MHS information systems.

BUDGET ITEM JUSTIFICATION SHEET

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Information Technology Development and Sustainment - DoW Healthcare Management System Modernization (DHMSM)

	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
Quantity							
Total Cost ($ M)	26.569	0.000	0.000	0.000	0.000	0.000	0.000
DHMSM	26.569	0.000	0.000	0.000	0.000	0.000	0.000

REMARKS

DHMSM has replaced the DoW legacy healthcare management systems with a commercial off-the-shelf capability (MHS GENESIS) that is open, modular, and standards-based with non-proprietary interfaces. MHS GENESIS deployment is 100% complete across DoW. DHMSM supports the Department's goals of net-centricity by providing a framework for full human and technical connectivity and interoperability that allows DoW users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence and protects information from those who should not have it. The Electronic Health Record (EHR) supports the following healthcare activities for DoW's practitioners and beneficiaries:
- Clinical workflow and provider clinical decision support;
- Capture, maintain, use, protect, preserve and share health data and information;
- Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained;
- Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.

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RDT&E Programs

Appropriation: RDT&E, Combat and Operational Medicine ($K)

R-1 Line Item	Program Element Number	Item	Budget Activity	FY 2025 Actuals	FY 2026 Enacted	FY 2027 Request	FY 2028 Estimate	FY 2029 Estimate	FY 2030 Estimate	FY 2031 Estimate
1	0601117	Basic Operational Medical Research Sciences	2	41,392	41,660	41,924	42,762	44,412	46,170	47,096
2	0602115	Applied Biomedical Technology	2	185,368	228,841	183,565	187,228	194,319	201,786	205,822
3	0602787	Medical Technology (AFRRI)	2	1,504	1,557	1,588	1,619	1,682	1,747	1,782
4	0603002	Medical Advanced Technology (AFRRI)	2	372	388	396	404	419	436	445
5	0603115	Medical Technology Development	2	997,910	1,755,684	360,845	371,323	384,695	399,956	407,962
6	0604110	Medical Products Support and Advanced Concept Development	2	188,416	208,983	186,018	179,541	186,473	193,659	197,532
7	0605013	Information Technology Development	2	10,104	10,169	16,760	13,837	14,372	13,927	14,205
8	0605026	Information Technology Development - DoW Healthcare Management System Modernization (DHMSM)	2	5,919	6,038	5,141	5,244	5,446	5,656	5,769
9	0605045	Joint Operational Medicine Information System (JOMIS)	2	27,070	28,707	29,353	28,157	29,210	30,273	30,878
10	0605145	Medical Products and Support Systems Development	2	55,982	63,939	64,904	66,154	68,757	71,403	72,831
11	0605039	DoW Medical Information Exchange and Interoperability	2	27,406	8,337	8,504	8,674	9,009	9,357	9,544
12	0606105	Medical Program-Wide Activities	2	88,425	99,338	100,912	102,937	106,713	110,270	112,476
13	0607100	Medical Products and Capabilities Enhancement Activities	2	18,015	19,071	19,452	19,841	20,607	21,403	21,831
14	0605502	Small Business Innovative Research	2	47,553						
		Total Budget Activity 2		**1,695,436**	**2,472,712**	**1,019,362**	**1,027,721**	**1,066,114**	**1,106,043**	**1,128,173**

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0601117DHA *I Basic Operational Medical Research Sciences*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	97.555	41.392	41.660	41.924	-	41.924	42.762	44.412	46.170	47.096	Continuing	Continuing
371: *GDF - Basic Operational Medical Research Science*	0.000	0.000	0.000	-	-	-	-	-	-	-	-	-
371A: *GDF - BOMRS (Combat Casualty Care)*	5.341	12.403	12.799	12.862	-	12.862	13.578	13.830	14.086	14.368	Continuing	Continuing
371B: *GDF - BOMRS (Military Operational Medicine)*	22.544	12.299	12.459	12.605	-	12.605	12.398	13.414	14.525	14.817	Continuing	Continuing
371E: *GDF - BOMRS (Military Infectious Disease)*	8.657	16.690	16.402	16.457	-	16.457	16.786	17.168	17.559	17.911	Continuing	Continuing
371F: *GDF - BOMRS (Defense Research Sciences)*	61.013	-	-	-	-	-	-	-	-	-	-	-

Note

N/A

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Basic Operational Medicine 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. Research in this PE is designed to address areas of interest to the Secretary of War regarding Service Member Health and sustainment of DoW and multi-agency priority investments in science, technology, research, and development.

GDF basic research (PE 0601117) program development and execution is peer-reviewed and coordinated with all the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs, and the Department of Health and Human Services. 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 biomedical research (PE 0602115) and subsequently medical technology development (PE 0603115) funding.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency					Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*			R-1 Program Element (Number/Name) PE 0601117DHA *I Basic Operational Medical Research Sciences*		
B. Program Change Summary ($ in Millions)	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**
Previous President's Budget	41.476	41.660	41.924	-	41.924
Current President's Budget	41.392	41.660	41.924	-	41.924
Total Adjustments	-0.084	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.084	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / *Basic Operational Medical Research Sciences*	Project (Number/Name) 371 / *GDF - Basic Operational Medical Research Science*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
371: *GDF - Basic Operational Medical Research Science*	0.000	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Basic 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. Research in this PE is designed to address areas of interest to the Secretary of War regarding Service Member Health, capabilities identified through the requirements determination process, and sustainment of DoW and multi-agency priority investments in science, technology, research, and development.

GDF basic research (PE 0601117) program development and execution is peer-reviewed and coordinated with all the Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs, and the Department of Health and Human Services. 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 0602115) or technology development (PE 0603115) funding.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Project 371 GDF – Basic Operational Medical Research Sciences ***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.	0.000	-	-
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / *Basic Operational Medical Research Sciences*	Project (Number/Name) 371A / *GDF - BOMRS (Combat Casualty Care)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
371A: *GDF - BOMRS (Combat Casualty Care)*	5.341	12.403	12.799	12.862	-	12.862	13.578	13.830	14.086	14.368	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the requirements determination process and sustainment of DoW and multi-agency priority investments in science, technology, research and development. This project supports combat casualty care basic research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Combat Casualty Care	12.403	12.799	12.862

Description: Combat Casualty Care basic research activities are focused on increasing fundamental knowledge and understanding to support the development of medical solutions for combat-related trauma.

FY 2026 Plans:
Significant efforts will continue to support basic research activities related to innovative solutions for management of combat-related trauma in the following areas: Tactical Combat Casualty Care; Burn Injury; Prolonged Care; and Traumatic Brain Injury.

Tactical Combat Casualty Care basic research will support discovery and evaluation of potential drug/therapeutic targets to mitigate hemorrhagic shock.

Burn Injury basic research will focus on characterization of laser-induced skin wounds in animal models.

Prolonged Care basic research will support discovery efforts toward potential solutions for complex wound and soft tissue injury management, and early development of novel surgical support technologies.

Traumatic Brain Injury (TBI) will support discovery efforts toward TBI assessment tool development.

FY 2027 Plans:
Combat Casualty Care efforts will support all aspects of basic research activities related to innovative medical solutions for management of combat-related trauma in the following areas: Resuscitative Strategies and Care, Tactical Combat Casualty Care, and Functional Recovery from Traumatic Wound and Burn Injuries.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0601117DHA / *Basic Operational Medical Research Sciences*	**Project (Number/Name)** 371A / *GDF - BOMRS (Combat Casualty Care)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Resuscitative Strategies and Care basic research will provide fundamental knowledge and explore novel candidates related to resuscitative products and augmenting therapies to prevent shock at the point of need through the continuum of care. Tactical Combat Casualty Care will support basic research activities to explore novel medical solutions for severe hemorrhage at the point of need. Functional Recovery from Traumatic Wound and Burn Injuries will support basic research activities to discover novel medical solutions for prolonged care and stabilization of complex wounds or burns. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	12.403	12.799	12.862

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / *Basic Operational Medical Research Sciences*	Project (Number/Name) 371B / *GDF - BOMRS (Military Operational Medicine)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
371B: *GDF - BOMRS (Military Operational Medicine)*	22.544	12.299	12.459	12.605	-	12.605	12.398	13.414	14.525	14.817	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the requirements determination process and sustainment of DoW and multi-agency priority investments in science, technology, research and development. This project supports military operational medicine basic research with the goal of maximizing the health, readiness, and performance of Service Members through the development of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Operational Medicine	12.299	12.459	12.605
Description: Military Operational Medicine basic research efforts are focused on increasing fundamental knowledge and understanding to support the development of medical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations. ***FY 2026 Plans:*** Significant efforts will continue to support basic research activities related to injury prevention and recovery associated with blunt, blast, accelerative, and neurosensory injuries; discovery of objective musculoskeletal injury prevention biomarkers; underlying mechanisms of fatigue; discovery of novel strategies to promote psychological health and resilience; identification of environmental exposures associated with compromised warfighter performance; and identification of underlying mechanisms of performance degradation under extreme operational environments. ***FY 2027 Plans:*** Military Operational Medicine efforts will support all aspects of basic research activities that explore fundamental knowledge and innovative concepts relevant to medical countermeasures development in the following areas: Psychological Health, Traumatic Brain Injury, Sensory Systems, Musculoskeletal Injury, Environmental Exposures, and Radiation Health Effects. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	12.299	12.459	12.605

C. Other Program Funding Summary ($ in Millions)

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0601117DHA / *Basic Operational Medical Research Sciences*	**Project (Number/Name)** 371B / *GDF - BOMRS (Military Operational Medicine)*

C. Other Program Funding Summary ($ in Millions)

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / *Basic Operational Medical Research Sciences*	Project (Number/Name) 371E / *GDF - BOMRS (Military Infectious Disease)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
371E: *GDF - BOMRS (Military Infectious Disease)*	8.657	16.690	16.402	16.457	-	16.457	16.786	17.168	17.559	17.911	Continuing	Continuing

A. Mission Description and Budget Item Justification

Basic research described here focuses on the enhancement of knowledge to support capabilities identified through the requirements determination process and sustainment of DoW and multi-agency priority investments in science, technology, research and development. This project supports military infectious diseases basic research toward the goal of preventing, diagnosing and treating infectious disease threats to eliminate their impacts on operational readiness.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Infectious Diseases	16.690	16.402	16.457
Description: Military Infectious Diseases basic research activities are focused on increasing fundamental knowledge and understanding related to the development of medical solutions for the prevention, diagnosis, and treatment of operationally relevant infectious disease threats and battlefield wound infections. ***FY 2026 Plans:*** Significant efforts will continue focusing on basic research related to identifying countermeasures against endemic and emerging infectious diseases, and drug discovery efforts for the prevention and treatment of combat wound infections. ***FY 2027 Plans:*** Military Infectious Diseases efforts will support all aspects of basic research efforts to provide fundamental knowledge and exploration of novel concepts relevant to operationally relevant infectious disease threats and battlefield wound infections. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	16.690	16.402	16.457

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0601117DHA / *Basic Operational Medical Research Sciences*	Project (Number/Name) 371F / *GDF - BOMRS (Defense Research Sciences)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
371F: *GDF - BOMRS (Defense Research Sciences)*	61.013	-	-	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Basic research described here focuses on building fundamental scientific knowledge contributing to the sustainment of scientific and technology information for solving military medical problems related to infectious diseases, operational medicine and combat care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - BOMRS (Defense Research Sciences)	0.000	-	-
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PE 0601102A. This project provides the means to exploit scientific breakthroughs and avoid technological surprises, and fosters innovation in military medicine-relevant areas where there is little or no commercial investment due to limited markets and maintains laboratory capability to perform these functions.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0602115DHA *I Applied Biomedical Technology*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	730.322	185.368	228.841	183.565	-	183.565	187.228	194.319	201.786	205.822	Continuing	Continuing
200A: *Congressional Special Interests*	256.819	0.000	47.000	-	-	-	-	-	-	-	-	-
216: *Anomalous Health Incidents (AHI)*	28.904	14.452	7.000	-	-	-	-	-	-	-	-	-
306D: *Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)*	16.741	4.413	4.658	4.752	-	4.752	4.847	5.034	5.228	5.333	Continuing	Continuing
372: *GDF - Applied Biomedical Technology*	0.000	0.000	0.000	-	-	-	-	-	-	-	-	-
372A: *GDF - ABT (Combat Casualty Care)*	69.766	61.758	62.748	63.060	-	63.060	64.911	66.576	68.287	69.653	Continuing	Continuing
372B: *GDF - ABT (Military Operational Medicine)*	129.345	53.369	55.004	62.804	-	62.804	63.454	67.348	71.531	72.962	Continuing	Continuing
372E: *GDF - ABT (Military Infectious Disease)*	61.065	51.376	52.431	52.949	-	52.949	54.016	55.361	56.740	57.874	Continuing	Continuing
372G: *GDF - ABT (Medical Technology)*	167.682	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

This program element (PE) provides applied research funding to refine and further develop, engineer, and integrate novel military medical and operational concepts and ideas into potential solutions to solve military health problems, with a view toward evaluating technical feasibility. Research in this PE is designed to address areas of interest to the Secretary of War regarding Wounded Warriors and sustainment of DoW and multi-agency priority investments in science, technology, research, and development. Medical research, development, test, and evaluation (RDT&E) priorities for the Combat and Operational Medicine Program (COMP) are guided by, and will support, the National Defense Strategy, the National Strategy for Combating Antibiotic Resistance, and the National Strategy for Biodefense.

Program development and execution is peer-reviewed and coordinated with all Military Services, appropriate Defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs and the Department of Health and Human Services. Funds in the PE support studies and investigations leading to candidate solutions that may involve use of animal models for testing in preparation for initial human testing. As research efforts mature, the most promising efforts will transition to technology development (PE 0603115) funding.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0602115DHA *I Applied Biomedical Technology*

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	187.036	181.841	183.565	-	183.565
Current President's Budget	185.368	228.841	183.565	-	183.565
Total Adjustments	-1.668	47.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	47.000			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-1.668	-			

Congressional Add Details ($ in Millions, and Includes General Reductions)	FY 2025	FY 2026
Project: 200A: *Congressional Special Interests*		
Congressional Add: *216 - Anomalous Health Incident Research*	-	5.000
Congressional Add: *564 - 3D Human Microtissue Models for Cancer and Infectious Disease Preparedness*	-	15.000
Congressional Add: *570 - Military Dental Research*	-	12.000
Congressional Add: *580 - Non-Invasive Detection of Threat Exposure*	-	5.000
Congressional Add: *583 - Nuclear Threats Development*	-	10.000
Congressional Add Subtotals for Project: 200A	-	47.000
Congressional Add Totals for all Projects	-	47.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Technology*	Project (Number/Name) 200A / *Congressional Special Interests*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
200A: *Congressional Special Interests*	256.819	0.000	47.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

This is a program increase due to GDF restoral in the FY26 enacted budget.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
Congressional Add: 216 - Anomalous Health Incident Research ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support the research and development of health solutions for mitigation of adverse health effects associated with emerging threats related to Directed Energy (DE) capabilities, including, but not limited to capabilities that may plausibly explain Anomalous Health Incidents.	-	5.000
Congressional Add: 564 - 3D Human Microtissue Models for Cancer and Infectious Disease Preparedness ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research and development activities leveraging 3D human microtissue technology to generate, characterize, and develop Patient-Derived Organoids to accelerate drug testing and screening, biomarker discovery, and clinical trial design for the study of military-relevant health threats including cancer, toxic exposures, and infectious diseases, and to allow for the decreased use or phasing out of the need for animal model testing.	-	15.000
Congressional Add: 570 - Military Dental Research ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to develop a Tri-Service Dental Research Program that supports dental research targeting mission-critical knowledge and capability gaps within the MHS.	-	12.000
Congressional Add: 580 - Non-Invasive Detection of Threat Exposure ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research and development activities for mobile breath-based diagnostic capabilities that provide clinical evidence of disease in service members exposed to environmental, occupational, and/or infectious hazards.	-	5.000
Congressional Add: 583 - Nuclear Threats Development ***FY 2026 Plans:*** The Nuclear Threats Program at Armed Forces Radiobiology Research Institute (AFRRI)/ Uniformed Services University of the Health Sciences (USUHS) is dedicated to advancing biomedical strategies	-	10.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 200A / *Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
that prevent and treat the life-threatening effects of Acute Radiation Syndrome (ARS) and Radiation Combined Injury. A primary objective is the development of pre-exposure prophylactics to act as radioprotectors for both Gastrointestinal (GI-ARS) and Hematopoietic (H-ARS) sub-syndromes, filling a critical gap where no FDA-approved protectors currently exist. The program also prioritizes the discovery of post-exposure medical countermeasure mitigators to treat the complex pathologies of GI-ARS. By investigating new concepts in biomarker identification and biological exploration, the research pipeline aims to move promising candidates from feasibility studies toward clinical efficacy. Ultimately, these advancements provide military commanders with essential therapeutic options to minimize health risks and sustain warfighter lethality on a radiological or nuclear battlefield.		
Congressional Adds Subtotals	-	47.000

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Technology*	Project (Number/Name) 216 / *Anomalous Health Incidents (AHI)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
216: *Anomalous Health Incidents (AHI)*	28.904	14.452	7.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Emerging threats related to Directed Energy (DE) capabilities, to include non-ionizing electromagnetic radiation and modulated acoustic, are unique health threats that generate a range of injuries to include behavioral, neuro-sensory and human performance degradation. The symptoms generated by DE exposures are correlated with those reported as Anomalous Health Incidents.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Anomalous Health Incidents (AHI)	14.452	7.000	-

Description: This program delivers health solutions for mitigation of adverse health effects associated with emerging threats related to DE capabilities, including, but not limited to capabilities that may plausibly explain Anomalous Health Incidents. The program includes research to understand the pathophysiology and behavioral health impact of DE hazards to personnel, and informs injury detection, prevention, diagnostics, treatment, protection, and medical surveillance activities associated with DE exposures. Program deliverables include improved injury models and tools to characterize DE exposure, and knowledge products informing patterns of injury, diagnosis, treatment and management protocols for clinical practice guidelines.

FY 2026 Plans:

Research includes a prospective longitudinal study to capture acute health data globally within 72 hours, continue long-term prospective and retrospective clinical studies informing epidemiologic trends and treatments, continue capability development of de-identified health analytic tools exploiting machine learning/artificial intelligence data analytics, develop capabilities for remote signs and symptoms capture post non-ionizing radiation/modulated acoustics exposure, conduct modeling & simulation, in-vitro assessments of parametric acoustic array mechanisms of injury, establish acute and chronic audiological diagnostic profiles, continue exploration of non-ionizing radiation source parameters as novel injury mechanisms incorporating modeling & simulation, surrogate development, cadaveric, in-vitro, and in-vivo research probing health effects studies. Develop medical countermeasures to nonionizing radiation and modulated acoustics injuries. Starting in FY27, Anomalous Health Incidents (AHI) research will continue in Project Code 372B and focus on health readiness solutions that include therapeutic applications for identified mechanisms of injury secondary to directed energy exposures, to include those potentially associated with anomalous health incidents (AHI).

FY 2026 to FY 2027 Increase/Decrease Statement:

FY26 to FY27 decrease due to realignment of DE Health Effects research from Project Code 216 into Project Code 372B for proper execution. Starting in FY27, DE Health Effects research will continue in Project Code 372B and focus on health readiness

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 216 / *Anomalous Health Incidents (AHI)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
solutions that include therapeutic applications for identified mechanisms of injury secondary to directed energy exposures, to include those potentially associated with anomalous health incidents (AHI).			
Accomplishments/Planned Programs Subtotals	14.452	7.000	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 306D / *Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
306D: *Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)*	16.741	4.413	4.658	4.752	-	4.752	4.847	5.034	5.228	5.333	Continuing	Continuing

A. Mission Description and Budget Item Justification

This program provides applied research to define, develop, and enhance medical and operational biosciences in the Air and Space operational environment to lead to a highly resilient and medically ready force. This program focuses on enhancing and researching new technologies and concepts to sustain, augment, and restore multi-domain Airman and Guardian Health and Performance. This program utilizes multi-domain, biotechnology approaches to provide advanced science and technology solutions to understand the warfighter's biologic state and the underlying mechanism of responses. This project supports development and programs supporting the transition of technologies developed by the defense laboratory into operational use, workforce development activities improving the capacity of the defense laboratory to recruit and retain personnel with necessary scientific and engineering expertise that support military missions. This research develops approaches aimed at increasing the understanding of full spectrum factors impacting health and performance across Air and Space operating environments, to include critical supported mission areas of air and space superiority and aeromedical evacuation. This includes research in operationally relevant Air and Space environments pertaining to Biomedical Impact of Air and Space, Biotechnology for Health and Performance, Applied Cognitive Neuroscience, and Health and Performance Sensing and Assessment. This program supports needs outlined in Air Force (AF) and Air Force Medical Service (AFMS) strategic documents. This program supports Air Force medical Budget Activity 6.3 (BA 6.3) product areas: En Route Care, Force Health Protection, and Human Performance. Current research supports future state research related to but not limited to: bioconvergence approaches leveraging artificial intelligence (AI) for laser wound characterization and healing; biotechnology for portable heat and power to support patient care in austere environments; warfighter vision enhancement research; advanced technology modernization for collection and alerting of environmental contaminants; and sensor research to support aeromedical readiness across the aircrew lifecycle.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)	4.413	4.658	4.752
Description: Applied research to develop approaches to increase the understanding of the underlying medical and biological mechanisms of health in air and space operational environments that link to optimizing mission performance and readiness. Research will identify metrics of physical, cognitive, behavioral, physiological, sensory and motor attributes. This will shape medically relevant screening, risk-assessment, retention and return-to-duty criteria through data driven risk analysis and mitigation actions and enhance the delivery of Air Force operational care. ***FY 2026 Plans:*** FY26 plans include leveraging bioconvergence of biotechnology and AI to characterize laser wound healing; bioengineering a heat source for operational medicine use; develop and validate vision enhancement training methods demonstrated to reliably			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 306D / *Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
increase operationally relevant performance, reduce adverse physiological symptoms, and reduce injury; comprehensive robust collection of air, water and soil contaminant background data during the “set the theater” phase at prioritized spoke locations; and field testing of automated tools to support United States Air Force (USAF) Aircrew Conditioning Program Assessment (ACPA) tasks. ***FY 2027 Plans:*** Using information garnered in FY26, FY27 plans include conducting microphysiological system modeling to develop novel medical countermeasures and therapeutics for laser wound healing, continued development of bioengineered heat and power source for adaptive thermal management of hypothermia in austere environments, leveraging bioconvergence to advance the biomedical portfolio, continued development of automated tools for USAF ACPA, analyzing oculometrics for Airmen medical readiness assessment, and continued development of continuous contaminant monitoring technology with digitized site survey software tool with automated look-up and data population, prompts for review and entry, and automated documentation. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	4.413	4.658	4.752

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Achievements: In FY25, the program successfully completed design and development of a wearable sensor prototype to continuously measure clinically-relevant panels (hydration, kidney/muscle function, etc. (CHEM-8)) in a deployable format at the point of injury. The program established a chartered, Clinical and Operational Space Medicine Innovation Consortium that formalized a partnership between 711 Human Performance Wing and the 59 Medical Wing generated a AF/Space Force-unique preliminary space- linked research gap list and research plan development. This effort included the completion of a charter-wide Science & Technology Strategy and Roadmap to address AFMS space- linked Gaps, which was compared with the NASA Human Research Program Roadmap. The program also completed the evaluation of point-to-point rocket-based suborbital transport of medical equipment assemblages and critical supplies, along with an assessment of Medical Evacuation During Sustained Acceleration to validate critical care medical evacuation from low earth orbit using an animal model. The program discovered new knowledge on hot/cold impacts on human full fecal community structure and function, showing that extreme hot/cold exposures as simulated within the colon-on-a-chip caused "SHIFTS" in community abundance/diversity and altered metabolite profiles, achieving a critical milestone. The program developed a machine learning toolbox/dashboard capable of integrating meta-transcriptomic, metabolomic, and single cell transcriptomic datasets for predicting sentinel species, pathways for medical countermeasure development. That dashboard was created, and the Graphical User Interface was delivered, fully operational and functional. Models were developed from physiological monitoring capabilities within high-fidelity simulated high-Gz and high-altitude environments to assess aircrew cognitive and physiologic state during simulated flight tasks.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 306D / *Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF)*

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Technology*	Project (Number/Name) 372 / *GDF - Applied Biomedical Technology*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
372: *GDF - Applied Biomedical Technology*	0.000	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Applied Biomedical Technology: Applied biomedical technology research will focus on refining concepts and ideas into potential solutions for military problems and conducting analyses of alternatives to select the best potential solution for further advanced technology development. Applied research is managed by the Joint Program Committees in the following areas: 1- Military Infectious Diseases applied research is developing protection and treatment capabilities for military relevant emerging infectious diseases and wound infections. 2- Military Operational Medicine applied research goals are to develop medical countermeasures against operational stressors, prevent and treat musculoskeletal, neurosensory, and psychological injuries during training and operations, and to maximize health, performance and readiness of Service members. 3- Combat Casualty Care applied research is focused on optimizing survival and recovery in injured Service members across the spectrum of care from point of injury through en route and facility care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF Applied Biomedical Technology	0.000	-	-
Description: Focus is on refining concepts and ideas into potential solutions to military problems and conducting analyses of alternatives to select the best potential solution for further advanced technology development. Evaluate technical feasibility of potential solutions to military health issues. Implement models into data or knowledge and test in a laboratory environment. Technology Transition and Milestone A packages will be developed to facilitate product transition.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Tec hnology*	Project (Number/Name) 372A / *GDF - ABT (Combat Casualty Care)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
372A: *GDF - ABT (Combat Casualty Care)*	69.766	61.758	62.748	63.060	-	63.060	64.911	66.576	68.287	69.653	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the management of combat-related trauma. Applied biomedical research will focus on refining concepts and ideas into potential medical solutions for military problems and conducting analysis of alternatives to select the best potential solutions for further advanced technology development.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Combat Casualty Care	61.758	62.748	63.060

Description: Combat Casualty Care applied research activities aim to provide medical solutions focused on battlefield care in the following areas: Resuscitative Strategies and Care, Tactical Combat Casualty Care, Functional Recovery from Traumatic Wound and Burn Injuries, and Care of Complex Injuries and Organ Support.

FY 2026 Plans:

Combat Casualty Care applied research activities will continue to focus on advancing innovative solutions for management of combat-related trauma in the following areas: Autonomous Care and Evacuation, Burn Injury, Combined Injury, Prolonged Care, Tactical Combat Casualty Care, and Traumatic Brain Injury.

Autonomous Care and Evacuation efforts will continue to focus on applied research related to the development of intelligent forward deployed trauma systems, synchronous & asynchronous virtual health systems, and autonomous critical care and en route care systems.

Burn Injury efforts will continue to focus on applied research to include characterization of burns resulting from emerging weapons systems, and identification of candidate treatment options for evaluation in animal models.

Combined Injury efforts will continue to focus on down-selection of acute radiation syndrome medical countermeasures, and identification of biomarkers and development of animal models for combined injuries (Chemical, Biological, Radiological, and Nuclear and polytrauma and/or burn).

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 372A / *GDF - ABT (Combat Casualty Care)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Prolonged Care efforts will continue to focus on characterizing physiology of battlefield wounds, as well as applied research into resuscitation and critical care (to include casualty care in extreme cold weather, decision support, and research for optimized practices). Tactical Combat Casualty Care efforts will continue to focus on the development of novel techniques for arresting hemorrhage, assessment of new technologies for non-compressible hemorrhage, proof of concept research toward development of extended shelf-life whole blood, shock mitigation strategies, and novel compounds for managing battlefield pain. Traumatic Brain Injury efforts will focus on applied research toward the development of technologies that sufficiently stabilize brain health of combat casualties at the point of injury and as they are prepared for/during evacuation. ***FY 2027 Plans:*** Combat Casualty Care efforts will support all aspects of applied research activities with a focus on advancement of innovative military medical solutions for the management of combat-related trauma in the following areas: Resuscitative Strategies and Care, Tactical Combat Casualty Care, Functional Recovery from Traumatic Wound and Burn Injuries, and Care of Complex Injuries and Organ Support. Resuscitative Strategies and Care will identify and develop new and/or improve existing resuscitative products and augmenting therapies to prevent shock, and candidate solutions for effective management of forward resuscitative measures to include burn at the point-of-need through the continuum of care. Tactical Combat Casualty Care will identify and develop new and/or improve existing point-of-need candidate solutions for severe hemorrhage. Functional Recovery from Traumatic Wound and Burn Injuries will develop novel candidate solutions for stabilization of complex wounds or burns for use in prolonged care environments. Care of Complex Injuries and Organ Support will identify, develop, and evaluate candidate solutions to treat combined and complex injuries (e.g., ballistic, blast, blunt, and burn). ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	61.758	62.748	63.060

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 372A / *GDF - ABT (Combat Casualty Care)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Technology*	Project (Number/Name) 372B / *GDF - ABT (Military Operational Medicine)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
372B: *GDF - ABT (Military Operational Medicine)*	129.345	53.369	55.004	62.804	-	62.804	63.454	67.348	71.531	72.962	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Military Operational Medicine-relevant applied research with the goal of maximizing the health, readiness, and performance of Service members and their families by the development of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations. Applied biomedical research will focus on refining concepts and ideas into potential solutions for military problems and conducting analysis of alternatives to select the best potential medical solutions for further advanced technology development.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Operational Medicine	53.369	55.004	62.804

Description: Military Operational Medicine applied research aims to provide studies, investigations, and medical solutions for the following areas: Psychological Health, Traumatic Brain Injury, Musculoskeletal Injury, Environmental Exposures, Radiation Health, and Directed Energy Health Effects. Medical research activities focus on optimizing psychological health readiness, health decision support, and return-to-duty interventions; traumatic brain injury stabilization at the point-of-injury and development of countermeasures; musculoskeletal injury pre-hospital interventions; environmental exposure injury prevention and treatment; directed energy health effects; and acute radiation exposure medical countermeasures.

FY 2026 Plans:

Efforts will continue to support applied research activities to develop biomedical countermeasures against operational stressors in the following areas: Musculoskeletal Injury Prevention and Treatment; Optimized Performance & Sustained Medical Readiness; Performance & Health in Extreme Environments; Psychological Health Prevention & Treatment; and Warfighter Protection & Survivability.

Musculoskeletal Injury Prevention and Treatment efforts will continue to focus on the identification of screening and assessment tools to predict musculoskeletal injury risk, development of solutions to prevent and reduce musculoskeletal injury and performance decrements, and identification of solutions to detect and treat musculoskeletal injury.

Optimized Performance & Sustained Medical Readiness efforts will continue to focus on characterization of military-relevant fatigue mechanisms, development of nutritional solutions to sustain or improve Warfighter performance, and development of solutions for aircrew protection.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 372B / *GDF - ABT (Military Operational Medicine)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Performance & Health in Extreme Environments efforts will continue to focus on identification of biomarkers of environmental toxicant exposures for further validation, initial design of technology for rapid screening of toxic chemicals associated with degraded performance, and assessment of physiological/cognitive factors that may impact performance degradation in environmental extremes. Psychological Health Prevention & Treatment efforts will focus on identification of strategies to enhance psychological resilience, development of interventions to prevent harmful behaviors and acute stress reactions, and development of psychological disorder treatments. Warfighter Protection & Survivability efforts will focus on the identification of strategies and countermeasures to mitigate and prevent ballistic, blunt, blast, and accelerative exposure-induced injury; development of standards for threshold assessment and monitoring for emerging ballistic, blunt, blast & accelerative injury; and development of neurosensory injury prevention and treatment solutions.			
FY 2027 Plans: Military Operational Medicine efforts will support all aspects of applied research activities with a focus on advancement of innovative military medical solutions in the following areas: Psychological Health, Traumatic Brain Injury, Musculoskeletal Injury, Environmental Exposures, Radiation Health, and Directed Energy Health Effects. Psychological Health will develop medical solutions to optimize psychological readiness, medical interventions/devices that can be implemented across all environments to enable rapid return-to-duty, and tools for rapid recognition of psychological risks to aid in triage of psychological health conditions. Traumatic Brain Injury will develop tools to stabilize and accurately determine the existence and severity of potential brain injuries at the point of injury and countermeasures to prevent adverse brain health effects and performance degradation resulting from hazardous/injurious exposures. Musculoskeletal Injury will support medical research activities for the development of rehabilitation interventions, technologies, and techniques to treat musculoskeletal injuries in pre-hospital environments. Environmental Exposures will develop solutions to prevent heat-related illness and treat cold-related illnesses and injuries in training and operational environments; medical research activities will be initiated to establish exposure limits for military-relevant toxic hazards.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 372B / *GDF - ABT (Military Operational Medicine)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Radiation Health will identify and develop acute radiation syndrome medical countermeasure pre-exposure prophylaxis candidates; identify the mechanisms and health effects related to combined/complex radiation injuries; and identify biomarkers to detect, assess, and diagnose acute radiation exposure and injury. Directed Energy Health Effects ($7M) will support research toward health solutions for mitigation of adverse health effects associated with emerging threats related to Directed Energy (DE) capabilities, including, but not limited to capabilities that may plausibly explain Anomalous Health Incidents (AHI). Research activities will focus on therapeutic applications for identified mechanisms of injury secondary to directed energy exposures. Research will examine the relationship between directed energy exposures and acute and chronic adverse health effects. Efforts will increase injury model fidelity through source surrogate development, modeling & simulation, understanding of pharmacokinetics and the evolution of acute to chronic pathophysiology. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to realignment of Directed Energy Health Effects research from Project Code 216.			
Accomplishments/Planned Programs Subtotals	53.369	55.004	62.804

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Tec hnology*	Project (Number/Name) 372E / *GDF - ABT (Military Infectious Disease)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
372E: *GDF - ABT (Military Infectious Disease)*	61.065	51.376	52.431	52.949	-	52.949	54.016	55.361	56.740	57.874	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports applied research toward the goal of preventing, diagnosing, and treating infectious disease threats to eliminate their impacts on operational readiness. Applied biomedical research will focus on refining concepts and ideas into potential medical solutions for military problems and conducting analysis of alternatives to select the best potential solutions for further advanced technology development.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Infectious Diseases	51.376	52.431	52.949

Description: Military Infectious Diseases applied research aims to provide medical solutions for the prevention, diagnosis, and treatment of operationally relevant endemic and emerging infectious disease threats and battlefield/combat wound infections.

FY 2026 Plans:

Efforts will continue supporting applied research toward the development of solutions for the prevention and treatment of operationally relevant infectious diseases threats in the following areas: Endemic and Emerging Infectious Diseases (EEID) and Combat-Associated Infectious Diseases (CAID).

EEID efforts will continue to support the preclinical testing of candidate solutions for the prevention and treatment of endemic infectious diseases, dengue small molecule prophylactic drug candidates, and dengue vaccine candidates.

CAID efforts will continue to support the identification and preclinical testing of antimicrobials for the prevention and treatment of combat wound infections.

FY 2027 Plans:

Military Infectious Diseases efforts will support all aspects of applied research activities with a focus on advancement of innovative military medical solutions for the prevention and treatment of operationally relevant infectious diseases threats in the following areas: Wound Infections, Endemic Diarrheal Diseases, Viral Diseases, and Emerging Infectious Diseases.

Wound Infections efforts will develop candidate medical solutions to prevent bacterial wound infections and treat battlefield and complex traumatic wound infections (including multidrug-resistant organisms) and sepsis; medical research activities will be initiated to develop medical products to diagnose battlefield wound infections (bacterial and fungal, including multidrug-resistant organisms) following complex traumatic wound injury.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602115DHA / *Applied Biomedical Technology*	**Project (Number/Name)** 372E / *GDF - ABT (Military Infectious Disease)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Endemic Diarrheal Diseases efforts will develop candidate medical solutions for the prevention of bacterial diarrhea. Viral Diseases efforts will develop candidate medical solutions to prevent and treat dengue fever, as well as solutions for the prevention of battlefield transfusion infections leveraging HIV as use case. Emerging Infectious Diseases will develop candidate medical solutions to prevent and treat high priority infectious diseases threats to include Crimean Congo hemorrhagic fever, Lassa fever, and Hantavirus. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	51.376	52.431	52.949

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602115DHA / *Applied Biomedical Technology*	Project (Number/Name) 372G / *GDF - ABT (Medical Technology)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
372G: *GDF - ABT (Medical Technology)*	167.682	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Applied Research described here focuses on the application of knowledge gained through basic research to refine drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health. Research is conducted in the following principal areas: Combat Casualty Care, Military Operational Medicine, and Military Infectious Diseases.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - ABT (Biomedical Technology)	0.000	-	-
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0602787A, 0602115A and 0602148A. This project supports application of knowledge gained through basic research to refine drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0602787DHA *I Medical Technology (AFRRI)*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	5.747	1.504	1.557	1.588	-	1.588	1.619	1.682	1.747	1.782	Continuing	Continuing
241A: *Biodosimetry (USUHS)*	1.177	0.308	0.319	0.325	-	0.325	0.331	0.344	0.357	0.364	Continuing	Continuing
241B: *Internal Contamination (USUHS)*	0.620	0.162	0.167	0.170	-	0.170	0.173	0.180	0.187	0.191	Continuing	Continuing
241C: *Radiation Countermeasures (USUHS)*	3.950	1.034	1.071	1.093	-	1.093	1.115	1.158	1.203	1.227	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), is a unique Department of War asset, responsible for preserving and protecting the health and performance of U.S. military personnel operating in potential radiologically contaminated multi-domain battle spaces. Research, education, and operational training at AFRRI advances understanding of the effects of ionizing radiation in line with the 21st century dynamic threat landscape and national security threats posed by non-state actors, hostile state actors, and near-peer adversaries. In addition, AFRRI provides direct support through reachback as well as rapidly deployable radiation medicine teams providing expertise in response to a radiological or nuclear event both domestically and abroad.

The uniqueness of USUHS/AFRRI comes from operating and maintaining state-of-the-art radiation facilities, dosimetry systems, and an onsite vivarium to support military relevant radiobiology research. These capabilities enable researchers to conduct a wide range of radiobiology studies in order to investigate militarily-relevant scenarios, and better understand radiation effects and potential protection/mitigation strategies. A team of scientists, physicists, engineers, operators, and technicians use proven and traceable dosimetry systems (e.g., ionization chambers, radiochromic film, thermoluminescent dosimeters, tissue equivalent proportional counters, etc.) and consensus protocols to characterize radiation fields. Using these facilities, our researchers are able to experiment with photons (gamma-rays) which are intended to simulate fallout environments and are delivered by two cobalt-60 facilities - the high-level cobalt facility, and for lower (chronic) doses and dose rates, the low-level cobalt facility (LLCF). These types of radiation sources are used for acute and chronic studies of materials, biologic specimens, and small and large animals. The LLCF also provides to our scientist low-dose rate gamma rays to simulate chronic exposure to low absorbed doses, effectively supporting research focused on late or delayed radiation effects in biological specimens.

USUHS/AFRRI researchers are also able to use mixed-radiation fields (photons and neutrons) which are available from USUHS/AFRRI's Training, Research, Isotopes, General Atomics (TRIGA) reactor. The reactor is operated in either steady-state or pulsed mode to simulate a wide range of prompt exposure scenarios on a nuclear battlefield. The USUHS/AFRRI's TRIGA is the only one dedicated to military radiobiology research. The reactor produces a controlled, self-sustaining fission chain reaction in the reactor core which, in addition to the fuel elements and control rods (containing boron carbide), which includes a neutron start-up source (americium/beryllium). It is suspended under 4.9 m of water within a pool (an effective radiation shield) in a carriage assembly that allows movement of the core between two exposure rooms for experimental work with large-animal or other studies. The advantages of such a movable reactor core are that the quantity and character of the radiation that reaches the exposure facilities can be controlled to permit exposures to various neutron to gamma ratios and the ability to simulate a nuclear detonation scenario.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0602787DHA *I Medical Technology (AFRRI)*

The linear accelerator (LINAC) and a small animal radiation research platform (SARRP) support the capability to study a wide range of photon and electron irradiations for standard cell configurations (i.e., 6-, 24- and 96-well plates), and targeted partial body irradiations of mice, minipigs, and nonhuman-primate (NHP) animal models. AFRRI's LINAC is used to produce, monitor, control and form photon or electron beams to the specified target. Whole-body irradiations are also possible depending on the animal size and desired dose rate. An Xstrahl SARRP facility is capable of operating at 220 kVp and 13 mA yielding a dose rate at the isocenter of approximately 2.6 Gy/min. Onboard portal camera and cone beam computed tomography (CT) imaging systems are used to ensure precise dose delivery. Lung- and gut-only irradiation protocols are approved and have been extensively used to support radiation countermeasure development in the mouse model. Other imaging support is provided by a Philips Brilliance CT big bore scanner. Some features of the scanner include an 85-cm bore size to accommodate larger research subjects, 60- cm true scan field of view and 16-slices per revolution.

USUHS/AFRRI scientists conduct and publish research critical to the Department of War for force health protection and operational readiness which also contribute to the health and well-being of the population at large. Research aims include (1) To establish processes to permit rapid assessment of radiation exposed specimens using novel triage protocols; (2) To develop novel technologies to minimize the use of animal models in the study of radiation effects; (3) To investigate the overall radiation effect by internal contamination in the microbiome and anatomical tissue; (4) To identify novel biomarkers, late effects and immunosuppression of radiation injury that can impact combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short- and long-term adverse risk. The program is coordinated and integrated into the Combat Casualty Care portfolio within the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP). In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	1.528	1.557	1.588	-	1.588
Current President's Budget	1.504	1.557	1.588	-	1.588
Total Adjustments	-0.024	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.024	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / *Medical Technology (AFRRI)*	Project (Number/Name) 241A / *Biodosimetry (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
241A: *Biodosimetry (USUHS)*	1.177	0.308	0.319	0.325	-	0.325	0.331	0.344	0.357	0.364	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the Biodosimetry program addresses a multiparameter-based approach including use of clinical signs and symptoms of radiation exposure for both far-forward and reach-back reference capabilities. Biodosimetry is the only method to detect, assess and estimate absorbed radiation dose exposure critical for guiding triage and medical care. AFRRI is strategically poised to establish the DoW's Biodosimetry Network (DBN). The established network would be complemented with the Diagnostic Biodosimetry Laboratory that aligns with the DoW Clinical Laboratory Improvement Program (CLIP). CLIP describes requirements within the DoW's Military Health System to include oversight, inspections, proficiency testing, personnel standards, and training in laboratories performing testing on human specimens so that clinical decisions can be made. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Biodosimetry (USUHS)	0.308	0.319	0.325
Description: Biodosimetry (USUHS/AFRRI): Research findings are focused to advance the development and to produce the following: (1) To establish clinically certified processes to permit rapid assessment of radiation exposed specimens; (2) To access radiation exposure by developing and providing biological and biophysical dosimetry capabilities for acute, protracted, and prior radiation exposure; (3) To develop novel triage protocols for rapid assessment of radiation exposure; (4) To establish equipment triage automation to support the ability to manage mass-casualty radiation incidents around the globe. FY2025 Accomplishments: (1) Sustained effects to identify, develop protocols, and optimize use of multiple-parameter based biodosimetry research efforts for applied biodosimetry capability for military applications. (2) Published a review article on radiation biomarkers (i.e., clinical signs and symptoms, hematology, proteomic and genomic biomarkers) for prediction of radiation dose and injury. (3) Published an article on the natural history of gastrointestinal radiation injury using a murine model to identify potential novel genomic biomarkers. (4) Filed two U.S. patents on the use of proteomic biomarkers for radiation biodosimetry applications. (5) Reported on the use of candidate early-phase (< 7 d after exposure) hematology and proteomic biomarkers that can assist in identifying individuals suitable for consideration of bone marrow transplantation following exposure to life threatening radiation doses using an NHP radiation model system. (6) Published a review article on the biodosimetry development on Combined Radiation Injury.			
FY 2026 Plans:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241A / *Biodosimetry (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(1) Continue efforts to identify, develop protocols, and optimize candidate radiation dose and injury assessment assays for use in military biodosimetry applications. (2) Investigate the potential ability to shorten the culture time for the cytogenetic premature chromosome condensation assay to enhance the ability to detect dicentric chromosome aberrations. (3) Develop and validate Cutaneous Radiation Injury, Exposure and Symptom scoring worksheets, create storyboards and transition worksheets for website release, and apply commercial no-code builder's platform in creating website and smartphone apps. (4) Sustain efforts to enhance medical readiness in applied biodosimetry capability for military applications by partnering with industry in efforts to transition concepts developed at AFRRI, linkage with commercial devices, and then to pursue FDA approvals. (5) Report on use of Sodium activation of blood to assess neutron dose based on activation analysis. (6) Continue to identify and validate the biomarkers (proteomic, genomic) specific for different organs after Combined Radiation Injury in an animal model. ***FY 2027 Plans:*** (1) Sustain efforts to establish AFRRI's automated cytogenetic biodosimetry laboratory for transition to a clinical application of radiation dose assessment. (2) Continue efforts to identify, optimize assays, and validate proteomic and genomic biomarkers for use as radiation biomarkers of dose and injury. (3) Report on optimization studies using cytogenetic biodosimetry assays for radiation dose assessment. (4) Publish findings based on AFRRI's hosting of the inter-national cytogenetic laboratory inter-comparison exercise using mixed field neutron exposures. (5) Continue to identify and validate biomarkers specific for different organs after Combined Radiation Injury in a mouse model. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	0.308	0.319	0.325

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

The program element 0602787DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the Directed Energy/Radiation Health research area within Occupational and Environmental Medicine Scientific Research Portfolio at the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP).

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241A / *Biodosimetry (USUHS)*

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / *Medical Technology (AFRRI)*	Project (Number/Name) 241B / *Internal Contamination (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
241B: *Internal Contamination (USUHS)*	0.620	0.162	0.167	0.170	-	0.170	0.173	0.180	0.187	0.191	Continuing	Continuing

A. Mission Description and Budget Item Justification

Internal Contamination (USUHS): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the stated goal of the Internal Contamination and Metal Toxicity Program is to determine whether the short- and long-term radiological and toxicological risks of inhaled, ingested, or embedded metals warrant changes in the fragment removal policies for military personnel and, in the case of internalized radiological hazards, to investigate treatment strategies to enhance elimination of these metals from the body (decorporation agent). To that end, our current research priorities are to (1) investigate the health effects of internalized military relevant metals with the aim of identifying a battery of biomarkers to indicate the potential of adverse health effects so that proper treatment paradigms, including surgical removal of the fragment, can be undertaken at the appropriate time; (2) develop and characterize complex in vitro and in vivo models to understand mechanisms involved in metals toxicity, including organ specific effects; (3) test promising decorporation agents against radionuclide and toxic metal exposure.

Results from this research will also inform military decision-makers as to whether the fragment removal policy for particular metals needs to be reassessed. In the event that these embedded fragments are radioactive, a thorough understanding of the biokinetics of the metal is essential. Treatment strategies to enhance the elimination of internalized radionuclides are also being investigated, with innovative approaches such as molecularly imprinted polymers and dendrimer complexes at the forefront. Outside collaborations with private industry also provide opportunities to identify and screen novel countermeasures for internal contamination.

Research findings are focused on advancing the development and production of the following: (1) effective therapeutics to enhance the elimination of internalized radionuclides; (2) chemically synthesized imprinted polymers with high specific metal binding capabilities; (3) novel chemical synthesis and in vitro systems to determine cytotoxicity issues in order to minimize the use of animal models in the study. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Internal Contamination (USUHS)	0.162	0.167	0.170
Description: Internal Contamination (USUHS): Radioactive material can enter the body by a variety of pathways including ingestion, inhalation, and wound contamination. While some internalized isotopes will be naturally eliminated from the body, many others are not. They remain immobile or are transported and deposited to other organs where they continually irradiate the surrounding tissue. This chronic internal radiation exposure can cause unrepairable cellular damage eventually leading to death. This Program uses innovative organic chemical synthesis (Molecularly Imprinted Polymer (MIPs), the novel development of gastrointestinal organ-on-chip technology and studies on the gut microbiome approaches to address this pressing health concern. First, MIPs have been shown to be highly efficient and specific metal chelators. To expand the applicability of this			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241B / *Internal Contamination (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027

approach, we synthesize chelation moieties onto dendritic polymer (dendrimers). Dendrimers are nontoxic, highly branched three-dimensional structures whose synthesis can be tightly controlled to yield a product of precise shape and size, thus, becoming highly specific metal binders and can be tested as therapeutic agents for internalized radionuclides. An additional decorporation agent, aurintricarboxylic acid (ATA) was proven to bind depleted uranium (DU) with specificity, and reduce DU mediated cell toxicity. Studies have expanded to test other toxic metals associated with military operations, including lead (Pb), tin (Sn), nickel (Ni), copper (Cu), strontium (Sr), cesium (Cs), and cobalt (Co). Toxicity profiles, and the ability of ATA to act as a decorporation agent are under investigation. Second, the development of organ-on-chip technology will lead to minimized use of animal models in the study of internal radiation effects. The model utilizes intestinal cell types and three-dimensional architecture to mimic intestinal physiology and pathology. This novel 3D culture system will mimic the in vivo animal model and provide new stratagem to investigate the radiation induced gastrointestinal syndrome. This program also explores the internal radiation effects on the gut microbiome, understanding that alterations in the microbiome will share similar pathologic characteristics such as reduced bacterial diversity and the emergence of opportunistic pathogens that provide diagnostics and therapeutic targets. Determining the effect of internal radiation on altering the gut microbiome will reveal the effect on physiology, cell survival, inflammation, cytokine expression and metabolism.

FY2025 Accomplishments:
Studies performed during FY2025 focused on internal contamination with depleted uranium (DU) using in vitro systems. DU was proven to be toxic in multiple human cell types, including kidney epithelial cells, endothelial cells (EC) brain cells, lung cells, and lymphocytes. DU also passed through brain EC, suggesting it crosses the blood brain barrier. DU toxicity was accompanied by alterations in cytokine expression, and a combined insult model consisting of DU administration prior to external ionizing radiation exposure proved that the primary damage in these cells was due to DU exposure and not enhanced by radiation exposure. This information is vital if there is a need to triage an exposed warfighter population. DU toxicity in the gut-on-chip model was investigated, proving that DU administration to gut epithelial cells also affected endothelial survival.

ATA is a novel model countermeasure against external contaminants being tested at AFRRI, and because there are few FDA approved decorporation agents, this discovery will fill a relevant gap in reducing internal contamination. Importantly, ATA was able to bind DU, and reduce toxicity in human cells, with the greatest effect seen on endothelial cells. These data were presented at the NATO Working Group Conference in FY25. The research was also selected for an oral presentation at the 71st annual Radiation Research Society Meeting (September 2025). Continued the production of molecularly imprinted polymers (MIPs) as a decorporation agent specific for cesium contamination, with the goal of progressing to animal studies. This work is externally funded. Collaborations have begun with the DoW and National Labs (US Army Medical Research Institute of Chemical Defense, Idaho National Lab, and Los Alamos National Lab) as well as industry and academia. An international collaboration is ongoing with members of the NATO working group. Proposals for DoW funding have been written in collaboration with industry.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241B / *Internal Contamination (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
FY 2026 Plans: In-vivo studies are planned to test decorporation efficiency of ATA in DU exposed mice. DU in urine and feces, accumulation in tissues, and pathophysiology will be analyzed. There is little evidence testing toxicity profiles of military relevant metals (Pb, Fe, Sr, Sn, Cs, Ni, Co) in multiple model systems. In vitro testing will provide side by side comparisons, to provide input on metals for military use. Studies will be performed to identify additional radionuclides and toxic metals to which ATA may bind. ***FY 2027 Plans:*** An intramural competitive proposal will be submitted to AFRRI/USU, with a focus on potential decorporation agents against plutonium (Pu) at USU/AFRRI. This will increase chelation agents for actinides, and expand AFRRI's internal radiation program to include Pu, a component of nuclear weapons. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	0.162	0.167	0.170

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

The program element 0602787DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the Directed Energy/Radiation Health research area within Occupational and Environmental Medicine Scientific Research Portfolio at the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0602787DHA / *Medical Technology (AFRRI)*	Project (Number/Name) 241C / *Radiation Countermeasures (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
241C: *Radiation Countermeasures (USUHS)*	3.950	1.034	1.071	1.093	-	1.093	1.115	1.158	1.203	1.227	Continuing	Continuing

A. Mission Description and Budget Item Justification

Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/ AFRRI), this program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation termed acute radiation syndrome (ARS) as well as radiation combined with other injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). Acute radiation syndrome (ARS) is characterized by the differential response of the important organs to different doses of radiation. The ARS sub-syndromes include three major clinically-relevant pathologies; hematopoietic sub-syndrome (H-ARS), gastrointestinal sub-syndrome (GI-ARS), and neurovascular sub-syndrome (NV-ARS or CNS-ARS). RCI's were observed at Hiroshima and Nagasaki, Japan, where 60-70% of victims received thermal burns concurrent with radiation injury. At the Chernobyl reactor meltdown, 10% of 237 victims exposed to radiation received thermal burns as well. In animal models of RCI including rat, guinea pig, canine, and swine, burns and wounds mortality is increased after exposure otherwise non-lethal radiation exposures. Consequences of RCI include acute myelosuppression, immune system inhibition, fluid imbalance, macro/ microcirculation failure, massive cellular damage, and disruption of vital organ functions, which can lead to multiple organ dysfunction syndrome.

Radiation countermeasures have been categorized as radioprotectors, radiomitigators, and therapeutics, based on the time of administration in relation to radiation exposure. Most countermeasures developed are for specific tissue injuries or specific syndromes. H-ARS has received the most attention to date, though other syndromes need consideration to include a program to study the non-lethal or low-dose radiation health effects that could compromise combat operations if left undiagnosed and untreated. Once potential health effects are identified, countermeasures for these non-lethal health effects will be addressed.

Currently, treatments for ARS are limited: only the H-ARS has viable therapeutic options and even those are limited; Neupogen, Neulasta, Leukine, Nplate, and biosimilars of Neupogen and Neulasta. USUHS/ AFRRI researchers made significant contributions in the initial development of the first three agents. These H-ARS treatments are genetically engineered recombinant growth factors or cytokines that were developed for other indications and recently repurposed for H-ARS. All U.S. Food and Drug Administration (FDA) approved agents for H-ARS are radiomitigators. No radioprotector, either for H-ARS or GI-ARS has yet been approved for human use.

Due to the increasing risk of nuclear and radiological terrorist attacks or accidents, there is renewed interest in developing radiation medical countermeasures. The goals of AFRRI Radiation Medical Counter Measures (MCM) pipeline range from exploration of biological processes to inform the basis of technological solutions, feasibility studies of promising candidates, and biomarker identification to support efficacy.

Program objectives focus on preventing and mitigating the health consequences from exposures to ionizing radiation, in the context of probable threats to U.S. forces in current tactical, humanitarian and counterterrorism mission environments. New protective, and/or combination of FDA approved treatments 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. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Radiation Countermeasures (USUHS)	1.034	1.071	1.093

Description: Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/ Armed Forces Radiobiology Research Institute, the Radiation MCM pipeline supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with other injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury. Research findings are focused to advance the understanding and to produce the following:
(1) To identify new therapeutic candidates that show promising advancement for further advanced development; (2) To develop novel technologies to minimize the use of animal models in the study of radiation countermeasure effects; (3) To investigate the overall radiation effect by countermeasures in the microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short and long term adverse risk.

FY2025 Accomplishments:
(1) Completed metabolomic and proteomic studies and identified early epigenomic steps post-irradiation caused by low dose exposure to murine stem cells populations as potential low dose exposure markers using multiple analytical bioinformatics programs.
(2) Down-selected potential gut-organ-on-chip small molecules and test for efficacy in murine model.
(3) Screened potential prophylactic countermeasures (FSL-1, PLX-R18, RadioDefender, F-Mel, and Nplate) in total-body irradiation using a murine model.
(4) Screened potential prophylactic countermeasure (F-Mel) in the partial-body irradiation model with 2.5% sparing of bone marrow.
(5) Performed neutron/gamma radiation with single 3D cell culture.
(6) Study conducted with neutron/gamma radiation with endothelial/immune cell 3D cultures.
(7) Determined DRF for promising countermeasure candidates.
(8) Determined hematological end points to assess recovery from H-ARS in both gamma and neutron/gamma mixed field environments.
(9) Analyzed specimens of the jejunum after lethal irradiation in mice treated with therapeutics in both total body and partial body exposures.

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Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241C / *Radiation Countermeasures (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(10) Developed an in vitro IL-18 receptor knock out cell line using the CRISPR technology and 3D cell culture to test IL-18BP efficacy prior to animal testing. (11) Defined biomarkers of neurobehavioral deficits following low-dose exposure. (12) Identified circulating miRNAs at different time points following irradiation. (13) Conducted transcriptomic study using samples obtained from irradiated mice treated with a promising radiation countermeasure. (14) Both Ghrelin and ciprofloxacin were capable of significantly increasing Neulasta efficacy above the level of Neulasta alone in irradiated mice. (15) Ciprofloxacin and Neulasta combined therapy significantly mitigated the irradiation-induced brain hemorrhage. (16) Ciprofloxacin and Neulasta combined therapy significantly mitigated the irradiation-induced microbiome alpha diversity and increased the beta diversity. (17) Ciprofloxacin and Neulasta combined therapy significantly mitigated the irradiation-induced bone marrow cell depletion, splenocyte depletion, and ileum injury. (18) L-histidine was shown to be a potential prophylactic to protect mice against combined radiation followed by skin-wound trauma. (19) Identified Complete Blood Count (CBC) as biomarkers for combined radiation with hemorrhage. (20) Conducted proteomic and metabolomic, microbiome studies using a few countermeasures in murine model. (21) Published several papers in peer-reviewed scientific journals. PMID: 38964743; 38678042; 38319684; 38807988; 38474235 and 40181563. (22) Differential regulation of Microarray analysis of serum and spleen to understand effect of FSL-1 in protecting mice from H-ARS (23) Alteration of Toll-like Receptor (TLR) signaling pathway Polymerase Chain Reaction (PCR) array to understand the effect of FSL-1 in protecting mice from H-ARS. (24) Conducted a study with FDA approved mitigator Nplate as a prophylactic in a murine model. (25) Initiated partnership with Amgen Inc. to approach FDA on the approval of Nplate as a prophylactic countermeasure. (26) Met with the FDA on the pathway for approval of Nplate as a prophylactic countermeasure. (27) Established lethality curves at different neutron to gamma ratios in the AFRRI TRIGA reactor in murine model. (28) Performed studies with emphasis on behavior and biosample collection at various timepoints up to 6 months post irradiation at various neutron:gamma ratios in the TRIGA reactor. (29) Conducted Partial body irradiation with the promising countermeasure BBT-059 with an emphasis on improved outcomes in lung and gastrointestinal tract. (30) Conducted assessment of efficacy of BBT-059 in mixed field irradiation in the TRIGA for hematopoietic ARS. (31) Conducted metabolomic and lipidomic assessments of biosamples from animals administered BBT-059 prior to partial body irradiation.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241C / *Radiation Countermeasures (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(32) Established preliminary lethality curves for long term (up to 6 month) survival in an animal model following partial body exposure in the LINAC. (33) Began efforts to establish a partial body irradiation model in the AFRRI TRIGA. ***FY 2026 Plans:*** (1) Study Cognitive effects in mice up to 6 months post exposure to 65% Neutron 35% Gamma in the TRIGA reactor. (2) Study Cognitive effects in mice up to 6 months post exposure to 35% Neutron 65% Gamma in the TRIGA reactor. (3) Study delayed effects of acute radiation exposure in mice exposed to 65% Neutron 35% Gamma in the TRIGA reactor. (4) Study delayed effects of acute radiation exposure in mice exposed to 35% Neutron 65% Gamma in the TRIGA reactor. (5) Study pathophysiological parameters of brain and other major organs in mice exposed to 65% Neutron 35% Gamma in the TRIGA reactor. (6) Study pathophysiological parameters of brain and other major organs in mice exposed to 35% Neutron 65% Gamma in the TRIGA reactor. (7) Study physiological effects to lungs in mice up to 12 months post exposure to partial body irradiation in LINAC, treated with promising prophylactic countermeasures. (8) Study physiological effect to kidneys in mice up to 12 months post exposure to partial body irradiation in LINAC, treated with promising prophylactic countermeasures. (9) Continue microbiome study using fecal samples from irradiated and countermeasure treated mice. (10) Conduct metabolomics and proteomics using serum/plasma/tissue samples of irradiated mice treated with promising radiation countermeasures to identify biomarkers. (11) Study biomarkers using metabolomic, proteomic, and transcriptomic platform in body fluid and tissue samples of gamma-irradiated mice. (12) Continue to explore the underlying mechanisms of prophylactic effects on combined radiation injury in a mouse model. (13) Determine Nplate efficacy when given a single dose at 24 h pre-exposure. (14) Continued engagement with Amgen and FDA towards approval of Nplate as a prophylactic. (15) Conduct additional assessments with Nplate as aligned with FDA guidance. (16) Complete TRIGA partial body irradiation model and begin assessing countermeasures in this model. (17) Continue evaluation of BBT-059 as a partial body irradiation countermeasure. (18) Complete long term (up to 6 month) lethality curves in the partial body LINAC model. (19) Establish blast (USUHS Blast core) and partial body irradiation (combined injury) in LINAC mode. (20) Begin assessment of non-coding RNA alteration in partial body irradiation for animals treated with YK-4-250. (21) Explore the DUSP enzymes that are responsible to MAPK activation in an in vitro macrophage model. (22) Study the DUSP inhibitor that will increase the macrophage survival after irradiation.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0602787DHA / *Medical Technology (AFRRI)*	**Project (Number/Name)** 241C / *Radiation Countermeasures (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(23) Study the effect of BCI, dexamethasone, and Triptolide on radiation response in macrophages. ***FY 2027 Plans:*** (1) Develop Nplate further as a prophylactic countermeasure for H-ARS as well as for GI-ARS. (2) Continue engagement with Amgen and FDA on seeking FDA approval to repurpose Nplate as a prophylactic for H-ARS. (3) Finalize assessments of behavioral and biomarker changes in animals irradiated in the TRIGA to understand the impact of high LET radiation on the warfighter (4). Assess countermeasures in blast and partial body irradiation model. (5). Assess countermeasures in TRIGA partial body model. (6). Complete assessment of non-coding RNA alteration in partial body irradiation for animals treated with YK-4-250. (7). Explore and calculate LD50/30s after a partial body radiation (BM5% sparing) combined with a skin-wound trauma in male and female mice. (8). Explore the prophylactic effect of L-histidine combined with MIIST305 on GI repair after a LD50/30 partial body radiation (BM5% sparing) combined with a skin-wound trauma in male and female mice. (9). Determine the underlying mechanism(s) of the preventive efficacy of L-histidine combination with MIIST305 after a LD50/30 partial body radiation (BM5% sparing) combined with a skin-wound trauma in both female mice and male mice. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	1.034	1.071	1.093

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

The program element 0602787DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the Directed Energy/Radiation Health research area within Occupational and Environmental Medicine Scientific Research Portfolio at the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0603002DHA *I Medical Advanced Technology (AFRRI)*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	1.426	0.372	0.388	0.396	-	0.396	0.404	0.419	0.436	0.445	Continuing	Continuing
242A: *Biodosimetry (USUHS)*	0.849	0.221	0.231	0.260	-	0.260	0.265	0.275	0.286	0.292	Continuing	Continuing
242B: *Radiation Countermeasures (USUHS)*	0.577	0.151	0.157	0.136	-	0.136	0.139	0.144	0.150	0.153	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), is a unique Department of War asset, responsible for preserving and protecting the health and performance of U.S. military personnel operating in potential radiologically contaminated multi-domain, conventional or hybrid battle spaces and urban environments; through research, education, and operational training that advance understanding of the effects of ionizing radiation in line with the 21st century dynamic threat landscape and national security threats posed by non-state actors, hostile state actors, and near-peer adversaries, as well as providing rapidly deployable radiation medicine expertise in response to a radiological or nuclear event domestically or abroad.

The uniqueness of USUHS/AFRRI comes from operating and maintaining state-of-the-art radiation facilities and dosimetry systems to support military relevant radiobiology research. These facilities enable researchers to conduct a wide range of radiobiology experiments in order to investigate militarily-relevant scenarios, and better understand radiation effects and potential mitigation strategies. A team of scientists, physicists, engineers, operators, and technicians use proven and traceable dosimetry systems (e.g., ionization chambers, radiochromic film, thermoluminescent dosimeters) and consensus protocols to characterize radiation fields. Due to these facilities, our researchers are able to experiment with photons (gamma-rays) which are intended to simulate fallout environments and are delivered by two cobalt-60 facilities - the high-level cobalt facility (HLCF), and for lower (chronic) doses and dose rates, the low-level cobalt facility (LLCF). These type of radiation sources are used for acute and chronic studies of materials, biologic specimens, and small and large animals. The LLCF also provides to our scientists, low-dose rate gamma rays to simulate chronic exposure to low absorbed doses. Therefore, it also supports research focused on late or delayed radiation effects in biological specimens.

USUHS/AFRRI researchers are also able to use mixed-radiation fields (photons and neutrons) which are available from USUHS/AFRRI's Training, Research, Isotopes, General Atomics (TRIGA) reactor. The reactor is operated in either steady-state or pulsed mode to simulate a wide range of prompt exposure scenarios on a nuclear battlefield. The USUHS/AFRRI's TRIGA is the only one dedicated to military radiobiology research. The reactor produces a controlled, self-sustaining fission chain reaction in the reactor core which, in addition to the fuel elements and control rods (containing boron carbide), includes a neutron start-up source (americium/ beryllium). It is suspended under 4.9 m of water within a pool (an effective radiation shield) in a carriage assembly that allows movement of the core between two exposure rooms for experimental work with large-animal or other studies. The advantages of such a movable reactor core are that the quantity and character of the radiation that reaches the exposure facilities can be controlled, and more than one exposure facility can be used during reactor operations.

Our state-of-the-art radiation facilities are also able to provide a wide range of photon and electron irradiations for partial- and whole-body geometries by using a linear accelerator (LINAC) and a small animal radiation research platform (SARRP) providing a range of radiation types, energies, field sizes and dose rates and is extensively used to support standard cell configurations (i.e., 6-, 24- and 96-well plates), and targeted partial body irradiations of mice, minipigs, and nonhuman-primate (NHP) animal models. AFRRI's LINAC is used to produce, monitor, control and form photon or electron beams to the specified target. Whole-body irradiations are also possible

depending on the animal size and desired dose rate. An Xstrahl SARRP facility is capable of operating at 220 kVp and 13 mA yielding a dose rate at the isocenter of approximately 2.6 Gy/min. Onboard portal camera and cone beam computed tomography (CT) imaging systems are used to ensure precise dose delivery. Lung- and gut-only irradiation protocols are approved and have been extensively used to support radiation countermeasure development in the mouse model. Other imaging support is provided by a Philips Brilliance CT big bore scanner. Some features of the scanner include an 85-cm bore size to accommodate larger research subjects, 60-cm true scan field of view and 16-slices per revolution. The above radiation sources and generators are used to support USUHS/AFRRI's current research focus areas which we will address in the following section.

Our scientific research goals include maintaining a pool of highly qualified radiation biologists, and basic and applied research in identification and early development of measures to prevent, assess, and treat radiation injury. USUHS/AFRRI scientists conduct and publish research critical to the Department of War for force heath protection and operational readiness which also contribute to the health and well-being of the population at large. USUHS/AFRRI research thrusts include development of diagnosis of radiation induced injury (biodosimetry), internalized radionuclides (internal contamination) and radiation countermeasures.

The program 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. Research findings are mainly focused to advance the development and production of the following: (1) To establish processes to permit rapid assessment of radiation exposed specimens using novel triage protocols; (2) To developed novel technologies using animal models in the study of radiation effects; (3) To investigate the overall radiation effect by internal contamination in the microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops' short and long term adverse risk. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	0.380	0.388	0.396	-	0.396
Current President's Budget	0.372	0.388	0.396	-	0.396
Total Adjustments	-0.008	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.008	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	Project (Number/Name) 242A / *Biodosimetry (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
242A: *Biodosimetry (USUHS)*	0.849	0.221	0.231	0.260	-	0.260	0.265	0.275	0.286	0.292	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), the Biodosimetry program addresses multiparameter biodosimetry including clinical signs and symptoms of radiation exposure and reach back reference capabilities. Biodosimetry is the only method to detect, assess and estimate radiation dose exposure and is critical for military missions and saving lives. AFRRI is strategically poised to establish the DoW's Biodosimetry Network (DBN). The established network would be complemented with the Diagnostic Biodosimetry Laboratory that aligns with the DoW Clinical Laboratory Improvement Program (CLIP). CLIP describes requirements within the respective DoW's Active and Reserve Components and facilities under their supervision to include oversight, inspections, proficiency testing (PT), personnel standards, and training in laboratories performing testing on human specimens so that clinical decisions can be made.

The Biodosimetry program 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. Research findings are focused to advance the development and production of the following: (1) To establish clinically certified processes to permit rapid assessment of radiation exposed specimens; (2) To assess radiation exposure by developing and providing biological and biophysical dosimetry capabilities for acute, protracted, and prior radiation exposure; (3) To develop novel triage protocols for rapid assessment of radiation exposure; (4) To establish equipment triage automation to support the ability to manage mass-casualty radiation incidents around the globe. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Biodosimetry (USUHS/AFRRI)	0.221	0.231	0.260
Description: The Biodosimetry program 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. FY2025 Accomplishments: (1) Sustained efforts to automate, validate, and transition a multiple-parameter based biodosimetry research effort for applied biodosimetry capability for military applications; partnered with industry in efforts to transition concepts developed at AFRRI, linkage with commercial devices, and then to pursue FDA approvals. (2) Published a review article on the use of radiation biomarkers (i.e., clinical signs and symptoms, hematology, proteomic, and genomic) for use in applied prediction of radiation dose and injury with emphasis on currently available tools for clinical applications towards the effective treatment of radiation exposed warfighters. (3) Published two articles related to cytogenetic biodosimetry activities to establish consensus international standards and the establishment of a U.S. cytogenetic biodosimetry network.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	**Project (Number/Name)** 242A / *Biodosimetry (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(4) Reported on AFRRI's hosting of an international cytogenetic inter-laboratory comparison exercise involving use of mixed field fission neutron exposures. (5) Released two worksheets (i.e., Exposure and Symptom Triage or EAST) addressing acute radiation syndromes (i.e., hematopoietic and gastrointestinal) to assist first-responders to triage suspected radiation casualties in a radiological mass-casualty incident onto AFRRI's website. (6) Published manuscript using nonhuman primate radiation model system reporting on the characterization of radiation dose, reporting early phase biomarker radio-response, and algorithms to predict radiation injury and dose towards early detection of radiation exposure in warfighters. (7) Sustained efforts to develop both a radiation risk communication card and establish in-house capability to develop software apps to transition AFRRI's products. (8) Collaborated with commercial partners to obtain FDA approval of a biodosimetry device based on an algorithm developed at AFRRI to use hematology complete blood cell counts to triage individuals suspected of radiation exposure for distinguishing the "worried well" from those with clinically significant radiation doses. (9) Proposed a potential diagnostic strategy to identify individuals suitable for consideration of bone-marrow transplantation following exposure to life threatening radiation doses. (10) Presented at a national scientific meeting reporting on the status of AFRRI's contributions to a proposed DoW biodosimetry network. (11) Gave an oral presentation and written report supporting NATO RTG-359 activities to report the research projects of AFRRI. (12) Gave an oral presentation at the Military Health Systems Research Symposium to report a use of the Complete Blood Count (CBC) biomarkers as a tool to manage triage in a massive casualty scenario. (13) Gave an oral presentation at the Radiation Research Society (RRS) annual meeting to report the prophylactic effect of L-histidine against combined radiation injury. ***FY 2026 Plans:*** (1) Sustain efforts to automate and validate a multiple-parameter based biodosimetry research effort to automate and validate applied biodosimetry capability for military applications; partner with industry in efforts to transition concepts developed at AFRRI, linkage with commercial devices, and then to pursue FDA approvals [advanced development]. (2) Validate the use of shortened premature chromosome condensation assay scoring dicentric chromosome aberrations for radiation dose assessment. (3) Integrate the two new automated metaphase finding systems into cytogenetic biodosimetry research efforts. (4) Finalize validation efforts for the Cutaneous Radiation Injury and Exposure and Symptom Triage worksheets, release on website and deploy software apps for outreach. (5) Contribute towards a presentation at a national scientific meeting reporting on the status of AFRRI's contributions to proposed DOW biodosimetry network.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	**Project (Number/Name)** 242A / *Biodosimetry (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(6) Report on characterization of the fission neutron radiation quality using tissue equivalent proportional counters. (7) Continue to Identify and validate the biomarkers (proteomic and genomic) specific for different organs after combined radiation injury in a mouse model. ***FY 2027 Plans:*** (1) Continue research efforts to enhance the multiple-parameter radiation biodosimetry approach to enhance DoW's medical readiness to respond in the case of a nuclear/radiological incident. (2) Participate in international standardization and U.S. biodosimetry network activities to support the DoW's biodosimetry capability. (3) Sustain in-house efforts to transition biodosimetry tools using worksheets and apps. (4) Publish report on AFRRI's multiple-parameter based radiation biodosimetry assays. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	0.221	0.231	0.260

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

The program element 0603002DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the Combat Casualty Care portfolio within the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	Project (Number/Name) 242B / *Radiation Countermeasures (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
242B: *Radiation Countermeasures (USUHS)*	0.577	0.151	0.157	0.136	-	0.136	0.139	0.144	0.150	0.153	Continuing	Continuing

A. Mission Description and Budget Item Justification

Radiation Countermeasures (USUHS/AFRRI): The Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with other injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). RCI's were observed at Hiroshima and Nagasaki, Japan, where 60-70% of victims received thermal burns concurrent with radiation injury. At the Chernobyl reactor meltdown, 10% of 237 victims exposed to radiation also received thermal burns. In animal models of RCI including rat, guinea pig, canine, and swine, burns and wounds usually increase mortality after otherwise non-lethal radiation exposures. Consequences of RCI include acute myelosuppression, immune system suppression, fluid imbalance, macro/microcirculation failure, massive cellular damage, and disruption of vital organ functions, which can lead to multi-organ dysfunction syndrome. There are different syndromes based on the time of manifestation in relation to radiation exposure; acute, delayed, late, and chronic effects. Acute radiation syndrome (ARS) is characterized by the differential response of the important organs to different doses of radiation. The ARS sub-syndromes include three major clinically relevant pathologies; hematopoietic sub-syndrome (H-ARS), gastrointestinal sub-syndrome (GI-ARS), and neurovascular sub-syndrome (NV-ARS). Radiation countermeasures have been categorized as radioprotectors, radiomitigators, and therapeutics, based on the time of administration in relation to radiation exposure. Most countermeasures developed are for specific tissue injuries or specific sub-syndromes. ARS is receiving the most attention, though other syndromes also need equal consideration.

Currently, treatments for ARS are limited; only the H-ARS has viable mitigating options and even those are limited; Neupogen, Neulasta, Leukine, Nplate, and biosimilars of Neupogen (two) and Neulasta (three). USUHS/AFRRI researchers made significant contributions in the initial development of the first three agents. These H-ARS treatments are genetically engineered recombinant growth factors or cytokines that were developed for other indications, were in clinic for a long time, and repurposed for H- ARS. All U.S. Food and Drug Administration (FDA)-approved agents for H-ARS are radiomitigators (post-exposure use). No radioprotector (prophylaxis), either for H- ARS or GI-ARS has yet been approved for human use.

Due to the increasing risk of nuclear and radiological terrorist attacks or accidents, there is renewed interest in developing radiation medical countermeasures. Our Radiation Countermeasure goals ranges from exploration of biological processes likely to form the basis of technological solutions, to initial feasibility studies of promising solutions. Program objectives focus on preventing and mitigating the health consequences from exposures to ionizing radiation, in the context of probable threats to U.S. forces in current tactical, counterterrorism, and humanitarian mission environments.

New protective, and/or combination of FDA-approved treatments 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. 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. Research findings are focused to advance the understanding and produce the following: (1) To identify new therapeutics candidates that show promising advancement for

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	**Project (Number/Name)** 242B / *Radiation Countermeasures (USUHS)*

further development; (2) To develop novel technologies to minimize the use of animal models in the study of radiation countermeasure effects; (3) To investigate the overall radiation effect by countermeasures in various samples derived from animals for microbiome and anatomical tissue; (4) To find novel biomarkers, late effects and immunosuppression of radiation injury that can quantitate effects on combat performance decrements; (5) To identify novel therapeutic strategies that will support military operations within a nuclear or radiological environment minimizing ground troops short- and long-term adverse risk. In summary, all AFRRI research is conducted to ensure our Joint Warfighters can fight and win on a radiological/nuclear battlefield.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Radiation Countermeasures (USUHS)	0.151	0.157	0.136

Description: Radiation Countermeasures (USUHS/AFRRI): For the Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute (USUHS/AFRRI), this program supports developmental, mission directed research to investigate new concepts and approaches that will lead to advancements in biomedical strategies for preventing and treating the health effects of human exposure to ionizing radiation as well as radiation combined with other injuries (burns, wounds, hemorrhage, microbiome, gastrointestinal damage, neurobehavioral deficits, bone marrow damage), termed radiation combined injury (RCI). 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.

FY2025 Accomplishments:
(1) Performed transcriptomics studies with tissues and blood samples of nonhuman primates (NHP) exposed to radiation and treated with the countermeasure, gamma-tocotrienol.
(2) Performed metabolomics and lipidomic studies with serum and tissue samples of NHP exposed to total-body radiation and treated with the countermeasure, BBT-059.
(3) Optimized a proteomic protocol for validation of radiation biomarkers for countermeasure efficacy.
(4) Studied the dysfunctional signaling pathway resulting from countermeasure testing in NHP models of total-and partial-body irradiation.
(5) Conducted microbiome studies with fecal samples of NHPs exposed to total-body (gamma-rays) and partial-body (X-rays) radiation.
(6) Conducted, analyzed and published miRNA study using serum samples of irradiated NHPs.
(7) Performed multi-omic study for identifying biomarkers using a NHP model and different doses of radiation.
(8) Conducted lethality curve study using cynomolgus nonhuman primates.
(9) Published large number of papers in high impact journals.

FY 2026 Plans:
(1) Study 5-AED pharmacokinetics/pharmacodynamics and efficacy in NHP.
(2) Study BIO 300 IS for pharmacokinetics/pharmacodynamics and efficacy using NHP model.
(3) Further study of proteomic biomarkers for gamma-tocotrienol treatment using NHP samples.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603002DHA / *Medical Advanced Technology (AFRRI)*	**Project (Number/Name)** 242B / *Radiation Countermeasures (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(4) Testing additional countermeasures for PK/PD, efficacy, and biomarkers using multi-omics approach. ***FY 2027 Plans:*** (1) Continue study with IS formulation of BIO 300 for efficacy and biomarker identification using NHP model. (2) Evaluate additional drugs to study for pharmacokinetics/pharmacodynamics and efficacy in NHP. (3) Use various -omics platforms (metabolomics, lipidomics, proteomics, transcriptomics, microRNA) to identify biomarkers for countermeasure efficacy as well as radiation injury. (4) Validate identified biomarkers using samples from different cohorts of animals. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Overall, PE funding is the same; the funding distribution changed for PE 0603002DHA. Funds were moved from Radiation Countermeasures (PC_242B) to Biodosimetry (PC_242A).			
Accomplishments/Planned Programs Subtotals	0.151	0.157	0.136

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

The program element 0603002DHA for AFRRI in addition to the three program elements: 0601115HP, 0602115HP, and 0603115HP are coordinated and integrated into the Combat Casualty Care portfolio within the Defense Health Agency Research & Engineering, Combat and Operational Medicine Program (COMP).

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0603115DHA *I Medical Technology Development*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	8,257.353	997.910	1,755.684	360.845	-	360.845	371.323	384.695	399.956	407.962	Continuing	Continuing
300A: *CSI - Congressional Special Interests*	7,220.440	677.336	1,423.000	-	-	-	-	-	-	-	-	-
238C: *Air & Space Austere Environment Patient Care and Transport (AF)*	48.625	12.971	13.654	13.928	-	13.928	14.207	14.755	15.325	15.632	Continuing	Continuing
284B: *Air & Space Physiology, Medicine and Human Performance (AF)*	43.570	11.562	12.173	12.416	-	12.416	12.663	13.152	13.660	13.933	Continuing	Continuing
307B: *Air & Space Force Health Protection (AF)*	43.837	11.749	12.341	12.587	-	12.587	12.840	13.336	13.851	14.128	Continuing	Continuing
309A: *Regenerative Medicine (USUHS)*	41.847	10.899	11.496	11.724	-	11.724	11.958	12.420	12.900	13.158	Continuing	Continuing
373: *GDF - Medical Technology Development*	5.001	0.000	0.000	-	-	-	-	-	-	-	-	-
373A: *GDF - MTD (Combat Casualty Care)*	77.009	55.396	56.502	67.477	-	67.477	70.761	72.701	75.697	77.210	Continuing	Continuing
373B: *GDF - MTD (Military Operational Medicine)*	102.479	29.861	30.396	41.880	-	41.880	44.530	47.493	50.790	51.805	Continuing	Continuing
373E: *GDF - MTD (Military Infectious Disease)*	39.164	43.121	43.477	43.427	-	43.427	44.007	44.852	45.716	46.629	Continuing	Continuing
373G: *GDF - MTD (Military Medical Photonics)*	40.638	10.697	11.003	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
373H: *GDF - MTD (Medical Advanced Technology)*	134.682	0.000	0.000	-	-	-	-	-	-	-	-	-
378B: *CoE-Breast Cancer Center of Excellence (USUHS))*	42.924	11.179	11.797	12.033	-	12.033	12.274	12.747	13.239	13.503	Continuing	Continuing
379B: *CoE-Gynecological Cancer Center of Excellence (USUHS)*	37.499	9.763	10.313	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency										Date: April 2026		
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0603115DHA *I Medical Technology Development*							
381: *CoE - Integrative Cardiac Health Care (USUHS)*	6.920	1.876	1.982	2.022	-	2.022	2.062	2.142	2.224	2.268	Continuing	Continuing
382B: *CoE-Pain Center of Excellence (USUHS)*	8.045	2.174	2.277	3.327	-	3.327	3.394	3.505	3.621	3.693	Continuing	Continuing
383A: *CoE-Prostate Cancer Center of Excellence (USUHS)*	34.284	8.931	9.413	9.600	-	9.600	9.792	10.171	10.563	10.774	Continuing	Continuing
478: *Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)*	83.578	28.825	30.267	30.672	-	30.672	31.085	32.285	33.531	34.202	Continuing	Continuing
479: *Framingham Longitudinal Study (USUHS)*	19.503	5.056	5.324	5.430	-	5.430	5.539	5.753	5.975	6.095	Continuing	Continuing
499: *MHS Financial System Acquisition and Sustainment (DHA)*	19.463	5.918	6.266	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
506: *Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)*	44.927	11.754	12.384	27.632	-	27.632	28.185	28.989	29.818	30.414	Continuing	Continuing
507: *Brain Injury and Disease Prevention, Treatment and Research (USUHS)*	54.526	14.198	14.997	15.297	-	15.297	15.603	16.205	16.831	17.168	Continuing	Continuing
508: *Psychological Health and Resilience (USUHS)*	28.690	7.473	7.884	8.042	-	8.042	8.203	8.520	8.849	9.026	Continuing	Continuing
509: *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*	55.751	14.809	15.638	29.951	-	29.951	30.552	31.473	32.622	33.285	Continuing	Continuing
511: *Cancer Moonshot Initiatives*	23.951	12.362	13.100	13.400	-	13.400	13.668	14.196	14.744	15.039	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Technology Development: This program element (PE) provides funding for promising candidate solutions that are selected for initial safety and effectiveness testing in animal studies and/or small scale human clinical trials regulated by the US Food and Drug Administration prior

to licensing for human use. Research in this PE is designed to address areas of interest to the Secretary of War regarding Wounded Warriors and sustainment of Department of War and multi-agency priority investments in science, technology, research, and development. Medical research, development, test, and evaluation priorities for the Combat and Operational Medicine Program (COMP) are guided by, and will support, the National Defense Strategy, the National Research Action Plan for Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, and the National Biodefense Strategy.
Program development and execution is peer reviewed and coordinated all of the Military Services, appropriate defense agencies or activities and other federal agencies, to include the Department of Veterans Affairs and the Department of Health and Human Services. As research efforts mature, the most promising will transition to advanced concept development funding, PE 0604110. For knowledge products, successful findings will transition into clinical practice guidelines.

The Cardiac Health CoE provides evidence-based personalized patient engagement approaches for comprehensive cardiac event prevention through education, outcomes research and technology tools, as well as molecular research to detect cardiovascular disease at an early stage to ultimately discover a signature for cardiovascular health, to find new genes that significantly increase risk for heart attack in Service members and other beneficiaries, and identify molecular markers of obesity and weight loss.

For the Navy Bureau of Medicine and Surgery, this program element includes funds for research management support costs. The Outside Continental US (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 Global Emerging Infections Surveillance program and risk assessment studies on several 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.

For the Air Force Medical Service (AFMS), medical research and development programs are divided into five primary thrust areas: En-Route care, Expeditionary Medicine, Operational Medicine (in-garrison care), Force Health Protection (FHP) (detect, prevent, threats), and Human Performance. Expeditionary Medicine is focused on care on the battlefield and in field hospitals prior to transporting patients out of theater to CONUS, and studies trauma resuscitation, hemorrhage control, and other life-saving interventions to keep critically wounded patients alive in the golden hour and to the next level of care. The AFMS is the only service transporting patients on long aeromedical evacuation missions. Therefore, the En-Route care thrust area studies include investigation on the impact of transport on patient and providers (including cabin altitude, noise, vibration, and environmental issues affecting physiology on the aircraft), patient safety factors during transport, medical technologies for use during transport, and research to support education and training with simulation for En-Route care providers. The Human Performance thrust area focuses on optimizing airmen physical and psychological performance, assessing the physical and cognitive demands on the operator (pilot/aircrew), facilitating a safe aviation environment through technology and equipment assessment, and improving/sustaining airmen performance through training. Medical development and biomedical technology investments in FHP seek to deliver an improved FHP capability across the full spectrum of operations with research that prevents injury/illness through improved identification and control of health risks. Under FHP, sub-project areas include Occupational Hazard Exposure (Includes Flight Hazards and Integrated Risk), Targeted Risk Identification, Mitigation and Treatment (Formerly Pathogen ID and Novel Therapeutics and includes Big Data), FHP Technologies Development and Assessment (Assay and disease detection), and Health Surveillance, Infection, Injury & Immunity. FHP also includes Innovations and Personalized Medicine. Operational medicine is focused on in garrison care – our next most critical issue post Operation Iraqi Freedom/Operation Enduring Freedom – and how to care for the whole patient and consideration of comorbidities in treatment of wounded warriors and dependents.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0603115DHA *I Medical Technology Development*

For the Uniformed Services University of the Health Sciences (USUHS), medical development programs include the Prostate Cancer Center of Excellence (CoE), the Center for Neuroscience and Regenerative Medicine (CNRM), the Pain CoE, the Breast Cancer CoE, and the Gynecological Cancer CoE. The Prostate CoE, formerly a CSI, was chartered in 1992 to conduct basic, clinical, and translational research programs to combat diseases of the prostate. The Center'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 who participate in clinical trials. CNRM brings together the expertise of clinicians and scientists across disciplines to catalyze innovative approaches to TBI research. CNRM research programs emphasize aspects of high relevance to military populations, with a primary focus on patients at the Walter Reed National Military Medical Center.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	1,031.445	332.684	360.845	-	360.845
Current President's Budget	997.910	1,755.684	360.845	-	360.845
Total Adjustments	-33.535	1,423.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	1,423.000			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-33.535	-			

Congressional Add Details ($ in Millions, and Includes General Reductions)	FY 2025	FY 2026
Project: 300A: *CSI - Congressional Special Interests*		
Congressional Add: *245A - Amyotrophic Lateral Sclerosis (ALS) Research*	38.540	40.000
Congressional Add: *248 - Program increase - Armed Forces Institute of Regenerative Medicine III*	9.635	-
Congressional Add: *253 - Peer-Reviewed Arthritis Research*	-	10.000
Congressional Add: *256 - University Partnership Initiative*	-	7.000
Congressional Add: *257 - Pharmacogenomics Testing for Military Readiness Pilot*	1.927	-
Congressional Add: *259 - Glioblastoma Medical Research Consortium*	-	15.000
Congressional Add: *293 - Peer-Reviewed Autism Research*	-	8.000
Congressional Add: *296 - Peer-Reviewed Bone Marrow Failure Disease Research*	-	7.500
Congressional Add: *310A - Peer-Reviewed Ovarian Cancer Research*	14.452	50.000
Congressional Add: *328 - Peer-Reviewed Multiple Sclerosis Research*	-	15.000

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0603115DHA *I Medical Technology Development*

Congressional Add Details ($ in Millions, and Includes General Reductions)	FY 2025	FY 2026
Congressional Add: *335A - Peer-Reviewed Cancer Research*	125.255	165.000
Congressional Add: *336 - Peer-Reviewed Lung Cancer Research*	-	20.000
Congressional Add: *337 - Peer-Reviewed Orthopedic Research*	-	20.000
Congressional Add: *338 - Peer-Reviewed Spinal Cord Research*	-	33.000
Congressional Add: *339 - Peer-Reviewed Vision Research*	-	10.000
Congressional Add: *352 - Peer-Reviewed Traumatic Brain Injury and Psychological Health Research*	-	40.500
Congressional Add: *380A - Peer-Reviewed Breast Cancer Research*	125.255	145.000
Congressional Add: *390A - Peer-Reviewed Prostate Cancer Research*	72.262	75.000
Congressional Add: *396 - Peer-Reviewed Alcohol and Substance Use Disorders Research*	-	4.000
Congressional Add: *400A - Peer-Reviewed Medical Research*	144.525	370.000
Congressional Add: *417A - Peer-Reviewed Alzheimer Research*	14.452	15.000
Congressional Add: *439 - Joint Warfighter Medical Research*	-	10.000
Congressional Add: *452 - Peer-Reviewed Reconstructive Transplant Research*	-	12.000
Congressional Add: *456 - HIV/AIDS Program Increase*	-	20.000
Congressional Add: *459 - Peer-Reviewed Epilepsy Research*	-	12.000
Congressional Add: *495 - Peer-Reviewed Tickborne Disease Research*	-	7.000
Congressional Add: *501 - Peer-Reviewed Hearing Restoration Research*	-	5.000
Congressional Add: *502 - Peer-Reviewed Kidney Cancer Research*	-	15.000
Congressional Add: *503 - Peer-Reviewed Lupus Research*	-	10.000
Congressional Add: *512 - Peer-Reviewed Melanoma Research*	38.540	40.000
Congressional Add: *514 - Combat Readiness Medical Research*	-	5.000
Congressional Add: *515 - Peer-Reviewed Pancreatic Cancer Research*	-	20.000
Congressional Add: *516 - Peer-Reviewed Rare Cancers Research*	16.861	17.500
Congressional Add: *518 - Peer-Reviewed Toxic Exposures Research*	14.452	15.000
Congressional Add: *527 - Individual Occupational and Environmental Exposure Monitoring*	-	20.000
Congressional Add: *530 - Research for Human Performance Initiative*	-	2.500
Congressional Add: *537 - Military-Civilian Trauma Partnerships*	4.817	4.000

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0603115DHA *I Medical Technology Development*

Congressional Add Details ($ in Millions, and Includes General Reductions)	FY 2025	FY 2026
Congressional Add: *538 - Blast Sensors*	-	5.000
Congressional Add: *540 - Global HIV/AIDS Prevention*	-	15.000
Congressional Add: *545 - Peer-Reviewed Military Burn Research*	9.635	10.000
Congressional Add: *546 - Peer-Reviewed Neurofibromatosis Research*	-	25.000
Congressional Add: *547 - Peer-Reviewed Parkinson's Research*	-	16.000
Congressional Add: *556 - Infectious Disease Detection Toolkit*	1.445	-
Congressional Add: *557 - Pre-Hospital and Prolonged Casualty Care*	4.817	-
Congressional Add: *558 - Intraosseous Antibiotics for Osseointegration*	2.890	-
Congressional Add: *559 - Medical Research to Support Military Families*	14.452	15.000
Congressional Add: *560 - Non-Opioid Pain Nanomedicine*	0.963	-
Congressional Add: *561 - Female Warfighter TBI Research*	7.708	-
Congressional Add: *562 - Warfighter Musculoskeletal Health*	2.409	7.500
Congressional Add: *565 - Advanced Post-Traumatic Stress Disorder (PTSD) Diagnosis*	-	5.000
Congressional Add: *566 - Contingency Planning for Extreme Health Events*	-	3.000
Congressional Add: *568 - Interdisciplinary Therapy Treatment*	-	5.000
Congressional Add: *569 - Ionizing Radiation Therapy*	-	7.000
Congressional Add: *581 - Prolonged Field Care in Austere Environments*	-	10.000
Congressional Add: *582 - TBI Research Infrastructure Expansion*	-	12.000
Congressional Add: *660 - Peer-Reviewed Tuberous Sclerosis Complex Research*	-	10.000
Congressional Add: *790A - Peer-Reviewed Duchenne Muscular Dystrophy*	12.044	12.500
Congressional Add Subtotals for Project: 300A	677.336	1,423.000
Congressional Add Totals for all Projects	677.336	1,423.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 300A / *CSI - Congressional Special Interests*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
300A: *CSI - Congressional Special Interests*	7,220.440	677.336	1,423.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

The strategy for the Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
Congressional Add: 245A - Amyotrophic Lateral Sclerosis (ALS) Research	38.540	40.000
FY 2025 Accomplishments: ALSRP plans to release four funding opportunities including the Therapeutic Idea Award, Therapeutic Development Award, Clinical Biomarkers and Outcomes Award, and the Pilot Clinical Trial Award. Two-tier review completed in November 2025 with all awards to be obligated by September 30, 2026.		
FY 2026 Plans: ALSRP plans to release four funding opportunities including the Therapeutic Idea Award, Therapeutic Development Award, Clinical Biomarkers and Outcomes Award, and the Pilot Clinical Trial Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 248 - Program increase - Armed Forces Institute of Regenerative Medicine III	9.635	-
FY 2025 Accomplishments: This Congressional Special Interest initiative provides funds for the Armed Forces Institute of Regenerative Medicine (AFIRM) Consortium to advance regenerative medicine prototypes for battlefield injuries. AFIRM focuses on developing military-relevant clinical therapies in the areas of craniofacial, extremity, skin, genitourinary and lower abdomen regeneration, as well as on-demand blood and cellular therapies for trauma. Funds will support new projects solicited through the AFIRM Consortium toward advancement of regenerative medicine solutions at the point-of-injury/earlier interventions for the Warfighter.		
Congressional Add: 253 - Peer-Reviewed Arthritis Research	-	10.000
FY 2026 Plans: ATRP plans to release two funding opportunities including the Translational Research Award and the Clinical Research Award. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 256 - University Partnership Initiative	-	7.000
FY 2026 Plans: Led by Uniformed Services University (USU), this research partnership with the University of Idaho (U of I) will support multi-component programmatic research in areas to improve health outcomes		

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 300A / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
of our warfighters. The U of I has complementary expertise in key areas of interest for USU, including Global Health and Infectious Disease, Human Performance and High-Performance Computing. Competitive, peer-reviewed projects will be funded in focus areas critical to Department of War health research, such as Global Health, Infectious Disease, Clinical and Rehabilitation Medicine, Operational Medicine, Human Performance, Neuroscience and Traumatic Brain Injury, Precision Health, and Cancer.		
Congressional Add: 257 - Pharmacogenomics Testing for Military Readiness Pilot ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provides funds to conduct a pharmacogenetics (PGx) testing pilot to aid and improve military readiness for military recruits. The pilot includes the development of Military Health System (MHS) protocols that will support appropriate routine PGx testing, Electronic Health Record (EHR) queries that will support appropriate routine PGx testing, and PGx result reporting that will provide actionable information to MHS providers to support medical readiness in home station and in deployment. Funds will support research to accelerate the clinical implementation of pharmacogenetics (PGx) testing as a cost-effective solution to improve the personalization, safety, and efficacy of drug therapy for Service members and their families.	1.927	-
Congressional Add: 259 - Glioblastoma Medical Research Consortium ***FY 2026 Plans:*** Program Increase – glioblastoma medical research consortium is directed toward the FY 2024 Glioblastoma Research Program Consortium Award GB240432: McCain/Bayh Glioblastoma Consortium. Funds supplement ongoing research advancing detection and monitoring methodologies and expand resources to drive progress in glioblastoma research and care. Funds will be obligated on this award prior to September 30, 2027.	-	15.000
Congressional Add: 293 - Peer-Reviewed Autism Research ***FY 2026 Plans:*** ARP plans to release three funding opportunities including the Career Development Award, Clinical Trial Award and the Idea Development Award. Two-Tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	-	8.000
Congressional Add: 296 - Peer-Reviewed Bone Marrow Failure Disease Research ***FY 2026 Plans:*** BMFRP plans to release three funding opportunities including the Idea Development Award, Investigator-Initiated Research Award, and Resource Development Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	-	7.500
Congressional Add: 310A - Peer-Reviewed Ovarian Cancer Research ***FY 2025 Accomplishments:*** The Ovarian Cancer Research Program (OCRP) plans to release three funding opportunities including the Investigator Initiated Research Award, the Ovarian Cancer Clinical Trial Academy-	14.452	50.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 300A / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
Early Career Investigator Award and the Pilot Pilot Award. Two-tier review completed in January 2026 and all awards will be obligated by September 30, 2026. ***FY 2026 Plans:*** OCRP plans to release six funding opportunities including the Clinical Trial Award, Investigator-Initiated Research Award, Ovarian Cancer Academy – Early Career Investigator Award, Ovarian Cancer Clinical Trial Academy – Early Career Investigator Award, Pilot Award and Teal Expansion Award. Two-tier review will be completed in December 2026 with all awards to be obligated by September 30, 2027.		
Congressional Add: 328 - Peer-Reviewed Multiple Sclerosis Research ***FY 2026 Plans:*** MSRP plans to release four funding opportunities including the Clinical Trial Award, Early Investigator Award, Exploration - Hypothesis Development Award, and the Investigator - Initiated Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027	-	15.000
Congressional Add: 335A - Peer-Reviewed Cancer Research ***FY 2025 Accomplishments:*** The PRCRP has been directed by Congress to fund all FY24 cancer topic areas and to add topic areas for kidney cancer, lung cancer, pancreatic cancer, and neuroendocrine tumors. In addition, FY25 congressional direction no longer excludes glioblastoma research from the brain cancer topic area. The PRCRP plans to release five funding opportunities including the Idea Award, the Impact Award, the Clinical Trial Award, the Career Development Award- Fellow and Resident Option, and the Career Development Award Scholar Option. Two-tier review of the Career Development Award- Fellow and Resident Option, and the Career Development Award Scholar Option, completed in November 2025 and review for the Idea Award, Impact Award, and Clinical Trial Award completed in February 2026. All awards will be obligated by September 30, 2026. ***FY 2026 Plans:*** PRCRP plans to release three funding opportunities including the Clinical Trial Award, Idea Award, and Impact Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	125.255	165.000
Congressional Add: 336 - Peer-Reviewed Lung Cancer Research ***FY 2026 Plans:*** LCRP plans to release three funding opportunities including the Idea Development Award, Therapeutic Research Award, and Patient-Centered Outcomes Research Award. Two-tier review will be completed in October 2026 with all awards to be obligated by September 30, 2027.	-	20.000
Congressional Add: 337 - Peer-Reviewed Orthopedic Research ***FY 2026 Plans:*** ORP plans to release two funding opportunities including the Applied Research Award and the Clinical Research Award. The Clinical Research Award has two funding levels, including Funding Level 1 for	-	20.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 300A / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
clinical research and Funding level 2 for clinical trials. Two-tier review will be completed January 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 338 - Peer-Reviewed Spinal Cord Research ***FY 2026 Plans:*** SCRP plans to release four funding opportunities including the Clinical Trial Award, Clinical Translation Research Award, Translational Research award, and Investigator-Initiated Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	-	33.000
Congressional Add: 339 - Peer-Reviewed Vision Research ***FY 2026 Plans:*** VRP plans to release four funding opportunities including the Clinical Trial Award, Translational Research Award, Investigator-Initiated Research Award - Level 1, Investigator-Initiated Research Award - Level 2, and the Mentored Clinical Research Award. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.	-	10.000
Congressional Add: 352 - Peer-Reviewed Traumatic Brain Injury and Psychological Health Research ***FY 2026 Plans:*** TBIPHRP plans to release three funding opportunities including the Clinical Trial Award, Health Services Award, and Translational Research Award. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.	-	40.500
Congressional Add: 380A - Peer-Reviewed Breast Cancer Research ***FY 2025 Accomplishments:*** The BCRP plans to release five funding opportunities including the Breakthrough Award Levels 1 and 2, Breakthrough Award Level 3, Era of Hope Scholar Award, Clinical Research Extension Award, and Expansion Award. Two-tier review completed in January 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** BCRP plans to release eight funding opportunities including the Breakthrough Award Funding Levels 1 and 2, Breakthrough Award Funding Level 3, Breakthrough Award Funding Level 4, Era of Hope Scholar Award, Clinical Research Extension Award, Expansion Award, Transformative Breast Cancer Consortium Award, and the Transformative Breast Cancer Consortium Development Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	125.255	145.000
Congressional Add: 390A - Peer-Reviewed Prostate Cancer Research	72.262	75.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2025 Accomplishments: The PCRP plans to release two funding opportunities including the Clinical Consortia Award and the Idea Development Award. Two-tier review completed in February 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** PCRP plans to release four funding opportunities including the Idea Development Award, Data Science Award, Early Investigator Research Award, and Physician Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 396 - Peer-Reviewed Alcohol and Substance Use Disorders Research ***FY 2026 Plans:*** ASUDRP plans to exercise option 1 for the ongoing FY24 Consortium Award. The option will be exercised with all funds obligated by September 30, 2027.	-	4.000
Congressional Add: 400A - Peer-Reviewed Medical Research ***FY 2025 Accomplishments:*** The PRMRP plans to release two funding opportunities including the Technology/ Therapeutic Development Award and the Clinical Trial Award. Two-tier review completed in December 2025 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** PRMRP plans to release seven funding opportunities, including the Discovery Award, Research Advancement Award, Impact Award, Technology/Therapeutic Development Award, Platform Clinical Translation Award, Therapeutic Lifestyle Interventions and Clinical Research Award, and Clinical Trial Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	144.525	370.000
Congressional Add: 417A - Peer-Reviewed Alzheimer Research ***FY 2025 Accomplishments:*** The Alzheimer's Research Program (AZRP) plans to release three funding opportunities including the Transforming Research Award, Transforming Care Award, and Transforming Diagnosis Award. Two-tier review completed in December 2025 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** AZRP plans to release three funding opportunities including the Transforming Care Award, Transforming Diagnosis Award, and Transforming Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	14.452	15.000
Congressional Add: 439 - Joint Warfighter Medical Research	-	10.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2026 Plans: JWMRP plans to release one funding opportunity, the Military Medical Research Award Broad Agency Announcement which includes a Clinical Research/Clinical Trial Option. Two-tier review will be completed in March 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 452 - Peer-Reviewed Reconstructive Transplant Research	-	12.000
FY 2026 Plans: RTRP plans to hold an In Progress Review meeting in April 2026 to determine whether the $10M Phase 2 Option will be exercised for the FY22 Clinical Network Award (CNA). If all Phase I objectives have been completed and the Phase 2 Option is exercised, then $10M of FY26 funds will be applied to the CNA. A Concept Award may be released if remaining funds are sufficient to support it. If the Phase 2 Option for the FY22 CNA is not exercised, then the RTRP plans to release four program announcements, including the Idea Discovery Award, Investigator-Initiated Research Award, Advanced Technology Development Award, and the Qualitative Research Award. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 456 - HIV/AIDS Program Increase	-	20.000
FY 2026 Plans: This Congressional Special Interest initiative provided funds for HIV/AIDS research includes all medical research that attempts to prevent, treat, or cure HIV/AIDS, as well as fundamental research about the nature of HIV as an infectious agent and AIDS as the disease caused by HIV.		
Congressional Add: 459 - Peer-Reviewed Epilepsy Research	-	12.000
FY 2026 Plans: ERP plans to release five funding opportunities including the Idea Development Award, Leveraging Research Award, Research Partnership Award, Virtual Post-Traumatic Epilepsy Research Center – Faculty Award, and Virtual Post-Traumatic Epilepsy Research Center – Faculty Award. Two-tier review will be completed in November 2026 with all awards to be obligated by September 30, 2027.		
Congressional Add: 495 - Peer-Reviewed Tickborne Disease Research	-	7.000
FY 2026 Plans: TBDRP plans to release two funding opportunities including the Idea Development Award and the Therapeutic/Diagnostic Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 501 - Peer-Reviewed Hearing Restoration Research	-	5.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 300A / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2026 Plans: HRRP plans to release three funding opportunities including the Focused Research Award - Level 1, Focused Research Award - Level 2, and the Expansion Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 502 - Peer-Reviewed Kidney Cancer Research ***FY 2026 Plans:*** KCRP plans to release three funding opportunities including the Idea Award, Concept, Clinical Trial. Two tier review will be completed by Feb 2027 with all awards obligated by September 2027.	-	15.000
Congressional Add: 503 - Peer-Reviewed Lupus Research ***FY 2026 Plans:*** LRP plans to release four funding opportunities including the Idea Award, Impact Award, Transformative Vision Development Award, and Transformative Vision Award. Two-tier review will be completed in December 2026 with all awards to be obligated by September 30, 2027.	-	10.000
Congressional Add: 512 - Peer-Reviewed Melanoma Research ***FY 2025 Accomplishments:*** The MRP plans to release six funding opportunities including the Idea Award, Team Science Award, Melanoma Academy Leadership Award, Melanoma Academy Scholar Award, Survivorship Research Award, and Focused Program Award-Rare Melanomas. Two-tier review will be completed by February 2026 and all awards will be obligated by September 30, 2026. ***FY 2026 Plans:*** MRP plans to release five funding opportunities including the Idea Award, Melanoma Academy Scholar Award, Team Science Award, Focused Program Award-Rare Melanomas, and Survivorship Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	38.540	40.000
Congressional Add: 514 - Combat Readiness Medical Research ***FY 2026 Plans:*** The CRRP plans to release a single funding opportunity, the Translational Research Award. Two-tier review will be completed in February 2027, with all award to be obligated by September 30, 2027.	-	5.000
Congressional Add: 515 - Peer-Reviewed Pancreatic Cancer Research ***FY 2026 Plans:*** PCARP plans to release three funding opportunities including the Focused Pilot Award, Idea Development Award, and Translational Research Partnership Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	-	20.000
Congressional Add: 516 - Peer-Reviewed Rare Cancers Research	16.861	17.500

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2025 Accomplishments: The RCRP plans to release three funding opportunities including the Concept Award, Idea Development Award, and Resource and Community Development Award. Two-tier review will be completed in March 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** RCRP plans to release three funding opportunities including the Concept Award, Idea Development Award, and Resource and Community Development Award. Two-tier review will be completed in March 2027 with all awards to be obligated by September 30, 2027.		
Congressional Add: 518 - Peer-Reviewed Toxic Exposures Research ***FY 2025 Accomplishments:*** The TERP plans to release three funding opportunities including the Clinical Trial Partnership Award, Investigator-Initiated Research Award, and Translational Research Partnership Award. Two-tier review completed in January 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** TERP plans to release three funding opportunities including the Clinical Trial Partnership Award, Investigator-Initiated Research Award, and Translational Research Partnership Award. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.	14.452	15.000
Congressional Add: 527 - Individual Occupational and Environmental Exposure Monitoring ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research and development of technology solutions for service members that provide remote detection and continuous monitoring of individual occupational and environmental exposures.	-	20.000
Congressional Add: 530 - Research for Human Performance Initiative ***FY 2026 Plans:*** This research and dissemination effort will advance Human / Warrior Performance Optimization (WPO) to enhance warfighter readiness and resilience across the physical, cognitive, psychological, social, and spiritual domains. In collaboration with intra and extramural experts and institutions, will develop and conduct multidisciplinary studies, leverage operational data, and translates findings into scalable, evidence-based interventions to optimize performance across training and mission environments. In addition, the initiative will establish common data elements, standardized terms and definitions, and validated outcome measures to enable interoperability, rigorous evaluation, and data-driven decision-making, while identifying and disseminating best practices across all branches of the Department of War to strengthen force readiness and mission effectiveness.	-	2.500
Congressional Add: 537 - Military-Civilian Trauma Partnerships	4.817	4.000

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2025 Accomplishments: This Congressional Special Interest initiative provided funds to support research and development activities supporting the retention and advancement of military medical trauma training and skills required for joint battlefield care in future theaters of operation. ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research and development activities related to the retention and advancement of military medical trauma training and skills required for joint battlefield care in future theaters of operation.		
Congressional Add: 538 - Blast Sensors ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research and development of non-directional blast sensors.	-	5.000
Congressional Add: 540 - Global HIV/AIDS Prevention ***FY 2026 Plans:*** The Global HIV/AIDS Prevention provides Congressional Special Interest funds for the Department of War's HIV/AIDS Prevention Program (DHAPP), which leads efforts to combat the global HIV/AIDS pandemic through unique military-to-military partnerships in the area of responsibility of Indo-Pacific Command, Southern Command, European Command, and Africa Command. DHAPP will execute funds in conjunction with U.S. military activities to assist partner militaries to achieve sustainable control of the HIV epidemic in line with the America First Global Health Strategy, and to advance U.S. security objectives by fostering a resilient and medically ready partner force. All activities align with the National Security Strategy (NSS) and the National Defense Strategy (NDS) to protect the U.S. homeland, deter aggression, and promote greater burden-sharing among partners and allies.	-	15.000
Congressional Add: 545 - Peer-Reviewed Military Burn Research ***FY 2025 Accomplishments:*** The Military Burn Research Program (MBRP) plans to release three funding opportunities including the Technology/Therapeutic Development Award, Discovery Award, and Patient Centered Research Award. Two-tier review will be completed in January 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** MBRP plans to release three funding opportunities including the Patient Centered Research Award, Discovery Award, and a Technology/Therapeutic Development Award Broad Agency Announcement. Two-tier review will be completed in February 2027 with all awards to be obligated by September 30, 2027.	9.635	10.000
Congressional Add: 546 - Peer-Reviewed Neurofibromatosis Research	-	25.000

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2026 Plans: NFRP plans to release seven funding opportunities including the Investigator Initiated Award, Synergistic Idea Award, Exploration Hypothesis Development Award, Clinical Trial with options, New Investigator Award, NF Research Academy Leadership and Scholar Award. Two tier review will be completed by January 2027 and awards will be obligated by September 2027.		
Congressional Add: 547 - Peer-Reviewed Parkinson's Research ***FY 2026 Plans:*** PRP plans to release two funding opportunities including the Early Investigator Research Award, and Investigator-Initiated Research Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027.	-	16.000
Congressional Add: 556 - Infectious Disease Detection Toolkit ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provides funds for research and development of infectious diseases detection toolkit.	1.445	-
Congressional Add: 557 - Pre-Hospital and Prolonged Casualty Care ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provided funds for research and development activities supporting combat casualty care at the point-of-injury and in prolonged care scenarios in multi- and joint all domain environments.	4.817	-
Congressional Add: 558 - Intraosseous Antibiotics for Osseointegration ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provided funds for research on intraosseous antibiotics for osseointegration to offer increased function to Service members with major limb amputations.	2.890	-
Congressional Add: 559 - Medical Research to Support Military Families ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provided funds for medical research on illnesses and conditions that have material effect on military family health and well-being, including, but not limited to adverse childhood events, menopause and mid-life women's health, medical barriers to growing and supporting families, mental and behavioral health, substance use disorders, and gender-specific healthcare. ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support medical research on illnesses and conditions that have material effect on military family health and well-being, including, but not limited to adverse childhood events, menopause and mid-life women's health, medical barriers to growing and supporting families, mental health, substance use disorders, and gender-specific healthcare.	14.452	15.000
Congressional Add: 560 - Non-Opioid Pain Nanomedicine	0.963	-

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2025 Accomplishments: This Congressional Special Interest initiative provided funds for research and development of non-opioid nanomedicine-based strategies for pain management.		
Congressional Add: 561 - Female Warfighter TBI Research ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provided funds for medical research on traumatic brain injury (TBI)-related neurodegeneration and neuronal protection post-TBI.	7.708	-
Congressional Add: 562 - Warfighter Musculoskeletal Health ***FY 2025 Accomplishments:*** This Congressional Special Interest initiative provided funds for research toward development of technologies that support Warfighter musculoskeletal health and performance. ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support research toward development of technologies that support Warfighter musculoskeletal assessment and remote treatment.	2.409	7.500
Congressional Add: 565 - Advanced Post-Traumatic Stress Disorder (PTSD) Diagnosis ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support the development and validation of an automated and low-footprint system for rapid PTSD biomarker detection to facilitate early treatment interventions and improve patient outcomes.	-	5.000
Congressional Add: 566 - Contingency Planning for Extreme Health Events ***FY 2026 Plans:*** The program will use catastrophic scenario and a systematic planning framework designed to synchronize national health and medical response capabilities to address the dual-demand of managing large-scale combat casualties alongside a concurrent domestic public health emergency. FY26 operational execution will result in a feasible, scalable plan that identifies critical resource gaps and implements rapid-capacity solutions for high-stakes environments. By challenging legacy constraints and traditional assumptions, this initiative ensures military and civilian health operational readiness during non-linear, maximum-stress contingencies.	-	3.000
Congressional Add: 568 - Interdisciplinary Therapy Treatment ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support the development of capabilities and technologies to establish a research program on top disease non-battle injuries.	-	5.000
Congressional Add: 569 - Ionizing Radiation Therapy ***FY 2026 Plans:*** The Ionizing Radiation Therapy Program at AFRRI/USUHS will investigate the complex pathophysiology of high-dose ionizing radiation exposure when exacerbated by concomitant injuries such as	-	7.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
hemorrhage, burns, or blunt trauma- injury patterns to be expected after a nuclear event. Since ethical mandates strictly prohibit the use of human subjects for high-dose radiation research, this program will utilize validated preclinical models to simulate the "synergy of injury", while adhering to The Animal Rule set forth by the FDA. A primary objective is to identify and validate specific biomarkers that can accurately triage combined-injury victims under extreme physiological stress. This program will critically evaluate whether standard clinical interventions for both radiation exposure (e.g., NPLATE, Neulasta) and trauma (fluids, antibiotics) remain effective, or if the underlying radiation-induced marrow suppression and systemic inflammation render current practices obsolete. Ultimately, these findings will drive the development of specialized medical countermeasures designed to bridge the survival gap where conventional trauma care fails.		
Congressional Add: 581 - Prolonged Field Care in Austere Environments ***FY 2026 Plans:*** Led by the Uniformed Services University (USU), this research and dissemination effort will advance educational and training innovations, clinical capabilities, and medical technologies to enhance warfighter survivability and extend the scope of practice in support of prolonged casualty care (PCC) scenarios. The program will prioritize the data-driven identification of high-impact clinical interventions alongside the pilot of AI-enabled tools, such as handheld ultrasound and emerging life support technologies, to enhance complex decision-making regarding triage, resource allocation, and expectant care in resource-constrained environments. In collaboration with intramural and extramural experts, the initiative will further support institutionalizing scalable instructor programs and developing standardized equipment sets tailored to austere environments, targeting advanced resuscitation technologies and remote patient management algorithms to ensure clinical proficiency across all branches of the Department of War and partner nations to strengthen force readiness in austere settings.	-	10.000
Congressional Add: 582 - TBI Research Infrastructure Expansion ***FY 2026 Plans:*** This Congressional Special Interest initiative provides funds to support the development of capabilities and technologies to establish a research center that will support translational large animal studies for traumatic brain injury.	-	12.000
Congressional Add: 660 - Peer-Reviewed Tuberous Sclerosis Complex Research ***FY 2026 Plans:*** TSCRP plans to release three funding opportunities including the Clinical Translation Research Award, Exploration - Hypothesis Development Award, and the Idea Development Award. Two-tier review will be completed in January 2027 with all awards to be obligated by September 30, 2027	-	10.000
Congressional Add: 790A - Peer-Reviewed Duchenne Muscular Dystrophy	12.044	12.500

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
FY 2025 Accomplishments: The DMDRP plans to release two funding opportunities including the Idea Development Award and the Clinical/Therapeutic Research Award. Two-tier review completed in February 2026 with all awards to be obligated by September 30, 2026. ***FY 2026 Plans:*** DMDRP plans to release two funding opportunities including the Idea Development Award and Clinical/Therapeutic Research Award. Two-tier review will be completed in October 2026 with all awards to be obligated by September 30, 2027.		
Congressional Adds Subtotals	677.336	1,423.000

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Research proposals will be solicited by program announcements resulting in grants, contracts, or other transactions.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 238C / *Air & Space Austere Environment Patient Care and Transport (AF)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
238C: *Air & Space Austere Environment Patient Care and Transport (AF)*	48.625	12.971	13.654	13.928	-	13.928	14.207	14.755	15.325	15.632	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project advances combat casualty care from point of injury (POI) to aeromedical evacuation (AE) to definitive care (continuum of care), through state-of-the-art biomedical research into interventional strategies and technologies that mitigate risks from additional insult due to AE. The En Route Care (ERC) program transitions promising science and technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products that promote the recovery and return to duty of injured or ill service members. This project supports research and development (R&D) allowing for the transition of technologies developed by the defense laboratory into operational use; recruit and retain personnel with necessary scientific and engineering expertise that support military missions, and the repair of the laboratory infrastructure and equipment. This research also provides rapid, efficient, and safe patient treatment and technologies used in patient transport for providing optimal patient movement throughout the continuum of care. Research within this program includes but is not limited to the following lines of effort (LOEs): (1) Forward Ground Medical Operations (F/GMO), goal: to inform and improve operational triage, combat casualty care, and expeditionary medicine in austere conditions on the future battlefield, (2) Prolonged Casualty Care and Sustainment (PCC/S), goal: to define, develop, and deliver new paradigms for providing AE care with minimal human clinical interaction and high patient volume / prolonged hold times, and (3) Optimization of Patient Movement (OPM), goal: to extend ERC providers via modeling and simulation that uncovers priorities for improved care models, tactics, teaming, training, and equipment.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Air & Space Austere Environment Patient Care and Transport (AF)	12.971	13.654	13.928
Description: Advanced R&D to model, improve, and optimize ERC systems in multi-domain operations. Efforts supporting the F/GMO LOE include blood solutions for the far-forward environment, providing new medical interventions and tools for prolonged battlefield casualty care, and improving/expediting patient triage throughout the continuum of AF medical care. Programs within the PCC/S LOE include the design and iterative development of autonomous patient care systems through a modular open systems approach (MOSA), development of solutions to sustain critically injured patients for prolonged hold times and understanding the effects of cold region expeditionary medical operations (CREMO) on medical missions. The OPM LOE includes development of ERC digital mission models to allow mission commanders to determine future resource allocations and extension of ERC providers based on defined priorities, S&T to establish the effects of flight (hypobaria / hypoxia) on patient outcomes and creating clinical decision support tools to support and assist medical airmen/guardians in the future fight including supporting development of ERC improvements to BATDOK®.			
FY 2026 Plans:			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
FY26 plans include expanding R&D to develop rapidly-fieldable solutions to extend the blood supply in austere conditions, support solutions for far forward battlefield casualty care to provide optimal medical care given future fight challenges (with a focus on (Non-Compressible Torso Hemorrhage (NCTH) / stop the bleed), progressive R&D for an autonomous system to act as a force extender during prolonged casualty care and sustainment, development of clinical decision support tools with inclusion of resources (personnel, equipment, supplies, etc.) and prolonged hold times as variables, identifying novel and rapidly deployable prolonged casualty care solutions (i.e. alternative uses of medications utilized for FDA approved uses), and continued R&D of digital mission and medical modeling and simulation efforts to consider the constraints ERC will face in the future battlespace. ***FY 2027 Plans:*** Using information garnered in FY26, FY27 plans include but are not limited to: developing and optimizing autonomous solutions to enhance resuscitative care in austere environments (with a focus on improved blood recovery and return (cell salvage and autotransfusion) as well as hypothermia mitigation), improving mass casualty event response and triage with an emphasis in preparing for chemical, biological, radiological, nuclear, and explosive threats, improving traumatic brain injury triage and management, effective infection prevention and accelerated healing at point of injury, accelerate data-centric approaches to Air Force En Route Care, provide continuous, real-time decision support for prolonged field care, and enhancing military medical readiness for large-scale combat operations. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	12.971	13.654	13.928

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Achievements: Successfully advanced several key medical initiatives. Accelerated the development of autonomous medical care technologies within the Interoperable Medical Patient Autonomous Care Technologies (IMPACT) project, delivering both the Autonomous Medical Care and Transport Roadmap and the Autonomous USAF equipment assessment two months ahead of schedule. Provided critical support to AMC/SGR by delivering the High-Altitude Liquid Oxygen (HALO) adapter four months ahead of schedule. Improved efficiency in medical operations by accelerating the integration of En Route Care (ERC) enhancements into the Human Performance Medical Mission Model (HPMx3), further developing the HPMx3 model with a focus on anticipated transition in FY26. Validated a novel blood filtration strategy to reduce whole blood antibody titers, documenting the research in a knowledge product delivered to Air Force Special Operations Command (AFSOC)/SGR and Major Commands (MAJCOMs).

This work contributes to advancements in blood filtration techniques and has the potential to improve related medical treatments. Transitioned 6 products in FY24 (4 knowledge products (KP) and 2 technical products (TP) and 17 products in FY25 (13 KP and 4 TP) including a critical evaluation of a closed loop control (CLC) algorithm

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C. Other Program Funding Summary ($ in Millions)

to autonomously adjust fraction of inspired oxygen (FiO2) in a mechanical ventilator (entered 6.4 Advanced Development), an advanced prototype of a hemorrhage control device, and a roadmap for autonomous medical care and transport capabilities, all aimed at advancing life-saving medical technologies for various applications.

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 284B / *Air & Space Physiology, Medicine and Human Performance (AF)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
284B: *Air & Space Physiology, Medicine and Human Performance (AF)*	43.570	11.562	12.173	12.416	-	12.416	12.663	13.152	13.660	13.933	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project develops and transitions medical-based science and technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products to sustain and enhance Airman and Guardian health and performance in operational environments. This project focuses on the performance of individual Airmen, operating in specific environments, performing unique tasks, to optimize the overall, health, readiness, performance, fitness, and mission effectiveness of those Airmen/Guardians at both the individual and unit level. This project supports research, development and the transition of technologies developed by the defense laboratory and/or commercial and academic partners into operational use, recruit and retain personnel with necessary scientific and engineering expertise that support military missions, and the repair of minor laboratory infrastructure, facility, and equipment. Current and future research within this project is primarily focused on Advancing Air and Space Medicine, Airman/ Guardian Performance and Readiness, and Medical Operator Performance Digital Engineering.

Advancing Air and Space Medicine aims to modernize the Aeromedical Enterprise to enable medical and physiological status to be incorporated into Human-Machine Teaming (HMT) and Autonomous Collaborative Platform (ACP) applications, including development of medically informed systems/algorithms that leverage physiological monitoring devices to inform real-time operator state assessment and interventions in the flight environment as a critical component of ACP operations. This includes investigation of enhanced aircrew conditioning and health status monitoring initiatives to improve operator health, performance, safety and retention, and empower Airmen/Guardians to better maintain their own aeromedical readiness.

Airman/Guardian Performance and Readiness aims to investigate physiologic sensor systems for Airman/Guardian medical attribute performance monitoring, validate bio/physiological indicators which inform Airman and Guardian health status and performance in the operational environment (including psychological and behavioral health), develop and demonstrate technologies which ingest health data to provide scalable situational awareness of readiness and lethality, identify Airman and Guardian medical attributes (sensory, physical, and cognitive) and thresholds indicative of performance limitations, attrition, or decreased readiness, develop strategies to mitigate performance limitations through physical, pharmacological/non-pharmacological, behavioral medical interventions, and/or technological augmentation.

Medical Operator Performance Digital Engineering aims to leverage advances in modern computational methods, artificial intelligence, and communication infrastructure to inform medical operator readiness by quantifying/modeling human performance impact and providing advanced decision support tools for medical operations, logistics and operational planning (to include wargaming, just-in-time decision support, Telemedicine, Telementoring, and Telemonitoring (TM3) etc.). Telemedical network threats and capabilities (in operationally relevant environments) that inform endpoint and enterprise solutions will be investigated to multiply the effectiveness of medical Airmen in austere, low-comm environments.

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Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 284B / *Air & Space Physiology, Medicine and Human Performance (AF)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Air & Space Physiology, Medicine and Human Performance (AF)	11.562	12.173	12.416

Description: Advanced technology development to enable, sustain, and optimize cognitive, behavior and physiologic performance in high-priority career fields for Airman and Guardians and in multi-domain operations. The sub-project areas include cognitive and physiologic performance under operational and environmental stressors, detection and improvement of physiological performance, and safety via sensor systems and targeted conditioning, which includes training techniques for optimal performance. This project also develops and demonstrates technologies which ingest health status monitoring data to provide scalable situational awareness of individual, unit, and group medical readiness in support of command and control and develops strategies to mitigate performance limitations through physical, pharmacological/non-pharmacological, or behavioral medical interventions and/or technological augmentation.

FY 2026 Plans:
Advancing Air and Space Medicine will both continue tech maturation activities for operator state detection as well as initiate transition activities (e.g. preparation of data packages, etc.) for G-induced loss of consciousness (GLOC) detection algorithm, physiologic stress monitoring and in-flight injury reduction to support 6.4 advanced development and subsequent acquisitions; preliminary GLOC detection algorithm completed and delivered; Human Machine Teaming (HMT) Testbed incorporating extensive physiologic monitoring completed and delivered.

Airman/Guardian Performance and Readiness will deliver initial recommendations for wearable physiological sensors (both commercial and non-commercial) for individual operator and unit medical readiness, including initial model correlating wearable metrics to clinical medical history for longitudinal health, safety, and readiness; continued development (year 2) of the contingency behavioral health toolkit and behavioral health interventions, including developing of measures of psychological readiness/ resilience for deployed-in-place and far-forward extreme environments. Deliver initial data quantifying vocal biomarkers as a performance metric, and initial prototype artificial intelligence (AI) toolset (Fatigue Advisor) to guide fatigue management solutions for extended operations. Complete F-35 HMT field measurements and deliver aeromedical recommendations regarding pilot vision interactions with F-35 helmet, remote vision systems, and extended/augmented/mixed reality display modalities for next-gen medical augmented reality/virtual reality (AR/VR) systems.

Medical Operator Performance Digital Engineering will complete the telemedical network threats/solutions program (arctic theater testing) and deliver definitive data packages to Air Force Operational Medicine Information Systems (AFOMIS), Joint Operational Medicine Information Systems (JOMIS), AF Telemedicine, and Joint partners. Initial efforts to harden specific telemedical end point solutions (primarily BATDOK solution) will be delivered (initial results briefed to Vice Chief of Staff of the United States Air Force in FY25), including associated data packages. Patient staging support for Human Performance Medical Mission Modeling will be completed, and model validation activities will commence to ensure model accuracy prior to transition, including continued

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 284B / *Air & Space Physiology, Medicine and Human Performance (AF)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
refinement to support wargaming, medical operational planning, and integration into Joint Mission Planning Tool. Continued (year 2) just-in-time training validation of error recognition and recovery modality using Tactical Combat Casualty Care (TCCC) applications. ***FY 2027 Plans:*** Using information garnered in FY26, FY27 plans include: supporting existing FY26 programs, assessing warfighter psychological readiness, leveraging technology to enable predictive detection of risks to mission readiness, enhance aeromedical and warfighter performance, lethality, and resilience, and developing readily deployable wearables dashboard to assess physiological sensors. Specifically, Advancing Air and Space Medicine will continue to develop contextual understanding of physiological metrics in relation to performance, with emphasis on long duration mission sets within specific operational contexts to inform fatigue management, crew rotation, and medical interventions to maintain performance. Airmen and Guardian Performance and Readiness efforts will continue validation of novel behavioral health interventions, including operator state monitoring for correlation of physiologic metrics to operator readiness and performance, with emphasis on the USSF Force Generation cycle and AFSOC, ACC operators to develop continuous operational readiness evaluation metrics to sustain health, performance, and fitness. Psychological lethality metrics will be developed, to characterize psychological readiness of Airmen and Guardians to perform in operationally extreme and austere conditions. The efficacy of vision enhancement therapies/interventions will be evaluated for operational relevance, effectiveness, and practicality for Flying Class airmen, with emphasis on extended reality and augmented reality display systems, such as those employed in the F-35 and KC-46 weapon systems. Medical Operator Digital Engineering efforts will continue to explore the impact of network threats/vulnerabilities on telemedical support operations in contested environments, with emphasis on short haul telemedical communications, and development of equipment to simulate degraded networks to provide highly realistic telemedical training and inform TM3 CONOPS. Specific solutions will be developed and tested for USAF and JOMIS TM3 toolsets. AI toolsets for fatigue management specific to USAF mission contexts will be developed and transitioned to USAF communities engaging in extended mission operations. This AI work will support initial development of a generalized AI advisory capability to enable rapid operational transition of current research data within specific military contexts. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	11.562	12.173	12.416

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Achievements: Novel medically-developed F-35 helmet alignment technology is rapidly transitioning to the F-35 Joint Program Office for potential procurement and fielding at the unit level, with one provisional patent filed on behalf of USAF. Medically-informed helmet alignment training has transitioned from this program into the F-35 Autonomic Logistics Information System (ALIS) system. Both of these medical technologies have improved F-35 operational capability while reducing mishaps. Initial telemedical threat assessments have been transitioned to AFOMIS and JOMIS, and have been used by AFMEDCOM leadership to directly address concerns raised by the VCSAF regarding network threats to medical operations. This information is being used to shape medical CONOPS and inform TM3 acquisition strategies. The Human Performance Medical Mission Model has transitioned directly to AFMC/A5 to support casualty evacuation modeling in Title 10 wargames and inform medical CONOPS development. Additional transition to HAF/A5 will follow in FY26 to expand wargaming use.

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 307B / *Air & Space Force Health Protection (AF)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
307B: *Air & Space Force Health Protection (AF)*	43.837	11.749	12.341	12.587	-	12.587	12.840	13.336	13.851	14.128	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project encompasses anticipating, understanding, protecting against, and mitigating hazards to Airman and Guardian health and readiness to include chemical, physical, biological, radiological, environmental extremes, and directed energy. This project supports development and transition of knowledge and technologies for operational use, recruitment and retainment of personnel with necessary scientific and engineering expertise that support military missions and the repair or minor military construction of the laboratory infrastructure and equipment. The intent is to develop integrated approaches to warn and protect Airmen and Guardians as well as enable effective and safe operations given limited battle personnel and resources. It transitions promising science and technology (S&T) from PE 0602115DHA's Project Code 306D - Advanced Diagnostics & Therapeutics Research & Development - Medical and Operational Biosciences (AF), and civilian groups into knowledge and materiel products to inform risk-based decisions, enable policy decisions, and provide modern software and technology to enable the Force Health Protection mission in the future fight. Research within this project includes but is not limited to technology modernization and survivability, Airman and Guardian health protection and interventions, and digital tools for decision superiority in operational medicine.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Air & Space Force Health Protection (AF)	11.749	12.341	12.587

Description: Advanced research to develop knowledge and materiel products aimed to understand, document, model and predict an Airman's and Guardian's occupational and environmental exposure throughout their service. This product area delivers improved capabilities across the full spectrum of Air Force and Space Force operations to enable force health protection. Accomplishments include the development of novel sensors and detectors and networked sensing capability to assess exposures in complex military unique environments, application of physics-based models to evaluate weather and engineering control impacts on exposure environments, development of advanced non animal predictive risk models to predict toxicity of emerging compounds, collection of military process emissions data to inform risk decisions, field tests and evaluations of sensing platforms during real-world operations, and analysis of equipment and warfighter performance in protective postures and extreme temperature conditions.

FY 2026 Plans:
FY26 plans include continuation of development of automated patient decontamination procedures and technologies suitable for use in a broad range of operational environments, knowledge and materiel products to modernize field exposure detection capability for air, water and soil, pharmacokinetic and cognition models to inform optimal dosimetry of antifatigue countermeasures, human subject studies evaluating physiology, cognitive capacity and stress biomarkers while conducting patient care and expeditionary missions in extreme cold, updated Chemical, Biological, Radiological and Nuclear (CBRN) Health Risk Assessment and Risk Toolbox (CHART) software and advisors with a focus on radiation and chemical threats,

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
integration of CBRN injury and treatment medical guidance into medical decision support software with a focus on chemical threats, proof-of-concept demonstrations of wearable sensors and software leveraging artificial intelligence to automate health risk assessments, and algorithms and decision aids to sustain the preventative medicine mission with limited manpower and expertise. Additional data collection efforts will be conducted as needed to deliver knowledge in support of sponsor and operational customer requirements, such as data collection and modeling to estimate exposures to potentially hazardous chemical emissions during burns and other high energy combustion processes or emerging exposure concerns that are identified or are suspected. ***FY 2027 Plans:*** FY27 plans include continuation of FY26 projects with further refinement of modular multi-hazard detection technology and methods with minimal logistical support requirements, expansion of software and decision aids to include biological threats and knowledge products from predictive risk models and human subject studies evaluating the impact of multi-stressor environments and protective strategies and interventions for mitigating the impact of traumatic exposures including blunt, blast, and ballistic. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase due to inflation.			
Accomplishments/Planned Programs Subtotals	11.749	12.341	12.587

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Achievements: In FY25, completed the Air Combat Command (ACC)/SGR sponsored study entitled Environmental, Safety and Occupational Health Equipment Cold Testing. Presented findings at the Below Zero Medicine Symposium organized by NORAD and U.S. Northern Command (see DAF Arctic Strategy), held in May 2025 in Alaska and drafted final technical report for Defense Technical Information Center (DTIC). Installed and garnered 711 HPW Technical and Safety Review Board approval to operate a state-of-the-art Research Environmental Chamber (12”x12”x10” chamber with 6”x12”x10” anti-chamber with up to 4-person occupancy, temperature control -60 to 130°F, humidity control of 0 to 95% *temperature-dependent*, isolated conditioning equipment and ability to produce rain and introduce dust and other contaminants). Hosted FHP Exhibit Booth at the Operational Medicine Symposium (18-19 Mar 2025) and Military Health System Research Symposium (MHSRS) (4-6 Aug 2025), as well as breakout and poster sessions at MHSRS (6 Aug 2025). Transitioned knowledge on fielded carbon monoxide sensor performance to the ACC 59th Test and Evaluation Squadron and AETC 306 Flight Training Group to inform sensor selection and data interpretation to ensure pilot health and safety and diagnose root cause for physiological events. Transitioned knowledge on state-of-the-art chemical contaminant detection and health risk assessment to the AF Physiologic Events Action Team (Oct 2025). Provided subject matter expert input to Office of the Assistant Secretary of Defense-directed Tri-Service Toxicology Consortium led Blast Overpressure – Exposure Limit setting effort. Provided subject matter input to the congressionally-directed Missile Community Cancer study led by the USAF School of Aerospace Medicine. Requested by Air Force Global Strike Command (AFGSC) to conduct measurements to identify additional potentially hazardous compounds from historical processes conducted in launch control centers. Completed transition of a novel universal dual-bed sorbent tube (mixed-bed Carbograph 5 and OSU-6) and passive badge (OSU-6), which was acquired in spring 2025 by Assay Technologies and is now available on the market commercially

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C. Other Program Funding Summary ($ in Millions)

(this product enables measurement of 89+ compounds, including aldehydes, aromatics and other toxic organics with one sample, which replaces current requirement to use disparate methods to meet Bioenvironmental Engineering sampling requirements). Garnered USAF Major Command, USAF headquarters and USAF Medical Command sponsorship for nine projects addressing 10 gaps in the 2023 AFMS Capabilities Based Assessment. Published four reports in DTIC on new approach methods and occupational exposure assessments. Demonstrated automated exposure assessment capability at Kadena AFB and McChord AFB.

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
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COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
309A: *Regenerative Medicine (USUHS)*	41.847	10.899	11.496	11.724	-	11.724	11.958	12.420	12.900	13.158	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Military Traumatic Brain Injury Initiative (MTBI2), formerly known as 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 and produce impactful knowledge products. MTBI2 research priorities emphasize aspects of high relevance to military populations, with a primary focus on patients at the Walter Reed National Military Medical Center (WRNMMC) and military treatment facilities across the United States.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Traumatic Brain Injury Initiative (MTBI2) Formerly Center for Neuroscience and Regenerative Medicine (USUHS)	10.899	11.496	11.724

Description: The MTBI2, formerly the CNRM, is an interdisciplinary research group focused on military-relevant TBI. MTBI2 involves the Uniformed Services University (USU), the Walter Reed National Military Medical Center (WRNMMC), the National Institutes of Health (NIH), and multiple collaborators. MTBI2 includes over 30 senior scientific investigators, 60 skilled staff members, and active research at greater than 10 locations in the Washington D.C. area and throughout the United States.

FY2025 Accomplishments:
(1) Terminated and successfully closed the trial, “Treatment of Acute Post-traumatic Headache with a CGRP Receptor mAb in Military Service Members and Civilians with Mild Traumatic Brain Injury.” The trial opened to enrollment on May 19, 2022 and was the first randomized, placebo-controlled, multisite trial to investigate the safety and efficacy of Erenumab 140 mg for the treatment of early acute post-traumatic headache in U.S. service members and civilians. Outcomes of this trial were aimed to provide evidence for prevention and treatment efficacy of acute treatment of post-traumatic headaches. This trial is expected to enroll 404 participants by the end of 2026. Activated sites include Womack Army Medical Center, William Beaumont Army Medical Center, Joint Base Lewis McChord - Madigan Army Medical Center and University of Pittsburgh Medical Center. As of January 2025, 98 total participants were enrolled. The study was closed to enrollment in January 2025 due to feasibility of enrollment.

(2) Digital Therapeutics: two computer applications aimed at delivering cognitive behavioral therapy remotely by the means of cellular phones for three common disabling consequences of mild traumatic brain injury, depression and post traumatic headache.

i. A Single-Blind, Randomized, Controlled Trial of a Cognitive-Behavioral Therapy Intervention Delivered by a Smartphone Application to Combat Symptoms of Depression in Service Members and Veterans with a History of Concussive Traumatic Brain

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Injury, ACDC was conducted virtually. Study activated July 18, 2022, and closed enrollment on June 7, 2024. The study team screened 149 participants, 113 of which enrolled and were randomized into the trial. ii. Single-Blind Randomized, Controlled Studies of a Cognitive-Behavioral Therapy Intervention Delivered by a Smartphone (eCBT) Application for Post-Traumatic Headaches in Military Service Members and Veterans with History of Concussive Traumatic Brain Injury: Pilot & Clinical Trial, approximately 100 participants will be randomized to eCBT or an education program (1:1) and the primary outcome will be assessed using HIT-6. AMMO will be hosted on the MTBI2 Collection Access Sharing and Analytics (CASA) data platform. Developed content has been integrated into the CASA platform. This study, like ACDC, included civilians and offer compensation to boost enrollment efforts. Study activated in January 2025. As of part of the study, 65 participants enrolled with closeout in December 2025. (3) Maintained and extended through FY26 a major observational study on the effects of repeated sub concussive blast exposures sustained during military heavy weapons training involving objective assessments of Navy SEALs, range safety officers, and unexposed controls at multiple time points to assess baseline, acute, subacute and chronic effects. INVICTA is Institutional Review Board (IRB)-approved at two study sites: JEB Little Creek, VA and NAB Coronado, CA. INVICTA employs data from assessments of a wide range of impacts on the brain and applies advanced mathematics machine-learning to develop and validate a blast injury risk stratification tool, the Repetitive Subconcussive Blast Exposure (RSCBE) Assessment Tool to Identify No-go/Go status (RATING). To date, the study has enrolled 254 participants and tested 226, which is 85% of the study goal of 300 participants. (4) Designed and prototyped 2 novel handheld devices intended for prolonged field care use by military pre-hospital providers. These include a) an ultralight intracranial hemorrhage detector that uses advanced infrared technology to localize life-threatening subdural and epidural hematomas without the need for a CT scanner; b) a fully self-contained tight seal burr hold device that will allow emergency treatment of life-threatening subdural and epidural hematomas in an austere environment by prehospital providers (burr hole device was recently patented (patent #12, 150, 655). These devices were prototyped, and bench tested by Johns Hopkins Applied Physics Lab. Provisional US and international patents have been filed. Discussions with US Army Medical Materiel Development Activity (USAMMDA) and potential commercial partners have been initiated. (5) Completed and closed the LION study, a MTBI2-funded trial to examine the efficacy of Morning bright light therapy (MBLT) for treatment of sleep disturbances in mTBI and identify potential biofluid-based markers (BBM) that relate to improved sleep. LION is a randomized placebo-controlled trial to examine the efficacy of MBLT on sleep quality and BBM in Veterans with mTBI. Enrollment reached a priori thresholds for interim analyses on outcomes related to sleep and quality of life. Outcomes related to sweat based biomarkers will be done at study closeout to enable standardization across assays. Interim analyses describe n=31 and n=15 participants receiving MBLT or the sham condition, respectively. Self-reported sleep quality via the insomnia severity			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
index showed a 14±20% improvement which also aligns with a 6±11% improvement in sleep efficiency via actigraphy following 4 weeks of MBLT, compared to no change in the sham condition. Similarly, quality of life via the WHO-DAS 2.0 showed a 10±18% improvement following 4 weeks of MBLT, compared to no change in the sham condition. Enrollment was completed in December 2024 with n=168. Site staff will close out study by banking data in required repositories and shipping participant sweat patches to MTBI2 labs. (6) MTBI2-funded study, Reconsolidation of Traumatic Memories to Resolve Posttraumatic Stress Disorder (RECON), concluded at USU/WRNMMC Madigan Army Medical Center, and Joint Base Lewis-McChord; it compared the novel Reconsolidation of Traumatic Memories (RTM) therapy for PTSD with the current best-evidenced PTSD therapy, Prolonged Exposure (PE), and has a targeted enrollment of 108 total participants. The enrollment and intervention phases are now complete, achieving a total of 94 participants, 88 at USU/WR, and 6 at Madigan. Comparable clinically and statistically reductions in PTSD symptom severity were achieved with both RTM and PE at the end of the intervention compared to baseline with the gains sustained through 12 months of follow up assessments. However, those randomized to RTM addressed more traumas in fewer sessions. A manuscript has been submitted for publication and is currently under review. (7) Continuing and initiated clinical studies: -The ELASTIC (Early Lumbar Drainage to Abort Severe Traumatic IntraCranial Hypertension) study is a phase 1 randomized, allocation-concealed, open-label, safety and feasibility adaptive efficacy clinical trial - NCT05889650. The primary objective is to evaluate safety and feasibility of controlled lumbar drainage for reduction of intracranial pressure burden and improvement in outcomes of severe TBI patients. Thirty (30) participants will be enrolled at up to 5 US military or civilian treatment facilities with appropriate access to acute trauma patients, procedural staff and requirements to complete the necessary study procedures and monitor participants for neurological changes related to intracranial pressure and interventions. Activated sites include Kansas University Medical Center, University of Texas Health Science Center at San Antonio, University of Florida and University of Texas, Southwestern. Study activation expected for the Brooke Army Medical Center. As of December 2025, four (4) participants have been enrolled. This study is open for enrollment and actively recruiting. -Ketamine for Sedation in Severe TBI, is a multi-site open-label randomized clinical trial evaluating the safety of using ketamine in combination with propofol for sedation versus the standard of care analog sedation in patients admitted to the intensive care unit (ICU) with severe traumatic brain injury. The primary objective is to evaluate the safety of ketamine compared to the standard of care of sedation with propofol and fentanyl. Patients presenting to the ICU will be randomized within 12hrs of admission. Fifty (50) participants will be enrolled at up to 4 US military or civilian treatment facilities. Brooke Army Medical Center activated September 2024. Site initiation activities for the University of Chicago, and two additional to be determined sites. Site initiation activities for the University of Chicago, and two additional sites to be determined, expected in Q1 FY26. Three (3) participants have been enrolled. This study at BAMC has been terminated, pivoting to prospective design.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Airborne Operations is an MTBI2 prospective observational study seeking to translate measures involving significant impact on brain function during airborne jump exercises in service members. The study is a collaboration with Walter Reed Army Institute of Research (WRAIR) protocol 2838, offering MTBI2 resources to increase data collection. Utilizing impact monitoring mouthguards to monitor and predict concussion during jump, this project collects measures and biospecimens to investigate the relation of impact force and quantity to physiological concussion symptoms in participants. Progress: Enrollment is ongoing at Ft. Moore (now Ft. Benning) and Ft. Bragg with unit training expected several times a year. The project aims to fit 2500 soldiers with mouthguards during jump exercises to collect samples and concussion measures on approximately 70 participants measured for high impact and 70 controls. To date, 4 collection exercises have been conducted with 2393 enrolled participants. This enrollment has resulted in 125 concussion measures with samples collected. This project also includes additional support to test new field collection methods for austere environment operations/health data collection including rapid assay results through iSTAT device for brain biomarkers, saliva collection, and in-theater rapid concussion assessment such as pupillometry and short form cognitive testing. - Blast Overpressure, Acceleration and cognitive Testing in SWCC (BOATS) is an MTBI2-funded prospective observational study seeking to document the combined impact of blast and acceleration forces on the brain during Navy SWCC boat training conducted at Stennis Space Center, MS, Coronado, CA and Little Creek, VA. The study will include up to 64 boat operators, with data collection initiated in 15 participants in December 2025. Assessment measures will include blood biomarkers, the Hopkins Verbal Learning Test—Revised, the AccWalker, the Brain Gauge, all used in INVICTA, as well as the Pison Reaction Time Test and a new assessment of oculomotor function, the MindMirror App. Participants are assessed at baseline immediately after completion of SWCC boat training, and 24 and 96 hours after completion of training. Initial observations are that the cumulative exposures during SWCC training far exceed those during Heavy Weapons Training and Breacher Training. -Baseline and Longitudinal Assessment Study of Explosive Ordnance Disposal (EOD) Males and Females for Alterations in Symptoms, Intellectual and Sensory function (BLAST EMFASIS): The primary objective of BLAST EMFASIS is to assess whether blast exposure has the same or different impact on brain function in exposed women vs. exposed men (n= 50 each), as measured across a series of assessments of various aspects of brain function. The study seeks to: 1) document the number and level of blast exposures experienced by EOD technicians across the Army, Navy, Air Force and Marine Corps during the performance of normal duties, as well as during deployment, if any study participants are deployed during the time in which the study is conducted; 2) delineate the impact of blast exposure in EOD technicians upon short term/recall memory, other measures of brain function, and saliva-based biomarkers, in all study participants, by doing assessments at baseline, within 24 hours, and 1-2 weeks after blast exposure, over the course of 2 years. Enrollment began in late January 2025, and by the end of October 2025 successfully completed enrollment and conducted baseline assessments in 100 participants: 50 females and 50 males. Conducted a number of post-exposure assessments, which will continue for a period of 2 years.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- Al Asad Missile Exposure TBI and Health Implications Study (AAMETHIST) AAMETHIST is a retrospective review of Brain Gauge tactile discrimination and other assessments conducted in a cohort of service members who were assessed at Landstuhl Regional Medical Center (LRMC) after suffering traumatic brain injuries resulting from blast exposure related to incoming missiles fired at Al Asad Airbase in Iraq. Brain Gauge data for 15 of the service members was compared with Brain Gauge assessments conducted in controls from the INVICTA and BLAST EMFASIS studies. Significant differences in performance was evident between those experiencing TBI at Al Asad compared to controls. A manuscript has been accepted for publication by the journal Military Medicine. (8) Trained future military TBI research leaders including supporting one fellow in the post-doctoral fellowship program and two USU graduate students, direct mentoring of multiple military researchers around the country and hosting a town hall series. (9) Provided efficient, high quality support services for MTBI2 researchers and collaborators, as follows: a) The Clinical Operations Division, including protocol development, regulatory, and monitoring services. b) Informatics Division, including secure clinical data capture, robust data storage, and rigorous statistical analysis; transitioned IT infrastructure from NIH/NINDS to DHA cloud platform. This ensured the continued use and rights to edit the CASA software platform which allows for the multi-faceted data management requirements of MTBI2's clinical trial and research activities; collaborated with the Biomarkers Division to develop proteomics and bioanalysis pipeline and improve biospecimen tracking and management within MTBI2; continued support for MTBI2 research and collaborative studies for over 52 projects and developed 6 million data points across the Collection, Access, Sharing, and Analytics (CASA) software platform and data repository. c) Biomarkers Division managed blood biomarkers for 2800 subjects over the past year; expanded MTBI2's bioanalysis capability through the maintenance of advanced equipment: the MSD, SP-X, and ZetaView. This allowed for the establishment of three collaborative grant applications in the past year; purchased three new efficient -80 degree upright freezers, expanding capacity of the Biospecimen Repository; prepared the pTau/Tau biorepository and bioanalysis service for approximately 1100 samples from the Natural History study; completed bioanalysis INVICTA sub concussive blast and long-term history studies; developed bioanalysis methodology to study brain- derived extracellular vesicles. d) Program Management, including personnel, financial, logistics, safety, and compliance activities. (10) Continued discovery research that lays a foundation for future clinical trials, including: a) Development of a military relevant TBI mouse model involving combined repetitive blasts, plus impact, plus acute stress for testing future candidate therapeutics; b) Discovery of new MRI methods to detect blast-related brain injury, which at present can only be assessed post-mortem, and c) Development and validation of blood and sweat-based biomarkers for objective assessment of TBI			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(11) Disseminated findings of MTBI2 research to military, medical, scientific, and lay communities via in-person events, social media, electronic communications, 24 peer reviewed publications and 47 presentations at scientific meetings. (12) Expanded Center funding by $2.5M via external sources to support research to develop a robust, field-ready assessment tool that accurately measures a Warfighter's cognitive readiness (READY) and mTBI outcomes from Airborne operations. (13) MTBI2 Strategic Plan reviewed by Board of Advisors and DoW TBI stakeholders; approved by USU School of Medicine (SOM) Q4 2024. (14) Released funding opportunity announcement for 2-year pilots; scientifically reviewed, selected and awarded 4 new projects: a. A novel brain specific extracellular vesicle isolation methodology for precise biomarker discovery of traumatic brain injury (EVTry) b. BRAIN Function Study: Breacher and RSO Assessment of Impact on Neurologic Function: IRB approval June 2024; enrollment initiation Fall of 2024 c. 3D Transcranial Ultrasound Brain Imaging (3D-TRUBI) Instrument for Point-of-Care Diagnosis of Intracranial Hemorrhages Caused by Traumatic Brain Injuries d. Acetylated-tau as a novel blood-based biomarker for mild traumatic brain injury diagnosis, progression, and recovery in military service members (15) Served as a stakeholder for the 5 December 2024 USU Blast Research State of the Science meeting. (16) Executed rigorous clinical practice guideline consensus panels: Austere Guidelines Consensus Meeting 16-18 SEP 2024 and Rapid Readiness Screen Guidelines Consensus Meeting 19-21 May 2025. Will lead to guidelines based on the best evidence and world-wide expert opinion to improve the care of patients with all severities of traumatic brain injury. This is in direct alignment with objective 5d (Translate Research Findings into knowledge and material products, practices and policies to maintain and optimize Warrior Brain Health). ***FY 2026 Plans:*** 1) Design and execute rigorous clinical trials designed to improve neurologic outcomes and return warfighters with severe traumatic brain injury to optimal health. This involves establishing a Neurological Intensive Care Unit at San Antonio Military Medical Center that lays the groundwork for a collaborative network of Neurological Intensive Care Units that can complete Phase 1 and Phase II clinical trials in severe traumatic brain injury. This is in direct alignment with objective 4bi (Identify, develop, and deploy evidence-based treatment and rehabilitation strategies for TBI's that will return warfighters to optimal health) of the Department of War Warfighter Brain Health Initiative.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 309A / *Regenerative Medicine (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(2) Maintain existing portfolio of translational and clinical trials designed to improve outcomes and return warfighters with severe traumatic brain injury to optimal health. (3) Complete enrollment milestones for a major observational study extended to 30 September 2026, INVICTA, on the effects of repeated sub-concussive blast exposures sustained during military heavy weapons training. This ongoing study involves objective assessments of Navy SEALs, range safety officers, and unexposed controls at multiple time points to assess baseline, acute, subacute and chronic effects. (4) Execute and complete two of four rigorous clinical practice guidelines (Austere and Rapid Readiness Screen). Initiate Readiness Restoration and Optimization guideline by convening consensus panel in May 2026 based on the best evidence and world-wide expert opinion to improve the care of patients with all severities of traumatic brain injury. This involves solidifying partnerships with world leaders in neurotrauma and guideline development to produce guidelines applicable to civilians and military scenarios. This is in direct alignment with objective 5d (Translate Research Findings into knowledge and material products, practices and policies to maintain and optimize Warrior Brain Health). (5) Complete testing 2 novel handheld devices in a model designed for prolonged field care use by military pre-hospital providers. These include a) an ultralight intracranial hemorrhage detector that uses advanced infrared technology to localize life-threatening subdural and epidural hematomas without the need for a Computed tomography (CT) scanner; b) a fully self-contained tight seal burr hold device that will allow emergency treatment of life-threatening subdural and epidural hematomas in an austere environment by prehospital providers. These devices are being tested in a sheep model of subdural hematoma in collaboration with the Walter Reed Army Institute for Research (WRAIR) and the Johns Hopkins Applied Physics Lab. (6) A new MTBI2-funded study will be initiated, Blast Overpressure, Acceleration and cognitive Testing in SWCC (BOATS), will address the effects on the brain of combined acceleration and blast overpressure exposures in a critical population, Special Warfare Combatant Craft crewmen, utilizing a variety of assessments of cognitive, oculomotor, and vestibular function. (7) Train future military TBI research leaders through a USU graduate student and post-doctoral fellowships, direct mentoring of military researchers around the country and other educational events. (8) Perform discovery research that lays a foundation for future clinical trials, including a) use of a military relevant TBI animal models involving combined repetitive blasts, plus impact, plus acute stress to test candidate therapeutics, b) discovery of new imaging methods to detect blast-related brain injury, which at present can only be assessed post-mortem, c) development and validation of blood, sweat and pupillary-based biomarkers for objective assessment of TBI. (9) Provide efficient, high quality support services for MTBI2 researchers and collaborators: a) the clinical trials unit, including protocol development, regulatory, and monitoring services; b) informatics, including secure clinical data capture, robust data storage, and rigorous statistical analysis; c) biofluid core, including robust storage, distribution of samples to collaborators, and analyses, including high sensitivity biomarker studies in sweat, saliva and blood; d) program management, including personnel, financial, logistics, safety, and compliance activities.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 309A / *Regenerative Medicine (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
(10) Establishment of the new Center for Brain and Behavioral Health (CBBH), a robust new USU Center that will synergistically leverage the resources and expertise of two long-standing research initiatives, MTBI2 and the Center for the Study of Traumatic Stress (CSTS). (11) Continually communicate with stakeholders to refine focus areas, funding priorities, and collaborative opportunities that align with MTBI2's mission and with the new combined mission and vision of the CBBH. CBBH will strengthen USU's Strategic Plan to continue to solidify, expand, and enhance our scientific contributions to the MHS, to our DoW beneficiaries, and to America's Warfighters. (12) Disseminate findings of MTBI2 research to military, medical, scientific, and lay communities via in-person events, social media, electronic communications, and peer reviewed publications. (13) Expand MTBI2 funding via external sources to support additional clinical trials, blast exposure studies, prolonged field care activities, and discovery research with a goal of doubling our current total funding by 2030. (14) Serve as a stakeholder for the DoW Warfighter Brain Health: Blast Summit. ***FY 2027 Plans:*** FY 2027 plans continue efforts as outlined in FY 2026 such as continuing to conduct/complete clinical trials, publish results and complete clinical practice guidelines started in FY24/FY25. These Severe TBI guidelines will be utilized world-wide and recognized as the gold-standard for TBI clinical care. In addition, adding clinical trials to evaluate mild TBI diagnostic devices and treatments that can be world-wide deployed in austere environments. We are also starting new Phase I and 2a clinical trials for TBI therapeutics for moderate-severe TBI. This will impact the clinical care of active duty service members with TBI. 1) Complete enrollment and analysis of results from MTBI2 studies designed to improve neurologic outcomes and return warfighters with severe traumatic brain injury to optimal health enhancing DoW's capabilities in TBI battlefield care. This aligns with Warfighter Brain Health Initiative to identify, develop, and deploy evidence-based treatment and rehabilitation strategies for TBI's that will return warfighters to optimal health. • ELASTIC trial: Phase 1 clinical trial is the first randomized trial to evaluate the efficacy of external lumbar spinal fluid drainage to reduce intracranial pressure in patients with severe traumatic brain injuries. The lumbar drain removes cerebral spinal fluid from the spinal column in the lower back. When compared to an external ventricular drain (a drain inserted in the lateral ventricle of the brain), external lumbar drains are quicker and less invasive procedures that have a lower risk of hemorrhage. (Warfighter Brain Health Plan: LOE 3, 4; Objective 3d, 4b; Research Area 7) • Airborne study: Examines the incidence of concussions in 2,500 paratroopers undergoing mandatory Airborne training jumps in Fort Liberty and Fort Moore. Each paratrooper wears an impact monitoring mouthguard for the entirety of the jump training. Paratroopers with an impact threshold greater than 40g PLA provide saliva and blood samples and undergo a short battery of			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 309A / *Regenerative Medicine (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
tests to assess pupillary light reflexes, balance, eye movement, attention, and memory. (Warfighter Brain Health Plan: LOE 2, 3; Objective 2a, 2b, 3d; Research Area 1,2) • Ketamine Trial: A randomized controlled trial that evaluates the effectiveness of ketamine on intracranial pressure in penetrating TBI. (Warfighter Brain Health Plan: LOE 3; Objective 3d; Research Area 7) • 3D-TRUBI: Pilot study to determine the safety and diagnostic accuracy of a novel 3D transcranial ultrasound brain imaging system (3D-TRUBI) for the diagnosis of intracranial hematomas (ICH) in patients with traumatic brain injuries (TBI). (Warfighter Brain Health Plan: LOE 2; Objective 3D; Research Area 6) • Acetylated-tau as a novel blood biomarker for mTBI: Demonstrate that Acetylated-tau has the potential to be a diagnostic and prognostic blood-based biomarker of mTBI injury and recovery, as well as a potential therapeutic target for clinical treatment. (Warfighter Brain Health Plan: LOE 2,3; Objective 2a, 3d; Research Area 1,2) (2) Complete enrollment, data analysis, and manuscript preparation for several MTBI2 studies that aim to clarify the DoW's understanding regarding the neurological effects of repeated, low-level blast exposures. Warfighter Brain Health Plan: LOE 2; Objective 2a, 2b, 2c; Research Area 1,2. A summary of each study is included below: • INVICTA study: Examines the short and long-term effects repeated low-level blast exposures have on brain structure and function in a total of 300 Special Operator heavy weapon trainees, Range Safety Officers, and active-duty controls. • Blast EMFASIS study: Pilot study measures and assesses the acute effects of blast overpressure exposure in approximately 100 male and female explosive ordnance disposal personnel across all four service branches. • Blast Overpressure, Acceleration and cognitive Testing in SWCC (BOATS): 2-year pilot study addresses the effects on the brain of combined acceleration and blast overpressure exposures in a critical population, Special Warfare Combatant Craft crewmen, utilizing a variety of assessments of cognitive, oculomotor, and vestibular function. • Brain Health study: 3-year study in Fort Moore, GA examines the effects of repetitive, low-level blast exposure in 150 service members shortly after they fire Tier 1 weapons systems. (3) Complete and publish the third MTBI2 funded clinical practice guideline, Readiness Restoration and Optimization. Initiate TBI 5th Edition guideline by convening consensus panel in May 2027. This final Catalog of Government Publications (CGP) slated for completion end of FY28 will be based on the best evidence and world-wide expert opinion to improve the care of patients with all severities of traumatic brain injury. This involves solidifying partnerships with world leaders in neurotrauma and guideline development to produce guidelines applicable to civilians and military scenarios. This is in direct alignment with objective 5d (Translate Research Findings into knowledge and material products, practices and policies to maintain and optimize Warrior Brain Health). (4) Translate preclinical findings from testing 2 novel handheld devices in a sheep model to a phase 1 clinical trial. These devices designed for prolonged field care use by military pre-hospital providers that include: a) an ultralight intracranial hemorrhage			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 309A / *Regenerative Medicine (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
detector that uses advanced infrared technology to localize life-threatening subdural and epidural hematomas without the need for a Computed tomography (CT) scanner; b) a fully self-contained tight seal burr hold device that will allow emergency treatment of life-threatening subdural and epidural hematomas in an austere environment by prehospital providers. Suitable for austere environments, these devices can create burr holes to help relieve pressure in less than 15 minutes, using Infrared sensors to localize and visualize the hemorrhage. This invention could save the lives of wounded warfighters. (5) Complete merger and strategic planning documents for the Center for Brain and Behavioral Health (CBBH) through stakeholder engagement to refine focus areas, funding priorities, and collaborative opportunities that align with MTBI2's mission and with the new combined mission and vision of the CBBH. CBBH will strengthen USU's Strategic Plan to continue to solidify, expand, and enhance our scientific contributions to the MHS, to our DoW beneficiaries, and to America's Warfighters. (6) Disseminate findings of MTBI2 research to military, medical, scientific, and lay communities via in-person events, social media, electronic communications, and peer reviewed publications. (7) Complete analysis of translational research results in order to lay a foundation for future clinical trials, including a) use of a military relevant TBI animal models involving combined repetitive blasts, plus impact, plus acute stress to test candidate therapeutics, b) discovery of new imaging methods to detect blast-related brain injury, which at present can only be assessed post-mortem, c) development and validation of blood, sweat and pupillary-based biomarkers for objective assessment of TBI. (8) Maintain efficient, high quality support services for MTBI2 researchers and collaborators: a) the clinical trials unit, including protocol development, regulatory, and monitoring services; b) informatics, including secure clinical data capture, robust data storage, and rigorous statistical analysis; c) biofluid core, including robust storage, distribution of samples to collaborators, and analyses, including high sensitivity biomarker studies in sweat, saliva and blood; d) program management, including personnel, financial, logistics, safety, and compliance activities. (9) Train future military TBI research leaders through a USU graduate student and post-doctoral fellowships, direct mentoring of military researchers around the country and other educational events. (10) Continue to expand MTBI2 funding via external sources to support additional clinical trials, blast exposure studies, prolonged field care activities, and discovery research with a goal of doubling our current total funding by 2030. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Price adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	10.899	11.496	11.724

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 309A / *Regenerative Medicine (USUHS)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
• BA-1, 0806721HP: *Uniformed Services University of the Health Sciences*	-	-	-	-	-	-	-	-	-		

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373 / *GDF - Medical Technology Development*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373: *GDF - Medical Technology Development*	5.001	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Technology Development provides funds for development of promising candidate solutions that are selected for initial safety and effectiveness testing in animal studies and/or small-scale human clinical trials regulated by the US Food and Drug Administration prior to licensing for human use. Medical technology development is managed by Joint Program Committees in the following areas: 1- Military Infectious Diseases research is developing protection and treatment capabilities for military relevant emerging infectious diseases and wound infections. 2- Military Operational Medicine research goals are to develop and validate medical countermeasures against operational stressors, prevent physical and psychological injuries during training and operations, and to maximize health, performance and readiness of Service members. 3- Combat Casualty Care research is optimizing survival and recovery in injured Service members across the spectrum of care from point of injury through en route and facilities care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF – Medical Technology Development	0.000	-	-
Description: Funds provide for the development of medical technology candidate solutions and components of early prototype systems for test and evaluation. Promising drug and vaccine candidates, knowledge products, and medical devices and technologies are selected for initial safety and effectiveness testing in small scale human clinical trials.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Mature and demonstrate safety and effectiveness of medical procedures, medical devices, and drug and vaccine candidates intended to prevent or minimize effects from battlefield injuries, diseases, and extreme or hazardous environments. Milestone B packages will be developed to transition products into advanced development.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373A / *GDF - MTD (Combat Casualty Care)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373A: *GDF - MTD (Combat Casualty Care)*	77.009	55.396	56.502	67.477	-	67.477	70.761	72.701	75.697	77.210	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Medical Technology Development (Combat Casualty Care) efforts with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Combat Casualty Care	55.396	56.502	67.477

Description: Combat Casualty Care medical technology development activities seek to drive medical innovation through development of knowledge and materiel solutions for the management of combat-related trauma toward optimized survival and recovery from combat-related injury in current and future operational scenarios in the following areas: Resuscitative Strategies and Care, Tactical Combat Casualty Care, Care of Complex Injuries and Organ Support, and En Route Care.

FY 2026 Plans:
Combat Casualty Care medical technology development activities will continue to focus on advancing innovative solutions for management of combat-related trauma in the following areas: Autonomous Care and Evacuation, Burn Injury, Combined Injury, En Route Care, Prolonged Care, Tactical Combat Casualty Care, and Traumatic Brain Injury.

Autonomous Care and Evacuation efforts will continue to focus on development of clinical decision support technologies for combat medics. Intelligent Medic Tasking Tools and Prototype development effort scheduled to end in FY26 will provide advanced data-driven solutions for the optimization of provider(s) treatment based on dynamic monitoring of available resources and casualty status.

Burn Injury efforts will focus on clinical evaluations of potential therapies to reduce burn wound progression.

Combined Injury efforts will focus on medical radiation countermeasures and identification of biomarkers and development of animal models for combined injuries (CBRN with polytrauma and/or burn).
En Route Care efforts will continue to focus on identification of best practices for en route care provider skill sustainment and performance, knowledge product toward mitigation of negative effects of en route care during prolonged evacuation, and guidelines to optimize high-volume patient movement.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373A / *GDF - MTD (Combat Casualty Care)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Prolonged Care efforts will continue focus on the development of technologies to delay/prevent complications of combat injuries and increase surgical capability closer to the point of need in austere environments and prolonged care. Efforts will include development of therapeutics to manage lung and kidney injury, therapeutics to manage ischemia reperfusion injury, and development of improved surgical support technologies to improve damage control surgery. Tactical Combat Casualty Care efforts will continue to focus on the development of solutions for improved hemorrhage control at the point of injury, and development of blood products and advancement of resuscitation strategies for use far forward. Traumatic Brain Injury efforts will focus on the development of technologies to accurately determine the existence and severity of potential brain injuries at the point of injury. ***FY 2027 Plans:*** Combat Casualty Care efforts will support all aspects of medical technology development activities with a focus on advancing innovative solutions for management of combat-related trauma and mature military medical solutions to the stage where technology is ready to transition out of S&T into clinical practice; inform concepts/doctrine/tactics, techniques and procedures; or to product development for further development prior to fielding medical countermeasures and/or devices for the following areas: Resuscitative Strategies and Care, Tactical Combat Casualty Care, Care of Complex Injuries and Organ Support, and En Route Care. Resuscitative Strategies and Care will advance resuscitative product and augmenting therapy candidates to prevent shock and continue to further develop solutions for effective management of forward resuscitative measures to include burn at the point-of-need, through the continuum of care. Tactical Combat Casualty Care will mature point-of-need medical solutions for severe hemorrhage for use in battlefield and operational settings. Care of Complex Injuries and Organ Support will develop and advance medical solutions to treat combined and complex injuries (e.g., ballistic, blast, blunt, and burn). En Route Care will develop and mature medical solutions to optimize clinical capabilities during transport of combat casualties. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase to resource combat support capability effort (armed forces regenerative medicine) critical to supporting warfighter health and readiness.			
Accomplishments/Planned Programs Subtotals	55.396	56.502	67.477

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373A / *GDF - MTD (Combat Casualty Care)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373B / *GDF - MTD (Military Operational Medicine)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373B: *GDF - MTD (Military Operational Medicine)*	102.479	29.861	30.396	41.880	-	41.880	44.530	47.493	50.790	51.805	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Military Operational Medicine-relevant medical technology development efforts with the goal of maximizing the health, readiness, and performance of Service members and their families by the development and advancement of effective biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries during training and operations.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Operational Medicine	29.861	30.396	41.880

Description: Military Operational Medicine medical technology development aims to advance health and readiness medical solutions and biomedical countermeasures against operational stressors, and prevention and treatment of physical and psychological injuries for the Warfighter in the following areas: Psychological Health, Traumatic Brain Injury, Sensory Systems, and Radiation Health Effects.

FY 2026 Plans:

Military Operational Medicine medical technology development will continue to develop biomedical countermeasures against operational stressors in the following areas: Musculoskeletal Injury Prevention and Treatment; Optimized Performance & Sustained Medical Readiness; Performance & Health in Extreme Environments; Psychological Health Prevention & Treatment; Warfighter Protection & Survivability; and Traumatic Brain Injury.

Musculoskeletal Injury Prevention and Treatment efforts will focus on the development of screening and assessment tools to predict musculoskeletal injury risk, solutions to prevent and reduce musculoskeletal injury and performance decrements, and solutions to detect and treat musculoskeletal injury.

Optimized Performance & Sustained Medical Readiness efforts will focus on development of countermeasures for fatigue, nutritional solutions to sustain or improve Warfighter performance, and solutions for aircrew protection.

Performance & Health in Extreme Environments efforts will focus on development of solutions for injury prevention and performance optimization in extreme environments.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373B / *GDF - MTD (Military Operational Medicine)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Psychological Health Prevention & Treatment efforts will focus on identification of strategies to enhance psychological resilience, development of interventions to prevent harmful behaviors and acute stress reactions, and development of psychological disorder treatments. Warfighter Protection & Survivability efforts will focus on the identification of strategies and countermeasures to mitigate and prevent ballistic, blunt, blast, and accelerative exposure-induced injury; development of standards for threshold assessment and monitoring for emerging ballistic, blunt, blast & accelerative injury; and development of neurosensory injury prevention and treatment solutions. Traumatic Brain Injury efforts will focus on the development of countermeasures to prevent adverse brain health effects, and performance degradation resulting from hazardous/injurious exposures.			
FY 2027 Plans: Military Operational Medicine efforts will support all aspects of medical technology development activities with a focus on advancing biomedical countermeasures against operational stressors and mature military medical solutions to the stage where technology is ready to transition out of S&T into clinical practice; inform concepts/doctrine/tactics, techniques and procedures; or to product development for further development prior to fielding medical countermeasures and/or devices for the following areas: Psychological Health, Traumatic Brain Injury, Sensory Systems, and Radiation Health Effects. Psychological Health will develop and advance solutions for decision support, diagnostic aids for medical providers, and interventions to enable rapid return-to-duty across all environments. Traumatic Brain Injury will develop and mature tools to stabilize and accurately determine the existence and severity of potential brain injuries at the point of injury and diagnostic, prognostic, and assessment tools and devices. Sensory Systems will advance candidate products for pain control that do not degrade operational performance, fitness for duty, physiological status, or increase supportive care demand for use in pre-hospital environments. Radiation Health Effects will develop and mature acute radiation syndrome medical countermeasure pre-exposure prophylaxis candidates.			
FY 2026 to FY 2027 Increase/Decrease Statement:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373B / *GDF - MTD (Military Operational Medicine)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Increase to resource combat support capability effort (Deployed Warfighter Protection, Millennium Cohort Study and Warfighter Brain Health Elite Unit) critical to supporting warfighter health and readiness.			
Accomplishments/Planned Programs Subtotals	29.861	30.396	41.880

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373E / *GDF - MTD (Military Infectious Disease)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373E: *GDF - MTD (Military Infectious Disease)*	39.164	43.121	43.477	43.427	-	43.427	44.007	44.852	45.716	46.629	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports medical technology development efforts toward the goal of preventing, diagnosing, and treating infectious disease threats to eliminate their impact on operational readiness.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Infectious Disease	43.121	43.477	43.427

Description: Military Infectious Diseases medical technology development aims to provide medical solutions for the prevention, diagnosis, and treatment of operationally relevant endemic and emerging infectious disease threats and battlefield/combat wound infections.

FY 2026 Plans:
Military Infectious Diseases medical technology development will continue to support advancement of solutions for the prevention and treatment of operationally relevant infectious diseases threats in the following areas: Endemic and Emerging Infectious Diseases (EEID) and Combat-Associated Infectious Diseases (CAID).

EEID efforts will continue to support the development of solutions to prevent diarrhea caused by endemic bacterial pathogens, solutions to prevent and treat viral diseases of high operational impact, solutions to prevent dengue virus infection, and solutions to prevent, diagnose, and treat disease caused by emerging pathogens.

CAID efforts will continue to support the development of solutions to prevent, diagnose, and treat combat wound infections and sepsis in operational settings.

FY 2027 Plans:
Military Infectious Diseases efforts will support all aspects of medical technology development activities with a focus on advancing innovative military medical solutions for the prevention and treatment of operationally relevant infectious diseases threats in the following areas: Wound Infections, Endemic Diarrheal Diseases, Viral Diseases, and Emerging Infectious Diseases.

Wound Infections will advance medical solutions to prevent bacterial wound infections and treat battlefield and complex traumatic wound infections (including multidrug-resistant organisms); medical technology development activities will be initiated to develop

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373E / *GDF - MTD (Military Infectious Disease)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
medical products to diagnose battlefield wound infections (bacterial and fungal, including multidrug-resistant organisms) following complex traumatic wound injury. Endemic Diarrheal Diseases will support medical technology development activities to develop medical solutions for the prevention of bacterial diarrhea. Viral Diseases will advance medical solutions to prevent dengue fever, as well as solutions for the prevention of battlefield transfusion infections leveraging HIV as use case. Emerging Infectious Diseases will support medical technology development activities to develop medical solutions to treat high priority infectious diseases threats to include Crimean Congo hemorrhagic fever, Lassa fever, and Hantavirus. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Decrease due to more funding allocated to other areas within GDF - Medical Technology Development based on planned requirements			
Accomplishments/Planned Programs Subtotals	43.121	43.477	43.427

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373G / *GDF - MTD (Military Medical Photonics)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373G: *GDF - MTD (Military Medical Photonics)*	40.638	10.697	11.003	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project supports Military Medical Photonics applied research with the goal of optimizing Warfighter survival and recovery from combat-related injury in current and future operational scenarios by driving medical innovation through development of knowledge and materiel solutions for the acute and early management of combat-related trauma, including point of injury, en route, and facility-based care.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Military Medical Photonics	10.697	11.003	0.000

Description: The Military Medical Photonics Program is an interdisciplinary program of physical and biological scientists, engineers, and physicians addressing diagnostic and therapeutic needs to support combat casualty care. Activities will continue to focus on diagnostic, imaging, and therapeutic studies. Specific efforts include: Photochemical tissue bonding for wound repair, passivation, and vein stiffening for abnormal connections between an artery and a vein; Optical applications for treatment and prevention of wound contamination and scarring, and to support wound healing and cartilage regeneration; Photonics-based diagnostics, including early detection of airway inhalation injury and implantable biomarker sensors; Investigations of photonics technologies to support the prolonged shelf life of human platelets; and Photobiomodulation to affect cognitive function.

FY 2026 Plans:
Efforts will continue to focus on Medical Advanced Technology development related to development of diagnostic, assessment, and therapeutic solutions to optimize medical care of the Warfighter in current and future battlefield. Materiel and knowledge solutions will focus on innovative capabilities for use in the far forward environment that will cognitively and physically off load the medics in Large Scale Combat Operations (LSCO). Focus areas will be cutting edge diagnostics that are of low cube and weight and can be used by minimally trained Warfighters at the point of injury, miniature and rugged imaging capabilities, and novel therapeutics for wound repair, vascular rupture diagnosis and repair. Photonics-based diagnostics will be integrated across the continuum of care, including early detection of airway inhalation injury and implantable biomarker sensors and Photobiomodulation to affect cognitive function.

FY 2027 Plans:
N/A

FY 2026 to FY 2027 Increase/Decrease Statement:

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 373G / *GDF - MTD (Military Medical Photonics)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Reduces funding to align with the Secretary of War's highest priorities and reduce redundancies and duplicative efforts. This research duplicates efforts already underway in the in Combat Casualty Care MTD 373A project code.			
Accomplishments/Planned Programs Subtotals	10.697	11.003	0.000

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 373H / *GDF - MTD (Medical Advanced Technology)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
373H: *GDF - MTD (Medical Advanced Technology)*	134.682	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

This project supports the application of applied research to develop medical advanced technology related to drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health. Research is conducted in the following principal areas: Combat Casualty Care, Military Operational Medicine, and Military Infectious Diseases.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - MTD (Medical Advanced Technology)	0.000	-	-
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0603002A & 0603115A. This project supports application of applied research to develop Medical Advanced Technology related to drugs, vaccines, medical devices, diagnostics, medical practices/procedures, and other preventive measures essential to the protection and sustainment of Warfighter health.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 378B / *CoE-Breast Cancer Center of Excellence (USUHS))*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
378B: *CoE-Breast Cancer Center of Excellence (USUHS))*	42.924	11.179	11.797	12.033	-	12.033	12.274	12.747	13.239	13.503	Continuing	Continuing

A. Mission Description and Budget Item Justification

Over 1,500 active duty Warfighters a year are newly diagnosed with cancer. Breast cancer is the #1 cancer diagnosed in female Warfighters. The Breast Cancer Center of Excellence (CoE) preserves and protects the Readiness and Lethality of the Warfighter, by providing a collaborative and inter-disciplinary approach as the gold standard for treating and researching breast diseases and breast cancer affecting Warfighters. 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's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. Breast CoE research is conducted in a manner that abides by the EO's nine key tenets, leveraging high-throughput molecular biology technology and unique clinically well-characterized tissue repository with advances in biomedical informatics and artificial intelligence leading to hypothesis-generating discoveries that are then tested in hypothesis-driven experiments. All aspects, research, and activities in this program are aligned with and support relevant readiness gaps and outcome metrics in the Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) for Cancer metrics and requirements document, which is reviewed annually by Office of the Assistant Secretary of War for Health Affairs and the Health Services Working Group.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Breast Cancer Center of Excellence	11.179	11.797	12.033
Description: Breast cancer is the second leading cause of cancer death in women in the United States. The Readiness and Lethality of the Total Force and Warfighter is based in large part on personnel health. Nearly 20% of the active duty force is now female, and breast cancer is the number one cancer in active-duty women, far surpassing all other causes of cancer in female Warfighter population. The Breast Cancer CoE utilizes a collaborative and interdisciplinary approach for researching breast diseases and breast cancer focused on the military at-risk active-duty population in order to enhance Readiness of The Total Force. This interdisciplinary model integrates prevention, screening, early diagnosis, treatment and continuing care, but the project is further unique in the incorporation of advances in risk reduction, biomedical informatics / artificial intelligence, tissue banking and translational research. The project is fully compliant with EO 14303 (May 23, 2025), performing Gold Standard Science via leveraging high-throughput molecular biology technology and unique clinically and pathologically well- characterized tissue repository with advances in biomedical informatics and artificial intelligence, leading to hypothesis generating discoveries that are then tested in hypothesis-driven experiments. In addition to the primary achievement of research objectives, the program educates Federal employees as a benefit to the public they serve through Federal service, through support to civil authorities, and in non-Federal professional and academic collaborations.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 378B / *CoE-Breast Cancer Center of Excellence (USUHS))*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
FY2025 Accomplishments: - The program evaluated and acquired through consented protocol acquisitions over 300 new human tissue specimens (neoplastic and non-neoplastic breast tissues and tumors, lymph nodes, metastatic deposits, blood and its components, bone marrow) on patients in MTFs with all types of breast diseases and cancer, with a focus on consenting active duty military, veterans, and military retirees, with these three groups relevant to our studies on enhancing Warfighter Readiness making up over 75% of our accruals. Our program evaluated over 125 breast patients for genetic mutations (seeing the patients clinically and then performing genetic sequencing) which resulted in identification of dozens of patients including active duty who were then offered preventive strategies to mitigate breast cancer development ("Genetic Readiness of the Force"), as prevention of breast cancer in active duty females is by far superior to any other approach in terms of preserving readiness. - The program has sixteen active research studies underway all involving human studies and human samples research that all focus on advancing our abilities to preserve Warfighter medical readiness and that all comply with EO 14303's nine key tenets for Gold Standard Science. We have enrolled 263 patients to these studies so far in FY25. - The program has digitized our entire collection of human breast research pathology slides (over 2,000 slides converted into digital format) and these are now being studied using Artificial Intelligence (AI) tools at the National Cancer Institute (NCI) Artificial Intelligence Resource to advance the ability to use AI to better and faster diagnose cancer and perform prognostic assessments as well as treatment options, all without human intervention which will result in magnitudes of efficiency scale, save money, and allow the technology of digital diagnosis to reach into all parts of the globe where service members are stationed regardless of on-ground human medical capability. - Our science has produced 20 unbiased peer-reviewed scientific publications for FY25 (Presentations/Posters/Abstracts) and resulted in three patent submissions: - The Patent Cooperation Treaty (PCT) application PCT/US2022/023633 with title: Protein Markers for the Prognosis of Breast Cancer Progression went into the national phase in the United States, Europe, Israel, and Canada all of which are currently pending. - The PCT application PCT/US2022/023695 with title: Protein Markers for Estrogen Receptor (ER)-Positive Luminal A (LA)-Like and Luminal B1 (LB1)-Like Breast Cancer went into the national phase in the United States, Europe, Israel, and Canada all of which are currently pending.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 378B / *CoE-Breast Cancer Center of Excellence (USUHS))*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- The PCT Application PCT/US2022/023700 with title: Protein Markers for Estrogen Receptor (ER)-Positive-Like and Estrogen Receptor (ER)-Negative-Like Breast Cancer the national phase in Europe, Israel, India, and Canada all of which are currently pending. ***FY 2026 Plans:*** Maintain state-of-the-art technology platforms for the breast cancer studies lab at USU to include Single-Cell Transcriptomics platforms and Liquid Biopsy mRNA and other molecular platforms. Efficiently utilize funds to enhance Gold Standard Science and the ongoing sixteen research studies through technology, Artificial Intelligence, and additional collaborative mechanisms with other federal agencies. Digitize all remaining breast tissue slides (non-cancer and cancer) which are thousands more, and submit them to the Artificial Intelligence platform to make further robust the diagnostic and prognostic AI model. Evaluate using Gold Standard Science tenets a novel breast cancer biomarker (Ly6) that has recently been discovered by lab researchers and which is more prevalent in the breast cancers of active duty women, that is also a putative therapeutic target. Submit patent for same. Continue to emphasize and fund our core mission of acquiring breast samples from consented research patients across our research network, with a focus on the active duty female Warfighter and her medical readiness. Perform genetic testing on Warfighters (in both our research and clinical programs), thereby identifying individuals who are at high-risk for development of breast cancer and other cancer and non-cancer genetic diseases, and implementing prevention and/or early detection care plans for those Warfighters, resulting in tremendous ROI by mitigating cancer and disease development in female Warfighters. Modernize our data technology platform which will require significant investment in the replacement platform for our DTS (Data Tracking System). Continue to appropriately fund our core biobank operation at Chan Soon-Shiong Institute of Molecular Medicine (CSSIOMM). ***FY 2027 Plans:*** Efficiently utilize funds to enhance Gold Standard Science through technology, Artificial Intelligence, and additional collaborative mechanisms with other federal agencies. Move into Phase 3 of utilizing the Artificial Intelligence platform developed in FY25 and FY 26 to make diagnostic and prognostic AI model evaluations of all breast patients being seen in program. Evaluate using Gold Standard Science tenets the novel breast cancer biomarker (Ly6) discovered in lab which is more prevalent in the breast cancers of active duty women, that is also a putative therapeutic target, and subject it to a randomized clinical trial starting this year. Continue to emphasize and fund our core mission of acquiring breast samples from consented research patients across our research network, with a focus on the active duty female Warfighter and her medical readiness. Perform genetic testing on Warfighters (in both our research and clinical programs), thereby identifying individuals who are at high-risk for development of breast cancer and other cancer and non-cancer genetic diseases, and implementing prevention and/or early detection care plans for those Warfighters, resulting in tremendous ROI by mitigating cancer and disease development in female Warfighters. Continue to appropriately fund our core biobank operation at CSSIOMM. ***FY 2026 to FY 2027 Increase/Decrease Statement:***			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 378B / *CoE-Breast Cancer Center of Excellence (USUHS))*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	11.179	11.797	12.033

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 379B / *CoE-Gynecological Cancer Center of Excellence (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
379B: *CoE-Gynecological Cancer Center of Excellence (USUHS)*	37.499	9.763	10.313	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Gynecologic Cancer Center of Excellence (GYN-COE) serves as a precision oncology hub focused on military needs, enhancing the Armed Forces' lethality and resilience by delivering cost-efficient, mission-aligned cancer care. With women now comprising over 20% of the active-duty force, gynecologic cancers and related conditions present significant challenges to military readiness. As the only Department of War (DoW) program specifically designed to address these issues, the GYN-COE integrates clinical care, research, and combat-relevant surgical training. The GYN-COE's clinical, educational, and research initiatives align with Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) metrics for cancer-related requirements. The center executes clinical and translational precision medicine research, facilitating rapid innovation in prevention, diagnosis, treatment, and survivorship. This enables precise tumor profiling, essential for developing biomarkers that aid in risk stratification and predicting therapeutic responses. By developing and deploying biomarkers, predictive assays, and companion diagnostics, the GYN-COE enhances early detection, prognosis, and individualized treatment in precision oncology. Its advanced proteomic capabilities allow for in-depth biopsy analyses within clinical trials, promoting personalized treatment design and swift therapeutic decision-making. Designated as the DoW Clinical Proteomics Program, the GYN-COE collaborates with national consortia, including the Federal Precision Oncology's APOLLO research network and the National Cancer Institute's Gynecologic Oncology Group. By tailoring interventions to individual patients, the center improves treatment outcomes and reduces costs associated with ineffective therapies, facilitating value-based care for beneficiaries. These advancements also have broader implications for other cancer types, highlighting the importance of molecular driven approaches in optimizing patient care within precision medicine.

The Gynecologic Cancer Center of Excellence (GYN-COE) utilizes a program project type of strategy with overarching objectives to advance knowledge, prevention strategies, companion biomarkers and assays, treatments and interventions across the continuum of care in gynecologic oncology. Our twelve program projects run in parallel rather than in sequence with advances implemented over five years rather than 12 months. Some subprojects target discovery investigations and mechanistic studies whereas others focus on clinical evaluations, population studies and further development leading to deployment. The introduction of new subprojects and maturation of other subprojects allows the GYN-COE to continue to emphasize military and clinical relevance, prioritize bench to bedside translation, and infuse in advances in science, medicine and technology to meet our objectives. All aspects, research, and activities in this program are aligned with and support relevant readiness gaps and outcome metrics in the Murtha Cancer Center's Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) for Cancer metrics and requirements document, which is reviewed annually by Office of the Assistant Secretary of War for Health Affairs and the Health Services Working Group.

The GYN-COE is a component of the DoW's Murtha Cancer Center Research Program (MCCRP) at Uniformed Services University. DoW's Murtha Cancer Center (MCC) at USUHS (MCCRP)'s mission is to preserve and protect the Readiness and Lethality of the Active Duty Force by bringing translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty active duty service members (ADSMs) stricken with cancer, as well as all other DoW beneficiaries. MCCRP's GYN-COE is an integrated translational

research program aimed at development of companion biomarkers and assays, clinical decision support tools, risk assessment algorithms, quality improvement initiatives, treatments, interventions for patients with gynecologic tumors and cancers, among a growing proportion of active duty women in the Armed Services, veteran and retired populations. Molecular profiling of pre-cancerous and malignant lesions has also enabled development of diagnostic and chemo-preventive interventions across the most common pathologic uterine conditions, rare variants, and the aggressive and deadly metastatic and recurrent malignancies that affect women and corresponding readiness. The GYN-COE has been the leading research program in the U.S. to identify clinical features, biologic etiologies, and social determinants underlying racial and ethnic disparities in gynecologic cancers using population based as well as translational research methods. The GYN-COE program features both the largest tissue laser capture microscopy facility as well as the most robust mass spectrometry-based proteomics facility in the DoW, enabling the program to assess the generalized relevance of GYN-COE discoveries in other cancers that impact service members and readiness. The comprehensive research program supports the training of subspecialty gynecologic oncology surgeons, a fellowship program that has trained advanced pelvic surgeons to support wartime efforts for the past 50 years. The program also educates and trains medical students, interns and residents in women's health, telemedicine, wellness, wound-healing, hemorrhage, infections, pain management, resistance, resilience, palliative care and evidence-based medicine. The program has partnered with the National Cancer Institute in its educational and investigative activities over the past 20 years becoming a pillar program for the John P Murtha Comprehensive Cancer Center, the Murtha Cancer Center Research and the Uniformed Services University of the Health Sciences. The GYN-COE has also strengthened cancer capabilities, advanced the federal precision oncology initiatives, contributed to the COVID-response, enabled delivery of equitable care to female service members, veterans and beneficiaries, and ensured readiness of the female fighting force by addressing their gender-specific medical conditions.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Gynecological Cancer Center of Excellence	9.763	10.313	0.000
Description: The GYN-COE focuses on characterizing the molecular alterations associated with benign and malignant gynecological disease and facilitates the development of novel early detection, prevention, and novel biologic therapeutics for the management of gynecological disease. The GYN-COE leverages innovative research to enhance gynecologic cancer care from prevention to survivorship for service members, beneficiaries, and the civilian population. • To use extraordinary analytical capabilities in sample preparations combined with micro-scaled proteogenomic analysis for development of companion diagnostics, theragnostics, prognostics and prediction models for provision of precision medicine to GYN cancer patients as well as agnostically to all patients through pan-cancer discovery. • To expand the center's capabilities for proteogenomic tissue profiling of biopsy sized specimens and the throughput of the analytical facilities opening up opportunities and supporting ancillary studies of drug response and resistance in clinical trial patients aimed at repurposing FDA-approved drugs for pan-cancer treatment in partnership with public, private, and industry organizations. • To use the center's technologies and next generation pipelines to support proteogenomic characterization of the world's most rare and yet most clinically devastating diseases in partnership with the Joint Pathology Center. • To deploy the center's analytical expertise to support research involving COVID related threats, combat related disorders, and behavioral health disorders, such as PTSD and others that are prevalent in retired veterans.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 379B / *CoE-Gynecological Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
• To further investigate disparities, survivorship, treatment selection, intraoperative findings, post-operative complications, clinical outcomes and knowledge gaps improving military readiness, cancer capabilities and outcomes, conserving the fighting strength and reducing burdens to the health system and patients. • To provide undergraduate and graduate medical training in advanced pelvic surgery and complex gynecologic conditions within the context of a specialized fellowship in gynecologic oncology that produces physician scientists fluent in the latest advances of precision medicine for gynecologic cancer patients. • To continue to serve as the comprehensive cancer center for gynecologic oncology clinical trial patients of the National Institutes of Health and veterans from regional VA facilities. FY2025 Accomplishments: The GYN-COE is engaged in numerous multi-year projects that are ongoing and at different stages of maturation and completion. The following is a list of ongoing program and clinical implications, which remain vital to military readiness—impacting both the active-duty female population and female beneficiaries of those who serve. In the context of cancer screening, the GYN-COE is developing a tampon-based test to detect endometrial cancer. With the Joint Pathology Center, a blood-based biomarker panel is being validated to differentiate fibroids from uterine sarcoma samples from the NCI Gynecologic Oncology Group. In partnership with NCI SPOREs, ovarian cancer precursor lesions and genetic models are being profiled to identify candidate biomarkers for ovarian cancer screening. In the context of cancer prevention, the GYN-COE is identifying biomarkers that predict response to progestin-containing IUDs in fertility-preserving treatment of localized endometrial cancer. It is also studying the synergistic chemo-preventive effects of progestins and vitamin D in ovarian cancer models to inform future prevention trials. In an effort to identify biomarkers that inform cancer related care, the GYN-COE is validating its molecular panels that predict metastasis, therapy resistance, extreme response, and surgical operability in advanced ovarian cancer. The GYN-COE has completed proteogenomic analysis of >1,000 endometrial cancers yielding novel classifications and biomarkers with practice-changing potential. The GYN-COE has piloted a molecular tumor board in over 174 cancer patients incorporating proteomics alongside genomics, showing that proteomic data alters clinical recommendations in over 54% of cases compared to genomics alone. The GYN-COE has profiled tumor specimens from multiple clinical trials groups in development of companion diagnostics for prediction of response and assessment of pharmacodynamic response (i.e. two Phase 0 trials as well as several Phase II (n=3), and randomized Phase III (n=3) trials). This comprehensive approach focused on screening, early detection, prevention, prognostication, and development of predictive biomarkers to guide treatment ensures the GYN-COE's continued leadership in military-relevant cancer capabilities, delivering unmatched value to the Department of War, the Military Health System, and the nation's warfighters and families. Tailoring interventions to individual patients not only optimizes treatment outcomes but also reduces expenses associated with ineffective therapies, ultimately enabling value-based care for beneficiaries.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 379B / *CoE-Gynecological Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Knowledge Products Summary: 15 peer-reviewed studies in high-impact journals including Cell Reports Medicine, Nature Precision Oncology, JCO Precision Oncology, and JAMA; 10 oral presentations; 23 posters; and 26 abstracts at national and international symposia. Multiple research related awards including the 2025 WRNMMC Baily K. Ashford Award, the WRNMMC Robert A. Phillips Award and the 2025 Best Navy-Wide Research Award winner for proteomic comparisons in uterine cancer. Education: Trained 5 National Capital Consortium Gynecologic Oncology Fellows, 7 medical students, 5 residents, and 4 graduate students Advocacy and Education: The GYN-COE co-PI began a 3-year term as Chair-Elect of Board for the Society of Gynecologic Oncology's Foundation for Women's Cancer to be followed by a 9-year leadership trajectory in the Society's highest national patient-facing role. The GYN-COE will deploy these national strategies to optimize patient advocacy and education within the MCC and partnered MTFs. ***FY 2026 Plans:*** The center will expand upon FY25 initiatives by increasing focus on population-specific analyses and extending our efforts into clinical trial organizations, leveraging regional and national collaborations. We are actively securing approvals to access biospecimens from key practice changing clinical trials conducted by the Gynecologic Oncology Group (GOG) to support the development of companion diagnostics. These efforts aim to refine predictive biomarkers and inform precision therapeutic strategies across gynecologic cancers. ***FY 2027 Plans:*** N/A ***FY 2026 to FY 2027 Increase/Decrease Statement:*** To meet the Secretary of War's highest priorities, eliminating duplicative efforts. Funding reduced because of the availability of longstanding CSI cancer research funds.			
Accomplishments/Planned Programs Subtotals	9.763	10.313	0.000

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 381 / *CoE - Integrative Cardiac Health Care (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
381: *CoE - Integrative Cardiac Health Care (USUHS)*	6.920	1.876	1.982	2.022	-	2.022	2.062	2.142	2.224	2.268	Continuing	Continuing

A. Mission Description and Budget Item Justification

The USUHS Military Cardiovascular Outcomes Research (MiCOR) program was established in FY 2019 (formerly the Integrative Cardiac Health Care). Its mission is to:
1. Address the gaps identified in the Cardiovascular Care Initial Capabilities Document (ICD) (CRM-2017.03.23).
2. Enhance the cardiovascular health and well-being of the Warfighter and the DoW community through innovative clinical research using precision techniques.
3. Identify precision strategies for early detection, monitoring, and reduction of preclinical/clinical cardiovascular disease and related chronic disease risks for improved clinical outcomes.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Integrative Cardiac Health/Military Cardiovascular Outcomes Research	1.876	1.982	2.022

Description: USUHS is a “central focal point for health-related education and training, research and scholarship, and leadership support to operational military units around the world” and is the ideal engine to establish a strategic partnership to address cardiovascular health.

FY2025 Accomplishments:
- Peer-reviewed Papers Published: 50
- Invited Presentations: 13 invited, due to travel ban only 6 completed
- Congressional/ Leadership Briefings: 7

Major Landmark Accomplishments:
- Executed cardiac screening (Electrocardiogram, American Heart Association (AHA) questionnaire, targeted history/ physical and MiCOR provided reflex echocardiograms) of 9,161 cadets/midshipmen in FY25. Of these 9,161, three-hundred and fifty (350) reflex echocardiograms were performed. Plan for continuing pilots at Service Academies and new pilots at an initial entry training site and accession exams at DoW Medical Evaluation Review Board (DoWMERB) locations or Military Entrance Processing Sites (MEPS). This completes the first year of a three-year proposal to complete cardiovascular screening of military accessions as directed by Section 547 of the 2024 NDAA.
- First-ever Clinical Practice Guideline (CPG) for the Cardiovascular Care of the Tactical Athlete document(s) is approaching final draft for publication. This document represents the work product of 50 international and DoW cardiology leaders and covers 11 critical aspects of cardiovascular disease affecting Tactical Athletes. Active Service Duty Members are defined as

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 381 / *CoE - Integrative Cardiac Health Care (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Tactical athletes. The final product will be 12 publications approved by the two leading cardiology societies, the American Heart Association and American College of Cardiology, influencing clinical cardiology care for active duty service members and civilians. - First publication of a computational model of hemorrhagic shock submitted to the American Heart Association - Continued executing a prospective study of cardiovascular disease and sleep disorders in survivors of combat wounds: [The Role of Sympathetic Activity in the impact of combat injury on sleep and cardiovascular outcomes (SPIRIT) NCT05971433.] Enrollment at 93% completed. - Enrollment of 100% of participants in the Random Controlled Trial (RCT) subgroup in the “Ivabradine for Long-Term Effects of COVID-19 with Postural orthostatic tachycardia syndrome (POTS) Cohort (COVIVA) NCT05481177,” a study intended to find an effective treatment for autonomic dysfunction following COVID infection. This Randomized Controlled Trial (RCT) utilizes multiple cardiac sensors as well as proteomics to explore the mechanisms of autonomic dysfunction post viral infection. Expected study completion is March 2026. - Publication in the American Journal of Medicine of the first assessment of sudden cardiac arrest and 30-day survival in the active-duty cohort demonstrating substantially higher incidence but better survival in ADSM (PubMedID: 39978666). - Publication in Heart Rhythm showing significant association between TBI and atrial fibrillation in >1M post-9/11 veterans. - Published first study showing residual cardiac dysfunction in survivors of severe COVID-19 infection. - Publication in Sonography reporting a trial of Corpsmen with minimal training using a point of care ultrasound with an embedded deep learning algorithm to guide novice users in obtaining diagnostic-quality echocardiographic images and ejection fraction estimates in 789 Marines recovering from COVID-19. - Twenty-eight (28) active projects in the MiCOR Portfolio which vary from planning phase, execution/ enrollment phase and follow up/ analysis phase - These goals were accomplished due to receipt of restoral funds that compensated for a near-50% reduction in core funds due to the Defense Wide Review.			
FY 2026 Plans: FY 2026 plans continue efforts as outlined in FY 2025. Execute year two of three-year pilot outlined in SEC. 547. Pilot Program on Cardiac Screenings For Military Accessions Complete and publish the clinical trials NCT05481177 and NCT05971433. Publish Clinical Practice Guideline for the Cardiovascular Care of the Tactical Athlete with eleven (11) attendant task force documents.			
FY 2027 Plans: These ongoing projects include:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 381 / *CoE - Integrative Cardiac Health Care (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- Supercomputer instantiation of a state-of-the-art computational model of hemorrhagic shock. This multi-institutional project is directly responsive to DoW strategy for new approach, i.e. non-animal methodologies (NAMs) to reduce DoW reliance on animal models. - Execute year three of three-year pilot outlined in SEC. 547. Pilot Program on Cardiac Screenings For Military Accessions - READ_AI- Rapid Echocardiographic Assessment in Deployment_ Artificial Intelligence: harnessing AI to enable non-expert medics to perform high quality, unsupervised echocardiograms in austere circumstances ultimately extending the physician's reach - CAVE ICU: multidepartmental project to identify the minimum requirements for monitoring of wounded warriors in a minimally resourced environment (i.e. a cave) - The Military Cardiac Arrest Program- supports several collaborations with the Armed Forces Medical Examiners Service as follows: 1. Account for every cardiovascular death in ADSM in the past 10 years. 2. Provide genetic testing for every sudden cardiac death in a Military Health System beneficiary. Current and future projects prioritize the National Security Initiative and support the DoW's most important weapon, the warfighter. Cardiovascular health is pivotal to readiness, and MiCOR is the only DHA-funded program addressing the cardiovascular fitness of the warfighter. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	1.876	1.982	2.022

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 382B / *CoE-Pain Center of Excellence (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
382B: *CoE-Pain Center of Excellence (USUHS)*	8.045	2.174	2.277	3.327	-	3.327	3.394	3.505	3.621	3.693	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Pain Center of Excellence (CoE) 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 pain has throughout the continuum of care to rehabilitation and reintegration. The mission of the Pain CoE is to support provision of world-class clinical pain services and operational anesthesia in the Military Health System, provide education on all aspects of pain management, coordinate and conduct Institutional Review Board (IRB)-approved clinical research and Institutional Animal Care and Use Committee-approved basic laboratory and translational pain research, and serve as the advisory organization for developing an enterprise-wide pain policy for the Military Health System.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Pain Center of Excellence (USUHS)	2.174	2.277	3.327

Description: The Pain CoE 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 its impact on rehabilitation and recovery. The center also supports knowledge translation activities that are aimed at integrating research findings into military medicine clinical practice and policy.

In addition to the primary achievement of research objectives, the program educates federal employees to enhance their ability to serve the public effectively. This is achieved through their roles in federal service, support to civil authorities, and participation in non-federal professional and academic collaborations.

FY2025 Accomplishments:
1. Conduct implementation science research, provide subject matter expert support for a diverse portfolio of DoW/DHA pain management/opioid safety activities and initiatives, and facilitate the development of evidence-based policies and practices.
1.a. Under auspices of the Health Executive Committee (HEC) Pain Management Work Group, completed a DoW/VA, cross-department, preliminary evaluation of Active Duty Service Members enrollment in an existing VA virtual functional restoration pain program, hosted by the Tampa VA; quantified projected “cost to DoW” and developed referral/authorization process; presented HEC Clinical Care Business Line Co-chairs with results of the preliminary evaluation, outcomes analysis and recommendations for future DoW utilization of the VA program.
1.b. Under auspices of HEC Pain Management Work Group, completed comparative analysis of DoW and VA integration and utilization of Complementary Integrative Health (CIH) pain treatments; presented HEC Clinical Care Business Line Co-chairs with

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 382B / *CoE-Pain Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
results of the comparative analysis and recommendations for future activities and policies to further expand availability of CIH pain treatments in DoW and VA health systems. 1.c. Continued support of the DHA Opioid Overdose Education and Naloxone Distribution (OEND) program, to include continued analysis of DHA Providers' prescribing behaviors and barriers to co-prescribing naloxone; FY25 DHA co-prescribing rate for naloxone steady at 79% (up from <20% rate in FY20). 1.d. Provision of subject matter expert to Committee for Tactical Casualty Combat Care (TCCC) and Prolonged Casualty Care (PCC) guidelines for analgesia in the tactical combat casualty care setting at point of injury through Role 1. Actively developing new guidelines due to changes in the availability of medications in the existing guidelines. 1.e. Subject matter expert to the DHA and Navy Surgeon General on development and acquisition of field deployable analgesic systems (e.g. ketamine). 2. Supported innovative research by continuing recruitment into the robust Pain Registry Biobank at Walter Reed National Military Medical Center, Naval Medical Center San Diego and Naval Medical Center Portsmouth. 2.a. Added an additional Biobank site at Portsmouth Naval Medical Center and conducted research that leverages the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) and PROMIS Pain Interference (PROMIS-PI) outcomes. 2.b. Leveraged data and materials from the Pain Registry Biobank to advance pain-related research by providing data and samples to DoW researchers with IRB-approved studies. 2.c. Collaborated with researchers seeking resources from the Pain Registry Biobank to include in applications for funding. 2.d. Designed and obtained IRB approval for a research protocol to allow Defense and Veterans Center for Integrative Pain Management (DVCIPM) scientists to utilize Biobank data to investigate the biopsychosocial aspects of pain. 3. Conduct rigorous research that supports healthcare optimization in pain management and analgesia. This includes collaborative studies with partners across VA, military and civilian institutions. Studies expand across several aspects of pain management and analgesia pathways. 3.a. Continued expansion of core research portfolio with: 1. Approval to begin a new research study looking at the effect of prior sleep extension on post-surgical acute and chronic pain; and 2. Completed a study looking at the effect of percutaneous peripheral nerve stimulation on postoperative opioid requirements and analgesia following ambulatory surgery. 3.b. Continuing recruitment as part of a multi-center study on cryoablation to treat post mastectomy pain. 3.c. Completed the regulatory process as part of a multi-center study Percutaneous Cryoneurolysis: A Single-Administration, Non-Opioid, Non-Addictive, Multiple-Month Analgesic for Thoracic Trauma Free of Systemic Side Effects. Recruitment estimated to begin Q2 FY26. 3.d. Supported clinical research expansion by: 1) Working with pain clinicians to develop and write protocols to implement their research ideas to include projects on ketamine for chronic pain, epidural for rib fracture outcome comparison, quadriceps strength outcomes of pharmacologic modulation of the femoral nerve, effect of trauma on perioperative gastric emptying, cervical			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 382B / *CoE-Pain Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
retrolaminar block vs. cervical epidural steroid injection, chart review of MHS congenital syphilis cases, essentrics exercise program for the management of chronic back pain in an active duty population, and medical acupuncture for neuropathic pain; and 2) Establishing collaborations with industry partners such as Neurolumen, SereNeuro, BlockSynop, Reversal Therapeutics, Lincoln Therapeutics, DIMERx, PainVox, and OYE for the development of studies related to pain management. 3.e. Submitted 20 new grant proposals (16 full proposals and 4 pre-applications) on pain management as prime and sub-awardee in partnership with 3 external academic institutions (University of California at San Diego, Emory University, University of Minnesota) and industry partners (SereNeuro, Blocksynop). 3.f. Developed multiple proposals and submitted multiple grant applications to support FDA approval of the analgesic indication of ketamine for the treatment of moderate-severe pain. 3.g. Assumed leadership responsibilities for the planning and execution of a Phase I study investigating the safety and pharmacokinetics of a novel formulation of intranasal ketamine. 4. Published multiple manuscripts that supported healthcare optimization in pain management, analgesia, and education. 4.a. Manuscripts included areas of healthcare such as hysterectomies, cholecystectomies, spinal cord stimulators, total joint arthroplasty, and spinal surgery; and identifying the value of multidimensional patient reported outcomes to support clinical optimization and characterizing complementary and integrative health utilization in the MHS. 4.b. Continued to conduct several studies aimed at evaluating anesthesiology and pain management military training, workforce readiness, and career sustainment within medical school, residency, and practice settings. 4.c. Evaluated and published a manuscript that describes the value of anesthesiology fellowship training in supporting a leadership cadre and military retention. 4.d. Provided multiple academic presentations to local and global audiences on pain management, analgesia, and education to include 2 at the Military Health and Research Symposium (MHSRS), 1 at the Massage Therapy Research Symposium, 1 at the International Congress on Integrative Medicine and Health (ICIMH), 1 at the NIH sponsored Women's Health Symposium, and 1 at the American Society of Regional Anesthesia and Pain Medicine (ASRA). 5. Provided functional support and subject matter expertise to DHA Pain Management Initiatives and Programs (e.g., DHA Medical Affairs, DHA Pain Management Clinical Support Service (PMCSS), HEC Pain Management Work Group (PMWG), DHA Opioid Alternative Work Group), Pain Assessment Screening Tool and Outcomes Registry (PASTOR) program management office. 5.a. Provided subject matter expertise directly to Deputy Assistant Director for Medical Affairs (DAD-MA) and DHA Medical Affairs by providing timely and accurate responses to numerous taskers, RFI's, QFR's, and other pain-related inquiries. 5.b. Provided ongoing support to DHA PMCSS Chief on a variety of DHA Pain Management/ Opioid Safety activities (e.g. integration of CPG-based opioid prescribing and pain management pathways and alerts into MHS Genesis, development of DHA Pain management strategy and supporting documents).			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 382B / *CoE-Pain Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
5.c. Supported Ukrainian care of combat wounded through presenting at an educational symposium and direct liaison with military and civilian providers to aid in the development of analgesic protocols. 6. Engaged in numerous service activities to support research training and development for USU military medical students, DoW residents, and DHA providers. These activities included mentoring USU Capstone students, resulting in numerous posters and publications; expanding implementation of a residency research program beyond current efforts at Walter Reed National Military (WRNMMC) to all Anesthesiology (ANE) GME sites; advising Anesthesiology residents and faculty on their research projects; and providing support for research development for military anesthesiologists. 6.a. Continued implementation of the Anesthesiology Residency Training Program and Center Mentorship Program targeting USU Fellows, Residents, and medical students. 6.b. Supported Anesthesiology national faculty in being co-investigators on grants and contributing to studies/manuscripts. 6.c. Supported USU through representation on university committees and groups including the Combat Casualty Care hub and newly established Brain and Behavior Hub and Musculoskeletal Hub. 7. Conducted research investigating the utilization and impact of Complementary and Integrative Health modalities on chronic pain conditions 7.a. Conducted a study of massage therapy utilization and impact in Military Treatment Facilities. Two (2) manuscript publications and three (3) poster presentations at Military Health conferences, and 1 oral presentation have been completed to disseminate the findings and a grant proposal for a follow-up study was submitted to the Massage Therapy Foundation. 7.b. Applied for Military Health System Research Program (MHSRP) funding to assess the impact of the publication of the DHA Acupuncture Policy on the amount, type, documentation of acupuncture treatments in the MHS. 7.c. Applied for National Center for Complementary and Integrative Health (NCCIH) funding to conduct a multi-site feasibility study to compare Battlefield Acupuncture (BFA), BFA Acupressure and sham for treating acute and chronic pain. Attended and presented (poster and oral presentations) at integrative medicine conferences and manuscript publication on CIH topics. 7.d. Published a scoping review of complementary and integrative health research for pain and presented the information at an international conference. 7.e. Partnered with Yogamedics on protocols to study AI and virtual yoga therapy of low back pain and to validate the use of the Defense and Veterans Pain Rating Scale (DVPRS) pain scale in their clinical civilian population. 8. Conducted activities and research that supported warfighter readiness focused anesthesia. 8.a. Joined in a cooperative agreement with OYE Therapeutics to conduct a congressionally funded study on IV caffeine administration to accelerate emergence from anesthesia. 8.b. Supported the Department of Anesthesiology at USU by managing the Malignant Hyperthermia Testing Center.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 382B / *CoE-Pain Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
8.c. Engaged in collaboration with University of Colorado Anschutz Medical Campus for the development of a shape-memory polymer endotracheal tube for improving the success and outcomes of non-expert intubation. ***FY 2026 Plans:*** 1. Continue execution of FY 2025 plans along with any modifications/additions made during the fiscal year. 2. Develop and conduct FDA regulated clinical trials to obtain FDA New Drug Approval of an analgesic indication for Ketamine. 3. Develop field deployable ketamine product and other analgesic modalities. 4. Conduct phase I FDA trial of novel intranasal ketamine formulation. 5. Leverage data and materials from the Pain Registry Biobank to elucidate mechanisms of pain level escalation, to identify biomarkers associated with various pain-related outcomes, and to validate the Defense and Veterans Pain Rating Scale against other standardized pain measures, e.g. numerical rating scale (NRS) and visual analog scale (VAS). 6. Engage and collaborate with other DoW institutions, academic institutions, and private sector to develop new therapies for pain management. 7. Continue harnessing large datasets and cloud computing to explore previously unknown correlations in pain management, improving care for both military and civilian populations. 8. Expand evaluation of the efficacy and utilization of complementary and integrative health (CIH) and medicine techniques, such as massage therapy, yoga, acupuncture (especially Battlefield Acupuncture (BFA)) and more to reduce dependence on opioids and improve patient outcomes. 9. Expand research in the areas of comorbid conditions and bi-directional relationships between pain and other physical and mental health processes such as sleep and traumatic brain injury. 10. Conduct the study on Sleep Extension for Post-Surgical Pain Outcomes to explore the effects of sleep banking on post-surgical pain outcomes and pain chronification. 11. Conduct the pilot double-blind randomized controlled trial of an FDA-approved pain treatment device (Neurolumen) to demonstrate the effectiveness of Neurolumen versus placebo for improving chronic lower back pain. 12. Initiate PASTOR Implementation initiative with objective to have PASTOR implemented at all DHA pain management clinics. 13. Initiate DVPRS Implementation initiative with objective to integrate DVPRS at all DHA MTFs. 14. In collaboration with the VA, conduct a survey measuring the current state of DoW and VA pain specialty provider's knowledge, attitudes, and comfort with opioid prescribing in order to better understand the needs of clinicians taking care of patients on opioid medications or those being considered for opioid therapy. ***FY 2027 Plans:*** 1. Continue execution of FY 2026 plans along with any modifications/additions made during the fiscal year. 2. Conduct FDA regulated clinical trials to obtain FDA New Drug Approval of an analgesic indication for Ketamine. Develop field deployable ketamine product and other analgesic modalities.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 382B / *CoE-Pain Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
3. Continue to leverage data and materials from the Pain Registry Biobank to elucidate mechanisms of pain chronification, identify biomarkers associated with various pain-related outcomes; validate the Defense and Veterans Pain Rating Scale against other standardized pain measures, e.g. numerical rating scale (NRS) and visual analog scale (VAS). 4. Expand engagements and collaborations with other DoW institutions, academic institutions, and private sector to develop new therapies for pain management. 5. Continue harnessing large datasets and cloud computing to explore previously unknown correlations in pain management, improving care for both military and civilian populations. 6. Continue to expand research on comorbid conditions and bi-directional relationships between pain and other physical and mental health processes such as sleep and traumatic brain injury. Complete the Sleep Extension for Post-Surgical Pain Outcomes study. 7. Complete the pilot double-blind randomized controlled trial of an FDA-approved pain treatment device (Neurolumen) to demonstrate the effectiveness of Neurolumen versus placebo for improving chronic lower back pain. 8. Continue submitting grant proposals for funding opportunities related to pain management, especially building on pilot data from sleep and Neuroulumen studies. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** This funding increase provides the necessary resources to scale USU's distributed pain management research and clinical education capabilities across Naval Medical Center San Diego, Brooke Army Medical Center, and Naval Medical Center Portsmouth. By aligning funding with the true operational costs of these high-impact sites, the program will accelerate the development and transition of field deployable analgesics and non-opioid trauma protocols directly to the point of injury. These resources are critical to maintaining recruitment for our core research projects and programs, which are pivotal in promoting readiness and advancing the standard of care for service members and beneficiaries. Ultimately, this investment ensures a more resilient force by optimizing recovery outcomes, reducing opioid dependence, and strengthening the readiness of the anesthesiology and pain management workforce across the Military Health System.			
Accomplishments/Planned Programs Subtotals	2.174	2.277	3.327

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
383A: *CoE-Prostate Cancer Center of Excellence (USUHS)*	34.284	8.931	9.413	9.600	-	9.600	9.792	10.171	10.563	10.774	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Center for Prostate Disease Research (CPDR) is the DoW's designated Prostate Cancer Center of Excellence (CoE), with a mission to conduct interdisciplinary basic science, translational, epidemiologic, and clinical cancer research in alignment with the Murtha Cancer Center Research Program (MCCRP), the Department of Surgery, Uniformed Services University of the Health Sciences (USUHS), and the Walter Reed National Military Medical Center (WRNMMC). DoW's Murtha Cancer Center (MCC) at USUHS (MCCRP)'s mission is to preserve and protect the Readiness and Lethality of the Active Duty Force by bringing translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to full duty ADSMs stricken with cancer, as well as all other DoW beneficiaries. The CPDR conducts state-of-the-art clinical, translational and epidemiological research with an emphasis on precision medicine to enhance the readiness of active-duty personnel in conjunction with the continuum of medical care for military retirees and beneficiaries. As such, research encompasses all states of prostate cancer from screening to disease identification and risk-stratification to precision diagnostic/prognostic markers, to treatment of localized disease, and in the understanding and treatment of advanced, metastatic disease, as well as survivorship and return to duty of prostate cancer patients. The CPDR's multidisciplinary research and treatment approach is recognized as the model for collaborative and personalized cancer care. Ground-breaking discoveries through strong academic investigations and clinical research over the course of the CoE's 33 years and through over 480 peer-reviewed publications in leading journals have led to major advances in translational prostate cancer research and treatment. The CPDR integrates expertise of urologic and medical oncologists, cancer biologists, scientists, and researchers, genitourinary pathologists, epidemiologists, biostatisticians, medical technologists, research nurses, patient educators, and program management specialists. All these areas of expertise provide state-of-the-art resources for in-house and collaborative research in prostate cancer. The CPDR enriches the training of the next generation of physicians/scientists who directly benefit the quality, outcomes, and stability of the military health care delivery system. All aspects, research, and activities in this program are aligned with and support relevant readiness gaps and outcome metrics in the Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) for Cancer metrics and requirements documents, which are reviewed annually by Office of the Assistant Secretary of War for Health Affairs and the Health Services Working Group.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: CoE-Prostate Cancer Center of Excellence (USUHS)	8.931	9.413	9.600
Description: The Prostate Cancer Center of Excellence (CoE) is at the forefront of "cutting-edge" translational, clinical, and epidemiologic prostate cancer research. The emphasis is on improving readiness by prevention, diagnosis, prognosis, and treatment of prostate cancer involving new modalities such as MRI guided biopsy, gene-based biomarkers, and precision medicine strategies targeting cancer-causing alterations in prostate cancer. The CoE multicenter database (WRNMMC, NMCSD, BAMC, MAMC, TAMC) is a unique programmatic resource, enrolling over 32,000 DoW health care beneficiaries with longitudinal follow up to 33 years. Research from the Prostate CoE highlights genetic and genomic differences, discovery of novel prognostic markers in both urine and serum, treatment outcomes, and new insights into quality of life. The Prostate CoE's research focus			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
has uniquely benefited from studying prostate cancer patients in the DoW in an equal-access military health care system. Such representation over such a long time-period, complete with annotated clinical and pathological outcomes, as well as Quality of Life outcomes is unparalleled worldwide. The CoE has been credited for the discovery of the frequent overexpression of the most common prostate cancer driver gene, ERG, the development of urine and tissue assays to detect ERG; the discovery of tumor genomic differences between patients; and the discovery of inherited gene mutations that drive aggressive prostate cancers. The Prostate CoE's state-of-the-art research infrastructure and framework is providing education and training for over 100 next-generation military physicians, scientists, medical and graduate students within DoW medical institutions. The CoE's Basic and Translational Research Program is dedicated to advancing a comprehensive understanding of prostate cancer biology and driving innovations that improve patient outcomes. The program spans the entire continuum of disease progression, from prostate cancer initiation and treatment-naïve primary tumors to metastatic hormone-sensitive and metastatic castration-resistant stages, allowing for an integrated approach to uncovering molecular mechanisms, biomarkers, and therapeutic targets. Comprising six independent, internationally recognized laboratories with expertise in epigenomics and epigenetics, genomics and genetics, proteomics, experimental therapeutics, epidemiology, biostatistics, and molecular and computational biology including AI and machine learning technology, the program fosters multidisciplinary collaboration. Through both intramural and extramural research initiatives, these laboratories leverage cutting-edge technologies and translational science to bridge discovery and clinical application, shaping the future of prostate cancer diagnosis, prognosis, and therapy for its active and retired military serviceman and their families (beneficiaries). FY 2025 Accomplishments: The CoE's Clinical Research Program was established to treat and educate patients with prostatic diseases and to enroll patients for translational research thereby linking the basic science program to the clinical setting. The specific goals are to conduct research addressing prevention; screening and detection; treatment decision and minimizing treatment side effects; precision medicine; rehabilitation; and survivorship with a focus on return-to-duty within the DoW. The 2025 accomplishments all converge on this mission. The Clinical Research Program combines a multidisciplinary approach of prostate cancer screening, data collection, clinical diagnosis, and treatment, education and counseling, and prostate disease clinical trial research in an efficient, personal- and patient-oriented manner. The program continues to advance collaborations with NCI-Medical Oncologists to enhance treatment of advanced prostate cancer patients at WRNMMC. The program has enrolled patients in clinical trials for more than two decades. The program conducts clinical trials for immunotherapy, cancer vaccine and advanced prostate cancer therapy ranging from prevention to quality-of-life (ProstAtak and AdV-TK + Valacyclovir,). The Clinical Research Program collects serum, urine, tissue specimens (WRNMMC) through the integrated MCC biospecimen bank and patient data through the multicenter national			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
database (WRNMMC, NMCSD, BAMC, MAMC, TAMC). The CPDR-MCC prostate cancer bio-specimens bank currently houses over 240,000 units of various types of specimens which are driving engines of ground-breaking discoveries. Highlights of the Clinical Research program accomplishment include new findings on the roles of obesity (Ahmed et al, Res Rep Urol, 2024, PMID: 39403097) and mineral density (Bowling et al, Urology, 2024, PMID: 38710454) in advanced and metastatic prostate cancer, as well as the comparison of patients with African and European ancestries, which can be addressed best in our DoW equal access to healthcare setup (Eaglehouse et al, J Racial Ethn Health Disparities. 2024, PMID: 39433656). In addition to our prostate focus, the CPDR clinical team also investigated miliary aspects of kidney, bladder (Bytnar et al, Eur J Cancer Prev. 2024, PMID: 38568164) and testicular cancer (Almeida et al, Cancer. 2025, PMID: 39760469; Puri et al, Cancer Med. 2025, PMID: 40256970). The mission of the CoE's Basic and Translational Research Program is to discover prostate cancer-causing genes, biomarkers for the screen-detection, prognosis and prevention of aggressive prostate cancer and to develop new inhibitors of disease progression. The CPDR basic science groups published seminal papers on phenotypic plasticity (Morel et al, J Clin Invest. 2025, PMID: 39560993), p53 loss (Yanushko et al, Cell Death Dis. 2025, PMID: 39865080), and neuroendocrine trans-differentiation (Teng et al, Cancer Cell. 2025, PMID: 40250444) as they relate to prostate cancer progression towards metastasis. Additional highlights of recent publication success include elucidation of the drivers of lethal disease and therapeutic resistant in prostate cancer (German, et al., Cancer Res Commun 2024, PMID: 39113611, Sardar et al., Oncogene 2024, PMID: 39266679, Su et al., PNAS 2024, PMID: 39190349, Patkar S et al., J Pathol Inform 2024, PMID: 38953042, Diossy et al., NPJ Precis Oncol 2024, PMID: 39294262). The Multi-Center National Database Program seeks to enroll and follow subjects with prostatic diseases for comprehensive, demographic, longitudinal clinical, pathologic treatment, and outcome data. This strategy has led to an improved understanding of diagnostic and treatment strategies for patients. The program remains a model for DoW inter-service and multi-center research collaborations leading to high quality publications in the research addressing the impact of early detection of prostate cancer, treatment and quality of life outcomes and prognostic markers in the management of prostate cancer. • The CoE Multi-Center National Database team has enrolled over 32,000 subjects with prostatic diseases and has captured comprehensive data on clinicopathologic features, demographics, longitudinal follow-up on treatment outcomes and health-related quality-of-life information. • The IRB approved Multi-Center National Database is centralized and operated in Oracle, with real-time data entry and daily back-up. The program continued improvements in medical informatics and bio-informatics resources of the CoE ensure IRB compliance. Knowledge Products Summary thus far for FY 2025: Peer reviewed Publications (17); Non-peer reviewed (3); Podium Presentations (7); Poster Presentations (21)			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027

Materiel Products FY 2025: Patents (3)
Issued Patents:
US: Markers for the Diagnosis of Biochemical Recurrence in Prostate Cancer. USPN 12,320,812, Issued 6/3/2025.
Australia: Prostate Cancer Gene Profiles and Methods of Using the Same. Patent number: 2018266632, Issued 11/7/2024.

Patent Pending:
US: ETV1 Monoclonal Antibodies. Nationalized PCT, Serial Number: 19/149,189, Nationalized: 7/18/2025.

Training FY 2025: Students (9)
USU/SOM (4); WRNMMC/NMCSD Urology Residents (2); USU ORISE Summer Intern (1); Academic Volunteer Trainees (2)

The education of future military physicians, surgeon-scientists, and leaders within the military and DHA is a core focus of the Prostate CoE. Many of our alumni have gone on to leadership within military medicine and academia.

FY 2026 Plans:
The Prostate CoE will continue improving personalized medicine to reduce health disparities through multi-omics driven research implementing new AI, MRI and single-cell technologies. The CoE will develop and optimize platforms to improve detection and treatment of clinically significant cancers in the context of racially diverse DoW population with a focus on gene-based stratification and treatment of prostate cancer. Through the Murtha Cancer Center / PROMETHEUS program the CoE aims to define the cumulative impact of environmental exposures and inherited cancer pre-disposing mutations within the distributed force health protection settings. The CoE will continue improving prostate cancer screening, genetic testing, diagnosis, surveillance, treatment, and care within the DoW enhancing the return to duty of Service Members. The CoE will strengthen partnership with federal and private industry to deploy screening tools, clinical tests, and trials to Active Duty patients and beneficiaries. Growth in sequencing capability will fuel much of this study (both in tissue and animal tissues). The significant increase in data needed to study exposure-mediated roles in tumorigenesis and outcomes will necessarily include growth in our epidemiology and computational core capabilities, which will require team growth. Clinically, the CoE aims to formally expand enterprise-wide leadership and standardization of prostate cancer diagnosis, surveillance, treatment, and clinical trials enrollment through formalization of CoE-directed tumor board. This will require thoughtful expansion of clinical support team and include the addition of CoE medical oncology lead and administrative support. In FY 2026, we expect to see measurable growth in the utilization of single-cell spatial-omic datasets using the unique samples collected by the CPDR clinic. These molecular data will expand overall knowledge of molecular dependencies in prostate cancer and will be translated to increase the number of Investigator Initiated Trials (IITs) which are conceptualized and actualized within our center. These initial trials will focus on using our multi-omic data as input to develop AI-driven tools to determine best time to transition treatments in progressive advanced prostate cancer and also to

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
evaluate urine/serum markers to determine personalized active surveillance in localized prostate cancer. Finally, over 2025-2026, we aim to grow our overall extramural funding portfolio and qualify CPDR to become a competitive center to compete for larger extramural group funding, including SPORE cooperative project awards. Our FY26 goals will focus on the following: • Expansion of multi-center, multi-service prostate cancer treatment and enterprise-wide tumor board and clinical trial enrollment • Expand CPDR computational and single-cell spatial-omic capabilities to provide novel and innovative molecular understanding of prostate cancer that will give next level care to military patient population and their beneficiaries. • Growth in organoid model and mouse model basic and translational lines of inquiry will more fully mature • Epidemiology research—enhance data mining capabilities and outcome research • Mechanisms and roles of environmental exposure in prostate cancer initiation and progression • Database and Biobank Expansion • Add dedicated medical oncology lead and Genitourinary (GU) radiologist and GU pathologist at the CPDR WR Clinical Center • Regular outreach to deployed and under-resourced clinical teams to standardize care • Expand clinical trials • Organoid models to enhance personalized treatments and precision medicine therapy • Reinforce bench-to-bedside bridge by generating Investigator Initiated Trials (IITs) • Leverage power of spatial and single cell omics ***FY 2027 Plans:*** FY 2027 plans extend those from 2026 and mature specific projects aimed to understand the unique drivers (and therapeutic targets) of prostate cancer as they impact our military patient population. Clinically, the implementation of investigator-initiated trials involving genomic risk scoring, treatment decision-making, single-cell and spatial-omic data expansion, and AI-informed imaging/biomarker/genomic treatment guidance in the surveillance, clinically localized, and recurrent disease states are aimed to be implemented, as are studies to evaluate different screening guidelines and periodicity among those servicemembers exposed to military-related toxins/exposures. Our PROMETHEUS project will continue to elucidate exposure-related relationships and mechanisms. In the laboratory, further growth will be based on in-house sequencing capability developed in FY 2026, from improvement in organoid and other tissue model studies, and further expansion of single-cell and spatial evaluations developed during FY 2026. We aim for improved joint VA longitudinal studies and cooperation with patient and tissue evaluation and to formalize wider-reaching DoW-wide complex cancer care coordination for prostate cancer and other genitourinary cancers. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	8.931	9.413	9.600

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 383A / *CoE-Prostate Cancer Center of Excellence (USUHS)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 478 / *Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
478: *Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)*	83.578	28.825	30.267	30.672	-	30.672	31.085	32.285	33.531	34.202	Continuing	Continuing

A. Mission Description and Budget Item Justification

DoW Cancer Moonshot - Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS) requirement is a mission of the Murtha Cancer Center (MCC) at USUHS under the authority of a tri-federal Memorandum of Agreement signed July 2016 by the Acting Assistant Secretary of War for Health Affairs (DoW), the Under Secretary of Health, Department of Veterans Affairs (VHA), and the Acting Director of the National Cancer Institute (NIH), for a tri-federal program of Clinical Proteogenomics Cancer Research. The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. APOLLO research is conducted in a manner that abides by the EO's nine key tenets. DoW's APOLLO program promotes readiness and mission accomplishment of the active duty service member (ADSM) force and Warfighter Readiness, as well as military beneficiaries, retirees, and veterans. There are over 1,500 ADSMs who are stricken with a new cancer diagnosis annually and over 15,000 active duty are serving with a prior diagnosis of cancer, and MCC serves as the DoW's Health Affairs-approved Center of Excellence for cancer care and research for these ADSMs. MCCRP's mission is to preserve and protect the Readiness and Lethality of the Warfighter by bringing translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty ADSMs stricken with cancer, as well as all other DoW beneficiaries. DoW's APOLLO initiative allows for the provision of state-of-the-art molecular analysis of tumors and blood of cancer patients which results in increased force readiness through more targeted treatment of Warfighter cancers with fewer side effects, as well as better screening for cancer risk and development. All aspects, research, and activities in this program are aligned with and support relevant readiness gaps and outcome metrics in the Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) for Cancer metrics and requirements document, which is reviewed annually by Office of the Assistant Secretary of War for Health Affairs and the Health Services Working Group.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: DoW Cancer Moonshot - Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)	28.825	30.267	30.672
Description: APOLLO is a novel high-throughput molecular analysis of every DNA (gene), RNA, and protein expression molecule in cancer patient tumors. Such analysis has never been done on a large scale across multiple cancer types, and we have demonstrated that the APOLLO project results in unprecedented findings across all types of cancer (with specific focus on cancers of the greatest threat to Warfighters and ADSMs). These new findings are identified by using state-of-the-art tissue collection procedures in the operating rooms of all patients undergoing cancer surgery at MCCRP collection protocol sites at all large DoW Medical Facilities (e.g. Walter Reed, NMMC; NMC Portsmouth; NMC San Diego; Womack AMC at Fort Bragg; ATAMMC, WBAMC, TAMC, MAMC, SAMMC/Brooke) and, then, sequencing the entire DNA genome and RNA sequencing at			

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Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 478 / *Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
USUHS, while analyzing the entire protein expression profile of these same cancers in MCCRP's Proteomics Laboratory, as well as other affiliated protein laboratories. The vast molecular data that is derived from these analyses (in the terabyte and petabyte range and beyond) is linked to de-identified clinical data as well as treatment outcomes data. These combined data sets are housed in National Cancer Institute (NCI) secure cloud-based servers with restricted access for analytics by teams of bioinformatics experts (i.e., from government, university, and corporate entities) across the United States working on this endeavor. This complete bio molecular (global) expression profiling of thousands of cancers of all types seen in military treatment and other facilities has resulted in a myriad of new discoveries regarding the way cancers develop, progress, respond to treatment, evade treatment, and spread. It also resulted in new ways to combat cancers and minimize side effects of cancer treatment, as well as identify novel cancer screening and prevention opportunities, while focusing on militarily-relevant cancers and Warfighters / ADSMs with cancer, distinguishing it from any effort that might develop in the future in a civilian organization, as none of this scale exists today. There are now 11 specific APOLLO sub-projects, which are classified based on the organ type of cancer under study: APOLLO 1 = Lung cancer - 10th Highest Cause of Cancer in Active Duty; APOLLO 2 = Gynecological cancer - 12th Highest Cause of Cancer in Active Duty; APOLLO 3 = Prostate cancer - 3rd Highest Cause of Cancer in Active Duty; APOLLO 4 = Breast cancer - 5th Highest Cancer in Active Duty; APOLLO 5 = prospectively-collected VA, DoW, and NCI specimens and data for all organ sites, APOLLO 6 = Pancreatic Cancer - 13th Highest Cause of Cancer in Active Duty; APOLLO 7 = Testicular Germ Cell Tumors - Highest Cause of Cancer in Active Duty; APOLLO 8 = Glioblastoma the 7th highest cause of Cancer in Active Duty; APOLLO 9 = Krukenberg Tumors – linked to APOLLO 2 and metastatic cancers; and two new APOLLOs, APOLLO 10 = Sarcoma and APOLLO 11 = Melanoma (3rd highest cancer incidence type in active duty). FY2025 Accomplishments: : The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. APOLLO research is conducted in a manner that abides by the EO's nine key tenets. In addition to the comprehensive assessments of DNA, RNA and protein molecules of cancer tissues from 1,432 patients this year, the MCCRP APOLLO program performed germline genetic sequencing of this year's enrolled 1,432 APOLLO participants to identify clinically- actionable health-related mutations for the patient to then discuss with our Murtha Clinical Genetics team, which decreased both the further occurrence of cancers in the enrolled population as well as reducing the development of other health-related genetic conditions,			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
by offering those patients identified with a clinically-actionable germline mutation various therapies, prevention strategies, and approaches that mitigates the future development of diseases and cancer in those individuals. The molecular analyses are being performed at USU laboratories that are funded through and supported by APOLLO for this particular work. Of note, we in Murtha prioritize all active duty Warfighters for this germline genetic sequencing and return of results, which has clearly resulted in improved medical readiness ("Genetic Readiness") of our Warfighters by preventing the occurrence of certain cancers and other health conditions as well. In this era of personalized medicine, genome sequencing and vast proteomic assessments are technologies that holds great promise for the future of individualized care. Genome sequencing has become a diagnostic and prognostic tool in both the research and clinical health care setting. The applications of genome sequencing now extend to pre-symptomatic diagnoses of medical conditions, customization of preventive strategies, and determination of individuals' pharmacogenomics profiles. Within the last decade, sequencing the genome has become faster, and costs have greatly decreased so that its use has widened across many specialties of healthcare and research. Genetic variants associated with disease continue to be discovered through this technology. Although the technology to sequence genomes has dramatically improved, it has greatly outpaced the ability to interpret the information generated through sequencing. The bioinformatics and data analytics approach built into APOLLO through MCCRP, USU, NCI and outside experts utilizing DNA and RNA sequencing, quantitative proteomics and phosphoproteomics incorporate these approaches into the comprehensive analysis workflow of APOLLO. MCCRP continues its operation in the Murtha Cancer Center Research Program's APOLLO Network consisting of the nine largest DoW Medical Treatment Facilities, in order to ensure that as many Warfighters being seen in DoW medical centers have access to this remarkable capability. - The Network also includes Chan Soon-Shiong Institute of Molecular Medicine at Windber Research Institute, USUHS, The American Genome Center for APOLLO at USUHS and the MCCRP proteomics lab located at Inova Hospital. Presented at AMSUS conference on Cancer Care in the DoW: The distinguished panel from the Murtha Cancer Center Research Program (MCCRP) discussed their research with a focus on access to care within DoW, and with better cancer-related outcomes compared to the general population. Presented at the MHS Conference in April 2025 in Cleveland, Ohio specifically on our APOLLO program and its Return of Genetics Results for clinical use across the DoW, which has been very well-received by DoW patients and leadership. Published in Cell Reports Medicine: APOLLO 1: Proteogenomic analysis of lung adenocarcinoma reveals tumor heterogenicity, survival determinants, and therapeutically relevant pathways.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 478 / *Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) Consortium (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Also, APOLLO 2, APOLLO 3, and APOLLO 4 were all published in highest-impact, top-tiered peer-reviewed publications this FY25. Had ten APOLLO-related research studies presented at MHSRS 2025 (Military Health System Research Symposium). APOLLO 5 Disease Interest Groups were formed to focus bioinformatic analytic and Artificial Intelligence analysis on two of our largest tumor cohorts: Kidney Cancer, and Colorectal Cancer. The colorectal cancer analysis of APOLLO 5 data is made even more critical by the fact that colon cancer is increasing in incidence in our population and is now being diagnosed at younger ages, affecting Warfighters in the prime of their careers. -In FY25, we had a total of 81 peer-reviewed knowledge products promulgated successfully across the DoW and national scientific establishment. We have a total of 55 ongoing research studies in this portfolio, open across the DoW / DHA at the nine largest DoW medical centers, ensuring access to the highest-level cancer research and care by the Warfighter regardless of DoW treatment location. Materiel Products – Patents submitted: • Protein Markers for Estrogen Receptor (ER)-Positive Luminal A (LA)-Like and Luminal B1 (LB1)-Like Breast Cancer PCT/US2022/023695 HJF 607-21 US2 US Entry Date 10/6/2023 Pending • Protein Markers for the Prognosis of Breast Cancer Progression went into the national phase in the United States, Europe, Israel, and Canada PCT application PCT/US2022/023633 Pending • Lipid, Protein, and Metabolite Markers for the Diagnosis and Treatment of Prostate Cancer. US 18/233,583 filed 4/1/2024 Pending • ETV1 Monoclonal Antibodies. PCT/US2024/012006, filed 01/18/2024.Pending • Prostate Cancer Gene Profiles and Methods of Using the Same. USPN 11,913,076, Issued 02/27/2024. • “Methods for Diagnosis and Treating Ovarian Cancer”, filed; Application Number: 63/447,797. Pending • Proteogenomic landscape of prostate cancers. US PROV 63/574,670 filed ***FY 2026 Plans:*** In FY26 we will roll out and support APOLLO 12 and APOLLO 13 , which are in final development. APOLLO 10 (Sarcoma) and APOLLO 11 (Melanoma) are now are ready to be operationalized across our research enterprise in FY26 and will be fully supported. These will require significant resourcing for the entire proteogenomic molecular workflows in these cancers to continue to focus on “Cancer as a Readiness Issue” for the Total Force and our Warfighters. Increase the support of high-performing accruing sites (for APOLLO 5, prospective study) across DoW Murtha Research Network by doubling the number of personnel at high-performing sites so we can increase research patient accrual and ensure that all active duty with cancer as well as all veterans with cancer treated at our network locations are offered enrollment. Further resource our informatics systems for APOLLO and fund the transition from APOLLO DTS to the next generation of data informatics for APOLLO. Continue resourcing vast tissue bank operation that supports the entire APOLLO program, and plan to exceed the nearly 2,000 human tissue samples			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
that we acquired in FY25. The project's research will comply with and follow President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. APOLLO research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2027 Plans:*** In FY27 we will roll out and support APOLLO 12 and APOLLO 13 (both in development in FY26), which will be ready to be operationalized across our research enterprise in FY27 and will be fully supported. These will require significant resourcing for the entire proteogenomic molecular workflows in these cancers to continue to focus on "Cancer as a Readiness Issue" for the Total Force and our Warfighters. Maintain the support of high-performing accruing sites (for APOLLO 5, prospective study) across our DoW Murtha Research Network by increasing efficiencies of the number of personnel at high-performing sites to increase research patient accrual and ensure that all active duty Warfighters with cancer as well as all veterans with cancer treated at our network locations are offered enrollment. Further resource our informatics systems for APOLLO and continue to finalize the funding of the transition from APOLLO DTS to the next generation of data informatics for APOLLO. Continue our resourcing of our vast tissue bank operation that supports the entire APOLLO program, and plan to exceed the nearly 2,000 human tissue samples that we acquired in FY25. In FY27 we will be upgrading some of our core molecular research equipment as they will have reached the end of their lifecycle. The project's research will comply with and follow President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. APOLLO research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	28.825	30.267	30.672

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 479 / *Framingham Longitudinal Study (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
479: *Framingham Longitudinal Study (USUHS)*	19.503	5.056	5.324	5.430	-	5.430	5.539	5.753	5.975	6.095	Continuing	Continuing

A. Mission Description and Budget Item Justification

DoW Cancer Moonshot Program - DoW Framingham

Over 1,500 active duty Warfighters a year are newly diagnosed with cancer. DoW's Murtha Cancer Center (MCC) at USUHS (MCCRP)'s mission is to preserve and protect the Readiness and Lethality of the Warfighter / Active Duty Force by bringing translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty Warfighters stricken with cancer, as well as all other DoW beneficiaries. DoW's Cancer Moonshot promotes readiness and mission accomplishment of the active duty service member (ADSM) Warfighter force, as well as military beneficiaries, retirees, and veterans. MCC serves as the DoW's Health Affairs-approved Center of Excellence for cancer care and research for these ADSMs. MCC's mission is to bring translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty ADSMs stricken with cancer, as well all other DoW beneficiaries. DoW's Framingham initiative allows for the provision of state-of-the-art molecular analysis of tumors and blood of cancer patients which results in increased force readiness through more targeted treatment of cancers with fewer side effects, as well as better screening for cancer risk and development. The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO's nine key tenets. All aspects, research, and activities in this program are aligned with and support relevant readiness gaps and outcome metrics in the Joint Staff-approved Capability-Based Assessment (CBA) and Initial Capabilities Document (ICD) for Cancer metrics and requirements document, which is reviewed annually by Office of the Assistant Secretary of War for Health Affairs and the Health Services Working Group.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: DoW Cancer Moonshot Program - DoW Framingham Longitudinal Study	5.056	5.324	5.430
Description: DoW Framingham is a novel project that is enabled by the blood serum specimens stored at the DoW Serum Repository (DoWSR) at the Armed Forces Health Surveillance Branch (AFHSB) in Silver Spring, Maryland. This facility stores blood serum drawn from over 10 million Warfighters / ADSMs who were required to undergo mandatory bi-annual blood testing for the last 30 years, resulting in this repository with over 65 million blood serum specimens. MCC tumor registry data, which includes every Warfighter who developed cancer while on active duty, is matched to data in the Serum Repository. This allows MCC to identify the blood serum of Warfighters who ultimately develop cancer at key times, i.e., before they had cancer, during their cancer treatment, and after their successful cancer treatment. Four different serum specimens (two before, one during, and one after cancer diagnosis and treatment) from every Warfighter who developed certain types of cancer over a ten-year period of time are then sent to the Nation's foremost protein identification (mass spectroscopy) center, i.e., the Pacific Northwest National Laboratory (PNNL) run by the Department of Energy (DOE). This enables identification of the entire proteome circulating in the			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 479 / *Framingham Longitudinal Study (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
blood serum of these cancer patients before, during, and after cancer diagnosis. Comparing the proteomes allows for identification of new protein biomarkers and indicators of treatment response and failure both of individual patients and across all patients with a specific type of cancer. The initial DoW Framingham studies already completed and peer-review published by MCC researchers have proven that this is an effective strategy to identify novel pre-diagnostic and treatment protein expression biomarkers that can be assayed in new blood tests for cancer. This project does it “at scale”, i.e. in large numbers of active duty Warfighter cancer patients (who are otherwise healthy and therefore do not have the” confounding” protein markers of old age, diabetes, and other medical issues). By using serums that go back many years before the Warfighter was diagnosed with cancer, the earliest markers of cancer that will be identified, and assays are then performed by another U.S. governmental agency with the best protein detection and analysis tools in the world. Six specific DoW Framingham sub-projects, classified based on the organ type of cancer, are being and will be conducted: Framingham 1 = Oropharyngeal cancer; Framingham 2 =Lymphoma; Framingham 3 = Melanoma; Framingham 4 = Pancreatic cancer; Framingham 5 = Metastatic Cancer to Bone (of any type); and Framingham 6 = Spectrometric Serum Analysis of Biomarkers Soft tissue Sarcoma. The project’s research complies with and follows President Trump’s Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO’s nine key tenets. FY2025 Accomplishments: : 1. Framingham-1 (HNSCC): Completed the analysis of an independent set of 156 Warfighter DODSR serum samples (over 600 samples) and initially validated the proteomic classifier for early detection of HNSCC. Published in peer-review journals, presented at national meetings, and patent submitted. 2. Framingham-2A (DLBCL): Completed the Discovery analysis using TMT labeling of 90 Warfighter DODSR serum samples; selected biomarkers candidates and developed SRM assays; MS analysis of the DLBCL samples is underway. 3. Framingham-3 (melanoma): Completed the Discovery analysis using TMT labeling of 75 Warfighter DODSR serum samples; selected biomarkers candidates and developed SRM assays; completed SRM analysis of the melanoma samples. 4. Framingham-4 (PDAC): Developed SRM assay development; completed SRM and bilirubin analysis of the PDAC samples; developed a classifier with an AUC of 0.91 for detection of PDAC; filed an invention disclosure for the proteomic classifier for PDAC. Submitted for peer-review and presentation at national scientific meetings. 5. Framingham-5 (metastatic bone disease): Completed O-link analysis of 141 cytokines in the DODSR serum samples; MS analysis of the metastatic bone disease samples is on hold pending final decision on analytical platform. 6. Invention: PNNL Invention Disclosure 32920-E. "Proteomic classifier for early diagnosis of pancreatic cancer." ***FY 2026 Plans:***			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 479 / *Framingham Longitudinal Study (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
In collaboration with PNNL, the following technology will be utilized on all FY26 and future Framingham studies (Seer's Proteograph technology) Technical issues with the originally planned immunoaffinity depletion approach were noted during the Framingham-4 and Framingham-3 data generation. Several batches of depletion columns introduced unknown interference into the samples, causing rapid decrease in sensitivity in the mass spectrometry (MS) analysis, and this cannot be effectively addressed by various sample cleanup approaches. Moreover, several major manufacturers (e.g., Sigma) have left the market. Several improved novel nano/micro particle-based biofluid processing methods recently became available from Seer, Ceres, and Resyn, have since been evaluated for their ability to selectively bind proteins based on physicochemical properties that are largely concentration independent. Combining with the highly effective data-independent acquisition (DIA) MS method, these nano/ micro particle platforms enable deep, unbiased analysis of the serum proteome. It has been determined that Seer's Proteograph technology provided the best proteome coverage and reproducibility and therefore was chosen as the new analytical platform going forward for all DoW Framingham projects. Updating from the original immune-depletion-targeted proteomics platform to the nanoparticle-unbiased DIA platform for the remaining Framingham-2A and Framingham-5 projects not only effectively addresses the technical challenges in the immune-depletion technology, but also enable comprehensive, unbiased discovery at overall higher sample throughput. This significant technology change will be funded starting in FY26 and as we go through legacy samples from prior Framingham studies, will represent the bulk of the funding as we engage this exciting new technology. We also will plan in FY26 to roll out Framingham 6 (cancer site soft tissue sarcoma). The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2027 Plans:*** Utilizing the novel proteomic technologies noted above, FY27 brings two new Warfighter-relevant cancers that have likely / putative causation due to toxic exposures during operational service. We will use the DOW Serum Repository to attain longitudinal serum samples from Warfighters diagnosed with lung cancer (Framingham 7), which has known relationships to burn pit exposure, agent orange exposure, and other aerosolized toxins; we will also undertake Framingham 8, Testicular and Germ Cell Tumors, which are the number one cancer overall in incidence in male active duty Warfighters. Seer's Proteograph technology provides the best proteome coverage and reproducibility and therefore was chosen as the new analytical platform going forward for all DoW Framingham projects. The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Pricing adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	5.056	5.324	5.430

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 479 / *Framingham Longitudinal Study (USUHS)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 499 / *MHS Financial System Acquisition and Sustainment (DHA)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
499: *MHS Financial System Acquisition and Sustainment (DHA)*	19.463	5.918	6.266	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Legislative Mandate and Current State: The National Defense Authorization Act (NDAA) 2017 Section 702 transferred administration and control of Military Treatment Facilities (MTFs) to the Defense Health Agency (DHA), necessitating a singular financial management system. In response, COMP Direct Care appropriations are now distributed and executed through the Army's General Fund Enterprise Business System (GFEBS), establishing the required unified financial framework.

Critical Modernization Requirements: The Army is transitioning from GFEBS to a next-generation Enterprise Resource Planning (ERP) system, Enterprise Business System-Cloud (EBS-C). Given the Military Health System's (MHS) complete dependence on Army financial systems, participation in this modernization effort is mission-critical. Current Health Affairs Financial Center (HAFC) funding supports essential GFEBS system enhancements including interface updates, posting logic modifications, and preparations for EBS-C transition.

Compliance and Audit Readiness: Federal legislation including the CFO Act of 1990, Federal Financial Management Improvement Act (FFMIA) of 1996, Federal Managers' Financial Integrity Act (FFMFIA) of 1982, and Federal Information Security Modernization Act (FISMA) of 2014, along with various NDAAs, mandate DoW audit compliance. A singular, modernized financial system is essential for achieving audit readiness and maintaining regulatory compliance across the MHS.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: MHS Financial System Enhancements/Modernization	5.918	6.266	0.000
Description: Sustain all Direct Care COMP funds within a single, modernized financial system enabling consistency across the Defense Health Agency and Military Health System through standardized processes, data collection, and reporting capabilities. This requires system enhancements and modernization to a newer ERP.			
FY 2026 Plans: Execute critical backlogged GFEBS system enhancements in coordination with Army. Initiate development activities for EBS-C implementation. Ensure seamless financial operations during transition planning.			
FY 2027 Plans: N/A			
FY 2026 to FY 2027 Increase/Decrease Statement:			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Decrease due to shift to non-S&T project that transitions DHA from GFEBS to a next-generation Enterprise Resource Planning (ERP) system, Enterprise Business System-Cloud (EBS-C). This project was identified as S&T but is past the S&T phase. Realign FY27 and out funding and priorities to PE 0605013 Project 599.			
Accomplishments/Planned Programs Subtotals	5.918	6.266	0.000

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
• BA 3: *PE 0807721 Replacement & Modernization*	-	3.117	3.117	-	3.117	1.683	1.750	1.820	1.820	Continuing	Continuing

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 506 / *Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
506: *Health Research for Improved Medical Readiness and Healthcare Delivery (USUHS)*	44.927	11.754	12.384	27.632	-	27.632	28.185	28.989	29.818	30.414	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Health Research for Improved Medical Readiness and Healthcare Delivery” program at USUHS answers fundamental questions of importance to the military mission of the Department of War in five (5) distinct portfolio areas: health services research, global health engagement, precision medicine, women’s health, and infectious disease clinical research.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Health Research for Improved Medical Readiness and Healthcare Delivery	11.754	12.384	27.632
Description: The “Health Research for Improved Medical Readiness and Healthcare Delivery” program at USUHS answers fundamental questions of importance to the military mission of the Department of War in five (5) distinct portfolio areas: health services research, global health engagement, precision medicine, women’s health, and infectious disease clinical research. Portfolio 1: The Center for Health Services Research (CHSR) supports US Warfighters & the military community by building the Military Health System (MHS)’s capacity to conduct health services research (HSR) that supports MHS goals, DOW’s mission, & US national security strategy. CHSR meets JCIDS identified gaps of DK1 & DK3 [DK1: Inconsistent approach to producing knowledge products & tools; DK3: Lack a decision support mechanism that enables timely, accurate decisions & diagnosis at all levels of care]. CHSR is the only group responding directly to priority research requests from the DHA, OSW(HA), & other Federal agencies, providing timely, evidence-based knowledge to inform decisions on National Security and systemwide improvement. CHSR was designated DHA “Must Fund” beginning FY2024. CHSR supports high profile, unmatched research efforts on the US pharmaceutical supply chain, and CHSR work on the Ukraine health & trauma system builds knowledge for future US readiness in Large Scale Combat Operations (LSCO). FY2025 Accomplishments: Warfighter focused research in peer-reviewed journals: -Modeling Musculoskeletal Combat Casualty Care: NATO Trauma System Performance in Large Scale Combat Operations			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Assessment of the Trauma System in Ukraine during the Russo-Ukrainian War: 10 published manuscripts 2024-2025 (evacuation, rehabilitation, disease & non-battle injuries, etc), +1 manuscript pending publication -Findings from these studies used as guidelines for those serving in the region -Serving as NATO Syndicate Leads on Lessons Learned: Casualty Evacuation and Repatriation & Lessons Learned: Logistics -Ongoing COCOM engagement using the Global Trauma Systems Evaluation Tool (GTSET) for INDOPACOM and EUCOM, providing further insight into casualty care assessment and wartime preparedness in allied nations. -Musculoskeletal Injuries and Behavioral Health Conditions Among US Army Servicewomen in Ground Combat Military - Occupational Specialties: An Update From 2019 -No One Left Behind: Incidence of Sudden Cardiac Arrest and 30-Day Survival in Military Members—under policy consideration by OSD (HA) -Post-deployment at-risk drinking among active-duty women: healthcare utilization and military readiness outcomes -Characterizing Limb Loss & Absence in MHS Beneficiaries: Demographics, Causes, & Trends (2005–2023) -Spinal Injuries and Spine Care in the U.S. Military Health System (2001-Present) Congressionally directed research portfolio assessing quality and safety of pharmaceutical products, & the security of the supply chain emphasizing domestic production of critical pharma products, for National Security -Significant engagement with the White House, Congress, and Dept of Health and Human Services -A comparison of the essential medicines lists of the U.S. DOW, Department of Health and Human Services, the U.S. FDA, and the World Health Organization -A Synthesis of Recommendations to Strengthen the Department of War Pharmaceutical Supply Chain			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Estimation of Economic and Public Health Burden of Low-Quality Generic Drugs for Chronic Disease and Potential Solutions -For NATO, developed and completed a Delphi Panel to establish a NATO pharmaceutical stockpile for allied nations -Evaluating changes in the quality and access to care in the MHS since the roll out of MHS Genesis and transition to DHA management of Military Treatment Facilities -Evaluation of the roll out of MyDigitalHealth at 5 pilot sites (request of DHA) -Optimizing the Military Health System Video Connect Platform in the Defense Health Network National Capital Region (DHN-NCR) Through the Perspective of Providers and Clinical Staff (under editorial review) -Trends in Surgical Volume \& Outcomes and Workforce Availability in a Health System in Transition, 2016-2023 Additional Work in Progress: -Sec. 737 Report to Congress: Systematic Reviews of COVID19 Vaccination Effectiveness, Immune Response, & Adverse Events with Sub-Group Analysis of US Military Populations—Direct request of Congress to DOW to CHSR -Developing an Operational Medicines-Essential Medicines List for the Department of War using the Delphi Method—Direct request of DoW (Joint Staff Surgeon/OSW (HA)) -The Effectiveness and Cost Benefit of Antiobesity Meds in the MHS—Direct request of DHA; significant engagement with Army Surgeon General -End-to-End Supply Chain Mapping of 30 Pharmaceutical Key Starting Materials—Aligns to America First Act 2025 -End-to-End Supply Chain Mapping of 45 Excipients: A Demonstration Project—Aligns to America First Act 2025 -Developing Machine Learning/AI Capability for the MHS—with EIDS; maps to DHP requirement “AI for Force Health Protection, Readiness, & Clinical Services.”			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Application of Buxton-Hanney Payback Framework to DoW sponsored research in the health \& trauma system of Ukraine following the Russian invasion, 2022-2025—Request of DHP -Standing up Shoresh with Israeli Defense Force for Advanced Health Analytics and Policy Working Group—request of DoW -Enhancing Provider Readiness for Prolonged Casualty Care: A Mixed-Methods Study of Clinical Skill Sustainment and Deployment Preparedness—Request of Office of the Surgeon General (OTSG) AF -Geographic Variation in Blood Transfusion Among TRICARE Beneficiaries -Low Value Trauma Care in the MHS versus Catchment Areas: Building Informed Regional Medical Operations Centers Training: -Hosted 2nd State of the Science Symposium for HSR in the MHS, a 2-day event for >300 military, Federal, and civilian registrants, highlighting emerging research and collaboration. -Hosted DaVINCI database training (> 200 registrants) and “Use of MHS Databases for Health and Costing Research” (>160 registrants) -Ongoing mentorship and research/analytical support to 13 USU preventive medicine and occupational health residents (ongoing) -Hosting of two IDF military medical personnel as research fellows (upcoming summer 2026) Portfolio 2: The Center for Global Health Engagement’s (CGHE) research is related to operational efforts and innovative approaches that will meet the needs of the Joint Force in either improving the understanding and/or execution of DoW Global Health Engagement (GHE), or utilizing DoW health research activities to engage partner nations in support of Combatant Command (CCMD) Campaign Plan objectives. CGHE FY2025 Accomplishments: Under the direction of the Assistant Secretary of Defense for Health Affairs and in support of CCMD priorities, USU/CGHE conducted the following activities:			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-CGHE provides subject matter expertise and research support to the Indo-Pacific Health Security Alliance (IPhsa),led by U.S. Indo-Pacific Command (USINDOPACOM) and the Australian Defence Force. IPhsa aims to formalize and broaden partnerships, and enhance multisectoral health security preparedness. CGHE also supports U.S. Africa Command with the African Partnership Outbreak Response Alliance (APORA). CGHE's support for these regional health security initiatives enhances civil-military readiness by engaging multisectoral partners, promoting partner nation-owned military-civilian capacity. -CGHE began supporting USINDOPACOM in executing requirements outlined in Section 735 of the FY25 National Defense Authorization Act which directs the development of a medical readiness program to enhance preparedness for Large-Scale Combat Operations together with allies and partners. CGHE began a research component, which includes conducting a comprehensive landscape analysis for the region which can then be leveraged to develop a strategy for bolstering regional partnerships and increasing interoperability with strategically selected allies and partners. CGHE supported establishment of program goals, objectives, milestones, and metrics which will be key in ensuring program activities substantively contribute to desired outcomes. -CGHE supported U.S. Southern Command (USSOUTHCOM) and U.S. Air Forces Southern by creating tools, instruments, and protocols to support Assessment, Monitoring and Evaluation of medical readiness programs. CGHE collaborated on analysis of mission data collected through the Medical Currency Application for Readiness Tracking app, providing military leaders actionable information on knowledge, skills, and abilities acquired during 2025 GHE activities. Standardized tools and templates for medical readiness data collection were developed and refined throughout implementation of USSOUTHCOM missions. Findings from the program were presented in a June 2025 webinar and a corresponding informal publication for the DoW GHE community. -CGHE designed, delivered and maintained the Medical Evaluations Describing Interoperability Capability Assessment Levels Of Partner Trauma Institutions Or Non-Battle Injury Services (MEDICAL OPTIONS), a web-based platform (housed on Intelink.gov) designed to consolidate and share information about non-U.S. partner nation health capabilities. It aims to improve knowledge management for the DoW and broader U.S. Government, enabling health support to military operations and CCMD Trauma Systems. As expeditionary operations carry inherent health risks, understanding available health capabilities helps guide operational and contingency planning and GHE activities. The platform hosts over 1500 health capability surveys organized by Geographic CCMD and country. CGHE also launched the After Action Reviews Knowledge-base to expand collection of reports from prior GHE activities.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-CGHE implemented a cycle of the Global Health Engagement Research Initiative (GHERI), focused on operational research and development to meet Joint Force needs. GHERI aims to enhance understanding and execution of DoW GHE and leverage health research activities to engage allies and partners in supporting CCMD Campaign Plan objectives. -CGHE completed a research effort focused on Reciprocal Medical Credentialing for Global Health Interoperability. This identified barriers to interoperability, including inconsistent standards, limited reciprocity, and administrative burdens between DoW and partner nations. CGHE also collaborated with the Library of Congress' Federal Research Division to understand how medical credentialing barriers are handled within the wider USG interagency and in global contexts. -CGHE launched the Global Health Research Interoperability Program Highlighting Approaches Needed for Defense Support (GHRIP-HANDS), an evidence-based, end-to-end, research-to-translation framework. The program focuses on developing and validating comprehensive, risk-focused health interoperability frameworks that align with broader DoW GHE strategy. By supporting, connecting, and synchronizing efforts across strategic, operational, and tactical levels, GHRIP-HANDS aims to strengthen DoW collaborations and improve interoperability with partners. Portfolio 3: The Center for Military Precision Health's (CMPH) mission is to conduct innovative research applying genomic science, discoveries, and precision techniques to enhance the health, readiness and well-being of the Warfighter and DoW beneficiaries. CMPH provides standardized state of the art genome and molecular profiling services, clinical variant interpretation, return of clinical genomic results, genomic data analysis, and genomic data storage under DoW security and privacy compliance policies, addressing 8 separate DoW requirements across the MHS while also providing education in genomic information and performing clinical implementation research in the field of genomic medicine to inform policy and clinical practice guidelines for use of genomics in the MHS. CPMH enables DOW- and HHS-study subjects to participate in translational genomic research studies for human disease and conditions including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI) and related neurological disorders, major depressive disorder, suicide-associated behaviors, service related environmental exposures, cardiovascular disease, cancers, and other disease, lung, prostate, breast, gynecological and other human cancers, traumatic brain injury and dementia and other complex human diseases. To date, The American Genome Center (TAGC) at CMPH has completed genomic and transcriptomic profiling on over 300,000 human samples. CMPH supports several USU Centers and programs including Murtha Cancer Center and Surgical Critical Care Initiative (SC2I), the Consortium for Health and Military Performance (CHAMP), the Center for the Study of Traumatic Stress (CSTS), the Military Traumatic Brain Injury Initiative (MTBI2), the USU-4DBio3 Center for Biotechnology and the Military Cardiovascular Outcomes Research (MiCOR) program. CMPH is also currently collaborating with the National Institute of Allergy and Infectious Diseases (NIAID), National Institute of Aging (NIA), National Institute of Mental Health (NIMH)			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
and National Heart, Lung and Blood Institute (NHLBI) to address cardiovascular diseases, neurodegenerative diseases and dementias, mental illnesses, infectious diseases of concern to warfighter health. CMPH FY2025 Accomplishments • The American Genome Center and CMPH received CLIA certification for production sequencing and interpretation of clinical genomes. The center will apply for College of American Pathologists (CAP) clinical laboratory accreditation this year. • Through a collaboration with other USU investigators, CMPH supported a project on spatial gene expression signature of post-injury at the focal point of contusion in Traumatic Brain Injury. The results of the project suggest that upregulation of gene pathways functioning in synaptic transmission and an alternating down- and then upregulation of genes functioning in ribosomal messenger RNA translation and aerobic metabolism in mitochondria. These data suggest infiltrating neutrophils and monocytes play an evolving, multifaceted role in modulating the metabolic, transcriptional, and synaptic activity of brain tissue post-injury. • In Cancer Research, CMPH supported a project with colleagues at the University of Nebraska investigating the effectiveness of a SOS1 inhibitor on the efficacy of treatment for adenocarcinoma. The results demonstrated that the SOS1i inhibitor BI-3406 both inhibits intrinsic/adaptive resistance and targets drug tolerant persister cells to limit the development of acquired resistance to clinical KRASG12C inhibitors in lung adenocarcinoma cells. Also in collaboration with the University of Nebraska, CMPH investigators studied the role of gene expression signatures in EGFR mutation status in patients in an attempt to identify cases with similar signaling pathways but without canonical EGFR mutations. The results of the project define a novel EGFR mSig that identifies EGFR-mt-like tumors. Identifying patients with driver gene mutations lacking EGFR mutations suggests a new approach of identifying new druggable targets. • In another project in collaboration with the Murtha Cancer Center and the APOLLO network CMPH utilized whole genome sequencing to investigate ovarian cancer. Through proteomic analysis of enriched tumor epithelium, the center found prognostic signatures of increased dependency of homologous recombination proficient cells on BMI-1 in high grade serus ovarian cancer. Our efforts provide insights into low purity HGSOC correlating TILs with improved disease prognosis, expression alterations associated with HRD status, and increased sensitivity of HRP tumor cells to BMI-1 inhibitors. • In collaboration with investigators from WRNMMC and Harvard, CMPH supported a project investigating the relations of molecular protein expression profiles of plantar skin and their effects on wound healing. The results of this project showed that plantar skin is molecularly and functionally more distinct from nonplantar skin than previously recognized, with unique gene and protein expression profiles, broad alterations in cellular functions, constitutive activation of many wound-associated			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
phenotypes, and inherently delayed healing. This unusual physiology is likely to play a significant but underappreciated role in the pathogenesis of plantar ulcers as well as the last 25+ years of futility in therapy development efforts. By revealing this critical yet unrecognized pitfall, these results may aid the development of more effective therapies for these devastating nonhealing wounds. • In a project investigating the long-term effects of Gulf War exposures on US military veterans, CMPH investigators collaborated with researchers WRNMMC, Murtha Cancer Center and other researchers at USU to investigate future risk of developing Clonal Hematopoiesis (CH) a precursor for the development Myeloid neoplasms. Consistent with previously published data, DNMT3A and TET2 were the most frequently mutated genes, and missense mutations were the most common mutation type. The study team noted a 43% overall prevalence of CH in exposed service members. • In collaboration with the USAF 59th medical wing and the USAF School of Aerospace Medicine, CMPH investigators recently participated in a project to examine how environmental influences and demographics can play a role in supporting underlying genetic traits for clinical utility evaluation as risk modifying factors. In this investigation the study team evaluated polygenic scores of PTSD risk in the adverse childhood experience and serotonin (ACES) transporter cohort. The results showed that a positive correlation between age, total months deployed, ACES, CES, PCL-M, and positive-PTSD diagnosis were consistent but not in older individuals, who were more likely and frequently deployed although increasing risk for combat exposure. Thus, demographic characteristics of the ACES cohort fit a coherent model of risk for PTSD to evaluate polygenic scores. • A custom in house variant reviewer (ATREMIS) was developed in order to allow for clinical and research variant interpretation and annotation. To provide a secondary finding capability we developed Artemis, a web-based application and database system to facilitate variant review process. Artemis enables a clinical molecular geneticist to review variants by expert criteria and to assign a classification from pathogenic to benign on medically-relevant gene lists. • Artemis was built to facilitate clinical variant interpretation: 1) compatible with the latest genome analytics from DRAGEN, 2) single nucleotide, copy number and structural variant review capabilities, 3) incorporate machine learning analytics, 4) lightweight web-based for distributed review. The utilization of Artemis for DoW collaborative precision health studies was accepted for presentation at the Military Health Science Research Symposium for 2025. Portfolio 4: The Military Women's Health Research Program's (MWHRP) The Military Women's Health Research Program (MWHRP), led by the Uniformed Services University (USU), advances and coordinates military women's health research across the Department. The Program supports research into diverse health issues, including cancers, mental and behavioral health, and the unique health care needs of Military Women. The Director of Military			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Women's Health Research promotes interdisciplinary collaboration, ensures research dissemination informs policy and practice, and represents USU on critical health matters in Military Women's health. Mission and Vision -Mission: To promote, manage, and coordinate research that improves the health of military women through interdisciplinary collaboration and evidence-based policy recommendations. -Vision: By 2029, the MWHRP will be the nationally recognized leader and central hub for military women's research, knowledge translation, and operational support. Research and Oversight Services Since FY17, funding has prioritized transdisciplinary collaborations in: -Human performance and readiness -Reproductive health (gynecological and breast cancers) -Heart disease -Mental health -Precision medicine (assessment and use of genetic information) Key Services Provided: -Research funding management and content expertise -Coordination of resource requests and collaborative partnerships -Management of a USU Database of Military Women's Health Research -Statistical analysis and strategic planning FY25 Accomplishments The FY25 objective focused on understanding mental health experiences and evaluating healthcare needs in deployed settings. -Data Repository: Maintained a repository of over 400 publications, presentations, and evidence-based projects.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Research Gaps: FY25 studies targeted musculoskeletal injuries, DHA walk-in contraceptive clinics, and eating disorders in Active-Duty Service Women (ADSW), directly ensuring that the female warfighter meets the goals of force readiness and force sustainment. Funding Opportunities and Strategic Growth FY26 Intramural Funding: Launched in May 2024, this cycle focuses on midlife health. Objectives include evaluating the needs of women services members related to midlife health, including perimenopause and menopause symptoms, sleep, weight management, and hormone replacement therapy. One awardee was selected to evaluate a virtual midlife menopause clinic, to further support improved treatment of midlife health issues. FY27 Funding Opportunity Announcement (FOA): Released in May 2025, calling for research in: -Operational Health -Force Health Protection -Data and Technological Gaps -Infertility Incidence and Prevalence Out of 38 Letters of Intent, four applications are undergoing NIH Peer Review (September 2025), with funding notifications in December 2025. This will increase the MWHRP portfolio to ten active projects monitored via quarterly PI meetings. Strategic Partnerships and Policy Impact Strategic Research Plan: In collaboration with the Defense Health Agency (DHA), MWHRP identified gaps in research and shaped priorities for FY27, focused on critical research the directly support force readiness and protection and ensuring operational readiness for the fighting force. A manuscript detailing this joint strategic planning session has been submitted for publication. Congressional Reporting: MWHRP fulfilled the NDAA FY2022 Section 740 requirement studying breast cancer incidence among active-duty members. Findings were presented at the Military Women's Health Research Symposium (March 2025), MHSRS (August 2025), and APHA (November 2025). A manuscript has been submitted for publication. -VA/DOW Collaboration: MWHRP and the VA Women's Health Research Collaborative submitted a successful Joint Incentive Fund proposal. This includes a major VA/DOW women's health conference scheduled for Spring 2027 to improve readiness and health outcomes.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027

Dissemination and Leadership

-Webinar Series: Launched a joint monthly series with the NIH Office of Research on Women's Health (ORWH). Early sessions on menopause, violence against women, gynecological and maternal health, and musculoskeletal and bone health reached over 2,000 registrations and 800 attendees. Upcoming research topics include Cancer, Readiness, and Innovations.

-Annual Symposium: The second annual Military Women's Health Research Symposium was held in March 2025 at the AMSUS Annual Meeting. The event featured 12 speakers and remains available as a continuous learning activity on the AMSUS website, highlighting partnerships with VA, CDMRP, and TSNRP.

Portfolio 5: The Infectious Disease Clinical Research Program (IDCRP) is a multicenter infectious diseases clinical research network focusing on high-impact cohorts and interventional trials that develop countermeasures against military-relevant infectious disease threats. IDCRP aims to generate research evidence that informs and advances warfighter clinical practice guidance, wartime preparedness, assist force health protection policy development, as well as assess the cost effectiveness of interventions.

IDCRP FY2025 Accomplishments:

In FY25, IDCRP continued enrollment within three multisite (CONUS and OCONUS) randomized clinical trials among active-duty service members (ADSM) and Military Health System (MHS) beneficiaries. The first trial, “A Randomized, Double-Blind, Placebo-Controlled Trial Evaluating the Efficacy of Nonantibiotic OTC Products in the Prevention of Travelers’ Diarrhea (P2)” is assessing the efficacy of an oral supplement as a prevention measure for traveler’s diarrhea for short-term deployments. A second trial, “A randomized controlled trial evaluating single-dose rifaximin versus azithromycin with loperamide adjunct for treatment of acute watery diarrhea (TrEAT TD 2.0)” is assessing the optimal antibiotic regimen for the treatment of traveler’s diarrhea in deployed settings. This study was also able to enroll at Fort Magsaysay during the Balikatan exercise which has paved the way for future prospective studies in forward deployed settings. These trials will provide valuable data to update clinical practice guidelines to enhance TD prevention, diagnosis and treatment – directly supporting force health and operational readiness. A third trial, “A Phase II randomized, observer-blind, placebo-controlled study, to assess efficacy of meningococcal Group B vaccine rMenB +OMV NZ (Bexsero) in preventing gonococcal infection trial” is investigating the effectiveness of the FDA-approved 4CMenB (Bexero®) vaccine for use in Neisseria gonorrhoeae (GC) risk reduction. The trial successfully completed follow-ups at IDCRP-supported Walter Reed National Military Medical Center and U.S. Military HIV Research Program/Thailand sites with results forthcoming.

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
IDCRP led a landscape review and gaps analysis for norovirus, a leading cause of gastrointestinal illness among military personnel due to its high infectiousness and outbreak potential within congregate settings. An Expert Advisory Panel convened to review the findings and provided recommendations to propose a cluster-randomized, open-label trial to evaluate a bundled mitigation strategy – including prevention, detection, and outbreak response measures – using only licensed or over-the-counter products. The proposed intervention aims to reduce acute gastroenteritis incidence, transmission, and duty days lost leading to a more effective outbreak response. If effective, this scalable, logistics-friendly approach could inform Navy-wide norovirus policies and be adapted to other operational settings. Ongoing work within our HIV Natural History study has been instrumental to address Defense Health Agency (DHA) requests regarding active-duty service member's HIV care, treatment, and outcomes. The study is further examining the neurocognitive impairment among HIV active-duty members over time and assessing ongoing prevention and treatment strategies as established HIV members are being accessioned into the military and are being detailed to more specialized operational roles. The Epidemiology, Immunology, and Clinical Characteristics of Emerging Infectious Diseases with Pandemic Potential (EPICC) study has published and completed multiple analyses into acute and chronic complications of COVID-19. A final epidemiological analysis is underway with a DoW and Veterans Affairs (VA) cross-cohort analysis that will produce insight into acute respiratory infection detection, prediction, and mitigation of readiness loss in active-duty service members. The Pragmatic Assessment of Influenza Vaccine in the DoW (PAIVED) trial's primary manuscript was published online (Clin Infect. Dis. 2025) and reported no significant difference in influenza vaccine effectiveness comparing egg-based to non-egg based. Moreover, IDCRP announced the establishment of an Acute Respiratory Infection Repository Protocol to the scientific community via a publication in PLOS One. The repository currently comprises data and specimens from nine IDCRP protocols spanning over 15 years and including more than 20,000 participants. This enabling capability will support research efforts to investigate and evaluate the impact of current and future respiratory infection threats to force health readiness. The IDCRP Wound Infections research area continues to be responsive to DoW/DHA polices and guidelines, most notably battlefield wound infections, a Tier 1 threat to the warfighter. The Trauma Infectious Disease Outcomes Study (TIDOS) celebrated its 15th year anniversary supporting initiatives for trauma-related fungal infection diagnosis, resistance characteristics of wound infections, and development of a joint trauma registry infectious disease module to capture combat specimens taken from warfighters. Of note, the first TIDOS manuscript examining long-term mental/physical health outcomes among wounded warfighters was published. Additionally, the study has focused on the use of machine learning to develop algorithms and future artificial intelligence tools for clinical decision support to aid infection risk stratification in the prehospital setting and provide longitudinal diagnostic support following hospital admission. We also hosted the 3rd Annual IDCRP Science Symposium which			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
brought over 300 expert speakers, panelists, and guests together to help debate and prioritize IDCRP initiatives to fill military relevant clinical research gaps concerning today's infectious disease threats. ***FY 2026 Plans:*** CHSR FY26 Plans: • The CHSR will continue to expand our research into how the MTFs (Role 4) can support Large Scale Combat Operations (LSCO) and use civilian-military partnerships to prepare the military medical workforce of the MHS and Services to meet the needs of prolonged field care. While ensuring the fitness of the total force using the military health system: Starting in FY 26 • Military Health System Response and Performance in Role 4 Definitive Care Following Large-Scale Combat Operations -Enhancing Military Nursing and Respiratory Therapist Readiness for Prolonged Casualty Care: A Mixed-Methods Study of Clinical Skill Sustainment and Deployment Preparedness: Starting in FY26 • Large Scale Combat Operations Lessons Learned: Synthesizing and Critically Appraising Military Health and Trauma Systems Lessons Learned from Ukraine: Starting in FY26 • Value Based Care in the MHS: Modernizing Measures to Assess Performance in the Direct and Private Sectors of Care • MSKI and Behavior Health in Female Marines in the Ground Combat Element: Starting in FY26 • Measuring Changes in Fitness and Injury in Female and Male Marines after the Introduction and Expansion of Pull Ups to the Physical Fitness Test: Completing in FY26 • Host: Training in Using the Military Health System Data Repository to Support Warfighters and their Families Develop an Initial Capability: Rapid Military Analytics Research Group—to provide on demand support DoW and interagency leaders with a range of rapid products including systematic and scoping review as well as complex machine learning in the Military Health System Data Repository and adjacent relevant DoW and National data sets. - Stand Up of Israeli Defense Force and Dept of Defense Military Health Analytics Working Group and kick off meeting-Initial Capacity CGHE FY26 Plans: • Continue to action the aforementioned activities pending any redirection from strategic reviews. • Build upon the research foundation and expand GHE KSA data collection and evaluation efforts to other locations and areas of responsibility (AORs), leveraging the MCART 2.0 app to streamline and expand data collection methods. • Continue build-out and expand the MEDICAL OPTIONS platform populating and coding more medical facility assessments and after-action reports. In addition, continue to expand data sharing with other DoW and external platforms to ensure the widest reach possible. • Conduct another cycle of GHERI, focusing on high-priority GHE research areas with direct benefits to the CCMDs and warfighters.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Provide critical subject matter expertise, AM&E, and programmatic collaboration and guidance to USINDOPACOM and OSW(HA) and OSW(HRP&O) in support of the implementation of the Indo-Pacific Medical Readiness Program (NDAA Sec. 735) CMPH FY26 Plans: • Sustain Capacity: Continue to sustain the capacity to profile and analyze human genomes and complementary integrative omics at population-scale. • Variant Identification: Identify candidate genetic variants in military servicemember and veteran-relevant neurodegenerative, cardiovascular, and oncology common complex disease types, and test enrichment in military-relevant cohorts. • Workflow Support: Support unified flexible workflows for sequencing library preparation from variable input materials. • Quality Management: Continue to implement a quality management system to apply clinical laboratory standards to the whole genome sequencing workflow. Accreditation and Interpretation: Complete plan for CAP accreditation for sequencing production of a clinically interpretable genome. This includes providing support for research and clinical genomics activities by improving capacity and capabilities for genomic variant interpretation, through continued development of our internally designed Artemis Variant Reviewer and continued development of Artificial Intelligence models for clinical genomic variant interpretation. MWHRP FY26 Plans: For FY26, the Military Women's Health Research Program will continue to oversee ten (10) funded military women's health research projects and is forecasted to award $1.701M in new and currently funded projects. The purpose of the MWHRP is to ensure that military women can be a fit and ready force. FY26 funding will support projected research to begin by October 2025. Eight additional projects are continuing to progress, and will be managed and monitored by MWHRP for completion. In March 2026, the MWHRP will conduct their Annual Military Women's Health Research Symposium at AMSUS. This year will be a 2 hour in-person event highlighting advancements in Military Women's Health Research. The MWHRP will continue to conduct and maintain the Military Women's Health Research Database and launch additional reports and information through a USU MWHRP program website, ensuring dissemination of up-to-date data to ensure the readiness of the female fighting force. The MWHRP plans to continue collaboration with the NIH Office of Research on Women's Health (ORWH) to conduct monthly webinars on military women's health in FY26.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
MWHRP will be working to collaborate globally with other NATO Allies to develop a roadmap to address persistent and emerging research gaps in military women's health to enhance future military relevance and operational applications for the Alliance. • MWHRP is continuing to seek avenues to conduct a comprehensive evidence map of existing literature on the health of military women to identify key research gaps and priorities, ultimately leading to improved medical readiness and health outcomes for this population through evidence-based clinical practice. • MWHRP is forecasting to collaborate with the Department of Veteran Affairs on a joint DoW/VA Women's Health Collaborative Planning Conference estimated in April 2027, based on acceptance of Joint Incentive Fund proposal results. • A proposal was submitted to NATO for a Technical Activity Proposal to begin an Exploratory Team to summarize the state-of-the-art in military women's health research and build a NATO armed forces women's health strategic research blueprint. New Funding Efforts We will also be submitting a reallocation of funding request to utilize remaining funds from one of the projects to begin working on the evidence map for military women's health with MWHRP core funding. Lastly, submitted a Letter of Intent for a P&R FY26 Research and Studies Program proposal focused on identifying the top 10 disability codes for men and women transitioning from service into the VA system. IDCRP FY26 Plans: - Continue to respond to high priority requests of DoW, MHS, interagency, and White House leaders in regard to military infectious disease priorities - Contingent on additional funding, leverage IDCRP capabilities and clinical trial network to initiate new studies for high priority, military-relevant infectious disease countermeasure development and assessment of infectious disease related outcomes in military populations. - Exploration of artificial intelligence/machine learning to support infection risk prediction and inform best practices for infectious disease mitigation among warfighters. -Fostering the education and development of the next generation of infectious disease clinical researchers in the U.S. Armed Forces through the use of mentored research projects and research engagement. -Initiate efforts for a joint infection system that leverages existing stakeholders within the Department of War/Defense Health Agency public health, clinical, and research areas of expertise as a unified approach to address warfighter infectious disease threats. -Annual IDCRP Science Symposium to maximize DoW stakeholder participation and collaboration to discuss priority infectious disease clinical research, review annual scientific strategic goals, and broad engagement to consider priority gaps and future response.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Sustain strong partnerships with the military Graduate Medical Education programs in order to teach and promote DoW clinical research education and clinical trial work relevant to the military force. ***FY 2027 Plans:*** CHSR FY27 Plans: - The CHSR will continue to inform decision making with military-relevant advanced analytics that capitalize upon the structure of the Military Health System to prepare uniformed military medical workforce to meet the LSCO mission: Initiate in FY27 - Application of the DOTMLPF to LSCO recommendations from Lessons Learned in Ukraine: Initiate in FY27 - Supporting the Warfighter and Nation: Geographic and Technoeconomic Risk Analysis: Assessing regional vulnerabilities, economic feasibility, and supply dependencies to minimize risk in the MHS pharmaceutical supply chain: Initiate in FY27 - Revisiting the Fitness to Serve of Military Children: Initiate in FY27 - Assessing the Impact of Body Composition Standards on Disordered Eating and Mental Health in Active-Duty Servicemen and women. Initiate in FY27 - Civil-Military Partnerships: Assessing the Long-Term Impacts on Operational Readiness, Task Shifting, and Retention across Military Medical Occupational Specialties: Initiate in FY27 - Hidden Cost of War: Long Term Impacts on the MHS and Warfighters from Battlefield Injury: Initiate in FY27 - Clinical trajectories for service members with lumbo-pelvic dissociation and combat-related spinal-pelvic trauma - Rapid Military Analytics Research Group: Fully Operational in FY27 - Optimizing the composition of level II and III medical assets for LSCO: Mixed Methods - Continue working with the Israeli Defense Force and Dept of Defense Military Health Analytics Working Group- Full Operational Capacity CGHE FY27 Plans: - Continue to action the aforementioned activities pending any redirection from strategic reviews. - Leverage streamlined KSA data management capabilities of MCART 2.0 to evaluate readiness impacts of CCMD- and Component-implemented GHE and health security cooperation activities and inform AM&E practices - Provide AM&E support and guidance to Health Security Cooperation Education and Training activities - Integrate MEDICAL OPTIONS medical facility assessment data with DoW and external platforms to ensure compatibility with CCMD-designated KM and assessment data systems and fully implement AI chat functionality to increase operational utility of the platform - Implement FY27 GHERI funding cycle to include program management optimizations and more rapid funding issuance. Collaborate with CCMD personnel to ensure concise communication of key research findings. Expand engagement with GHERI executive board representatives to establish close alignment with DoW objectives and priorities			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- Provide critical subject matter expertise, AM&E, and programmatic collaboration and guidance to USINDOPACOM and OSW(HA) and OSW(HRP&O) in support of the implementation of the Indo-Pacific Medical Readiness Program (NDAA Sec. 735). CMPH FY27 Plans: • Continue to sustain the capacity to profile and analyze human genomes and complementary integrative omics at population-scale. • Identify candidate genetic variants in military servicemember and veteran-relevant neurodegenerative, cardiovascular and oncology common complex disease types and test enrichment in military-relevant cohorts. • Continue to support unified flexible workflows for sequencing library preparation from variable input materials. • Continue to implement a quality management system to apply clinical laboratory standards to the whole genome sequencing workflow • Complete the plan for CAP accreditation for sequencing production of a clinically interpretable genome. To provide support for research and clinical genomics activities by improving capacity and capabilities for genomic variant interpretation MWHRP FY27 Plans: The Military Women's Health Research Program will continue to oversee military women's health research projects and is forecasted to award $1.735M in new and currently funded projects focused research that is needs-driven, innovative, and directly relevant to the Department of War's mission first alignment and enhanced readiness. Activities are projected to continue, including: - Annual Military Women's Health Research Symposium at the AMSUS Annual Meeting. - Management of Military Women's Health Research Database to ensure up-to-date military women's health research that will enhance and improve warfighter fitness and readiness. - Creation of a comprehensive Department of War Military Women's Health Research evidence map to maintain quality health care for our active-duty soldiers and identify future research gaps. - Monthly Military Women's Health Research Webinar Series with a focus on expanding research collaborations that will further ensure warfighter readiness. IDCRP FY27 Plans: - Continue efforts for a joint infection system that leverages existing stakeholders within the Department of War/Defense Health Agency public health, clinical, and research areas of expertise as a unified approach to address warfighter infectious disease threats.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- Continue to leverage existing enabling capabilities and clinical research network for driving infectious disease clinical practice guidelines and policy generation and developing shelf-ready protocols that can readily respond to high priority requests and requirements from DoW and Military Health System leadership in areas specific to acute respiratory illness, sexually-transmitted infections, deployment travel infections, and wound infections that impact the warfighter. -Continued efforts for the education and development of the next generation of infectious disease clinical researchers in the U.S. Armed Forces through the use of mentored research projects and research engagement. - Annual IDCRP Science Symposium to maximize DoW stakeholder participation and collaboration to discuss priority infectious disease clinical research, review annual scientific strategic goals, and broad engagement to consider priority gaps and future response.			
FY 2026 to FY 2027 Increase/Decrease Statement: For the existing Portfolios #1 through #5, funding was adjusted to account for inflation. Additionally, two new programs were added as follows: CGHE CCMD Research Priority Initiative: (aka Global Health Engagement Research Initiative) The increase in funding allocated for FY27 will significantly strengthen the Global Health Engagement Research Initiative (GHERI) portfolio, which comprises research projects specifically aligned with Combatant Command (CCMD) priorities. This research will inform strategic, operational, and tactical planning across the Department of War (DoW). GHERI is the only Office of the Assistant Secretary of War for Health Affairs-sponsored research program in which CCMDs have direct and continuous input to identify research topics. These topics are meticulously aligned with CCMD global health engagement priorities, strategic and operational objectives, and respective CCMD Campaign Plans. The GHERI program is implemented via USU's National Institute for Defense Health Cooperation (NIDHC) employing a rigorous selection process to ensure high-quality projects are executed by both DoW entities and external partner organizations. GHERI projects' results will enable effective DoW Global Health Engagement (GHE) and innovations developed together with allies and partners, supporting the core warfighting mission and promoting deterrence through strength. Global Conflict Trauma Lessons: FY27-31 funds will be instrumental in supporting the systematic collection and comprehensive analysis of military medical lessons learned from ongoing conflicts and expand DoW-led research efforts within and alongside countries currently experiencing conflict and peri-conflict conditions. Findings will be operationalized in order to increase readiness of the Military Health System for future conflicts. The importance of learning from combat trauma care experiences is well-documented, as noted by the translation of lessons from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), which established the world's most			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
sophisticated military trauma system, significantly increasing survival rates and return-to-duty metrics. In the current inter-war period, it is critical to have a focus on readiness, based on lessons learned from those currently providing combat casualty care.			
Accomplishments/Planned Programs Subtotals	11.754	12.384	27.632

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 507 / *Brain Injury and Disease Prevention, Treatment and Research (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
507: *Brain Injury and Disease Prevention, Treatment and Research (USUHS)*	54.526	14.198	14.997	15.297	-	15.297	15.603	16.205	16.831	17.168	Continuing	Continuing

A. Mission Description and Budget Item Justification

This program investigates Service members who have served in combat and have received repeated impact and/or blast TBIs and are at risk for developing chronic traumatic encephalopathy (CTE) and other neurodegenerative diseases with significant persistent behavioral/neurologic manifestations. Currently, there are no validated means for diagnosing these problems in living patients or drugs to prevent and treat them. USU maintains the DoW/USU Brain Tissue Repository and conducts animal studies to better understand aspects of TBI-related axonal injury and the role of tau proteins and the behavioral impacts of TBI. The extramural portion of the program supports drug discovery for chronic traumatic encephalopathy (CTE). The CTE-related mission of this project is to create a set of biological assays that enable the identification and development of small-molecule drugs that slow down and halt the disease-specific processes involved in CTE and to bring these drugs into the clinic for the prevention and/or treatment of CTE. This program encompasses all aspects of a drug discovery campaign aimed at treating a neurodegenerative disease, including supporting efforts in brain acquisitions, neuropathology, medicinal chemistry, high-throughput screening campaigns, efficacy testing in animal models, cryo-electron microscopy, and artificial intelligence/machine learning, among others. By identifying compounds that inhibit the disease-specific process of tau prion accumulation and propagation, our goal is to prevent CTE and other neurodegenerative disorders in at-risk active duty and retired service members.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Brain Injury and Disease Prevention, Treatment and Research	14.198	14.997	15.297
Description: Currently, there are no validated means for diagnosing Chronic traumatic encephalopathy (CTE) and other neurodegenerative diseases with significant persistent behavioral/neurologic manifestations in living patients or drugs to prevent and treat them. One mission of our program is to develop drugs that will effectively block the formation of tau prions that can be entered into clinical trials for the prevention and/or treatment of CTE and other neurodegenerative disorders in at-risk active duty and retired service members. Using human brain specimens, CTE has been shown to qualify as a transmissible tau prion disorder. To date, over 320,000 novel chemical compounds have been tested for their ability to interfere with in vitro tau prion formation. Several active compounds have been identified—using medicinal chemistry, we have attempted to improve their bioavailability and lower toxicity profiles. Such candidate drugs are now being tested for efficacy in animal models of tau prion disorders. Newly developed techniques to identify the presence of tau prions in brain samples have been developed and have now been shown to be efficient and highly sensitive.			
FY2025 Accomplishments:			
USU Components:			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
The Armstrong Project studies aspects of TBI-related axonal damage and the role of tau in this process. In healthy adults, tau is localized in axons and traumatic injury to axons is a major pathological feature of TBI. Long myelinated axons which form white matter tracts are particularly vulnerable to TBI forces. White matter tracts are the information superhighways of the brain. Damage to these white matter tracts impairs information processing that results in dysfunction of neural circuits that may underlie diverse symptoms experienced by patients after TBI as well as those with CTE. In the Armstrong Project, using transgenic mice that have been engineered to express the human form of tau, we identified tau-associated pathological features that contribute to axonal injury and white matter pathology that play a role in the progression towards post-traumatic neurodegeneration. Further, we have developed an approach that detects early tau-related axonal damage following blast exposure in these animals. An important finding was that through genetic manipulation, we identified a means to reduce downstream axonal degeneration, suggesting a novel avenue of therapy for these long-term effects of TBI. In humans surviving impact TBI it has been reported that atrophy of the caudal aspect (tail end) of a major white matter tract (the corpus callosum) can show rather dramatic atrophy. We have made similar observations in donated brain specimens derived from blast exposed Service Members. Pathology in the corpus callosum may have profound implications for maintenance of a variety of brain functions. The pathogenetic mechanism for this alteration is unknown but tau, as an important axonal constituent, may well play a significant role in its development. Using immunohistochemistry, electron microscopy and spatial transcriptomics, we are exploring evidence of oligodendroglial and tau-related pathology in affected human cases and blast-exposed animal models. The McCabe Project has worked to further develop and characterize a rat transgenic model that overexpresses human tau and explore the model's capacity to develop tau prions following experimental TBI as well as be a substrate for tau prion transmission. This model was shown to accumulate brain tau lesions following both experimental blast TBI and rotational injury. Furthermore, with time, the animals demonstrated accompanying functional deficits that could be detected through behavioral testing. This project has made important strides towards establishing an experimental model for testing the efficacy of potential drug compounds that are emerging from the University of California San Francisco (UCSF) laboratories. The Juliano Project explores the use of ferrets as a model for TBI-related pathology. The ferret is a small rodent with a brain that more closely resembles that of man than that of more commonly used experimental animals, such as mice and rats. Following blast exposure, ferrets were shown to develop behavioral deficits involving maintenance of eye contact and especially disturbed sleep (an important clinical concern for blast-exposed Service Members). In collaboration with the Neuropathology Core, we have shown through histopathologic evaluation of exposed animals the presence of changes in brain microscopic morphology that closely mirror those found in the brains of blast-exposed Service Members. More recently we have identified evidence of blast-related changes in the ferret cerebellum. In collaboration with the Brain Tissue Repository (BTR), we have documented similar cerebellar changes in the brains of blast-exposed Service Members. This project continues to show the value of using this novel experimental model system for mirroring what happens in man.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
The McGavern Project explores how tau spreads in the nervous system and how its interaction with the brain's inflammatory system modulates that spread. Using both mouse models, human specimens (including cases of chronic traumatic encephalopathy or CTE), we have shown that a component of the brain's neuroinflammatory system, the microglial cell, detects the presence of tau in the brain, interacts with this protein and appears to control its spread. In experiments where the brains of mice were pharmacologically treated to deplete them of their microglial cells, tau involvement and spread was greatly accelerated. These experiments have profound implications on the nature of tau-related brain pathology and how its accumulation in the brain produces disease. Further, it points to additional potential avenues for therapeutic intervention. In the past year, continued to support the histopathology needs for the program, especially the animal model projects and the tau immunology studies. We have also provided access to the unique human tissue samples collected within the auspices of the DoW/USU Brain Tissue Repository to compare the changes seen in the animal models with that encountered in blast overpressure exposed Service Members. Working together in a collaborative fashion, we have maximized the utility of the experimental models and also shown their relevance to observations made in the brain specimens collected and studied. In this year we have greatly increased the number of donated brain specimens we have obtained from deceased active duty and retired Service Members, especially for specimens collected fresh for freezing at -80 C. These cases are examined neuropathologically and frozen samples are sent to the UCSF laboratories for tau prion assays and tau transmission studies. Under separate Congressional funding support, we have used subcontractors to provide an alternative strategy to obtain additional contributions to this project. This approach has just begun to produce results and in this year we have more than doubled our brain accession rate. In calendar year 2025, we have already collected a total of 156 donated brain specimens derived from deceased active duty and retired service members, a number that is twice that seen in 2024. For these specimens, we are in the process of conducting detailed neuropathology evaluations, especially for the presence of ptau aggregation indicative of the presence of CTE, a critical step in the research plan. Importantly, of the brains received in the past year, a total of 69 brain specimens (44% of all specimens, a considerable increased percentage when compared to previous years) were collected in a fresh state and were dissected, documented by high-resolution photography and snap frozen. This represents a dramatic increase in both the number of donated brain specimens received as well as the percentage obtained in a fresh state (and thus available for both transmission and cryo-EM studies at the UCSF laboratories). Following detailed neuropathology evaluation for the presence of tau-associated lesions, samples from all these frozen specimens will be transported to the UCSF facility for further tau prion assay. In this year a total of 31 specimens have already been transported and the remaining specimens will be shipped to UCSF following accumulation of case histories and detailed neuropathology assessment. Correlation of tau prion assay results to histopathologic assessment for the presence and distribution of CTE lesions will be carried out. University of California at San Francisco (UCSF) Subawards:			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
As indicated above, USU has utilized subcontractors to assist in acquiring brain donations so that we may better understand the risks of brain injury to the Warfighter, and specifically the potential to develop CTE due to the injuries they face in the field. While USU performs neuropathological studies in formalin-fixed brain samples to evaluate the presence of phosphorylated tau inclusions that are the hallmark of CTE, UCSF utilizes frozen brain samples to measure the activity of these misfolded and infectious phosphorylated tau proteins (tau prions) in cultured cell models. By obtaining these samples, UCSF has been developing cultured cell and animal models that, once infected, accumulate CTE tau prions. These models can then be used for drug development to test small-molecule compounds that inhibit the accumulation and propagation of CTE tau prions with the hopes of developing drugs that can be used to prevent and treat CTE in the Warfighter. The cell and animal models being built at UCSF require brain tissue to be immediately frozen following dissection rather than being formalin fixed, as the formalin inactivates tau prions and makes them less infectious. Frozen brain tissue has been difficult to obtain due to the industry and historical standard of fixing brains following dissection. To circumvent this problem, UCSF is working directly with one of the subcontractors in hopes of setting up a distinct brain-donation protocol that requires the donated brains to be immediately frozen following dissection. While the vast majority of brain samples from USU are formalin fixed, they were able to send us frozen brain sections from 31 individual brains that they had acquired. However, upon USU's neuropathological assessment of these cases, none had met the criteria for a CTE diagnosis. UCSF continues to test the frozen specimens for CTE tau prion infectivity as this is a requirement to produce the models necessary for CTE drug development, but the lack of brain tissue containing high quantities of CTE tau prions has hindered our progress. We have tested 26 brains for the presence of CTE infectivity in various cell lines over the course of the year. More specifically, from these 26 brains, we have generated a total of 387 biopsy punches, containing ~5g of brain tissue per punch, and have tested each of those in up to 4 different tau-expressing cell lines that can propagate CTE. While the results have indicated that several brains may contain low levels of CTE prions, we still lack samples that provide the high quantities of CTE tau prions needed for our drug discovery efforts. From the few CTE-positive human cases we have obtained, we continue to make progress in developing cell culture and animal models necessary for drug development. To test potential CTE drugs in animals, we require an animal model that accumulates CTE tau prions following infection. Over the course of the last 3 years, we have generated 38 new mouse lines and 50 new rat lines that express the human version of the tau protein with a variety of single point mutations that make the protein more prone to misfolding. Following their creation, we have been testing and characterizing these animals to determine whether they can be infected by both CTE tau prions and a closely related infectious agent, Alzheimer's disease (AD) prions. By investigating these animals, we have narrowed down the potential list of useful animals to 7 mouse lines and 7 rat lines. We are currently infecting these animals with preparations of CTE and AD prions to determine whether they propagate these misfolded proteins and can be useful as an efficacy model for drug development. In parallel, we have identified and published a novel transgenic rat line that develops disease after infection with tau prions (Ayers et. al., Acta Neuropath., 2024). Additionally, we have identified 2 previously generated mouse lines, the Tg23027 and rT2 lines, that express human tau with a P301L mutation that can be infected with AD			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 507 / *Brain Injury and Disease Prevention, Treatment and Research (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
and CTE tau prions. Over the last year, we have initiated 4 efficacy experiments, 2 in Tg23027 and 2 in rT2, to test whether 2 anti-tau prion compounds can inhibit the propagation of AD tau prions. When compared to controls, one compound, IND-0729220, led to a significant decrease of tau prions when Tg23027 mice were collected and analyzed at 180 days post-inoculation. Although our more recent data suggests that this AD inocula and mouse model are incapable of adopting the pathological AD tau fold observed in patients, it is our first tau efficacy experiment in which we have measured a significant reduction in the accumulation of tau prions. We are therefore very optimistic that using the tools developed within the last few months and having a better understanding of the conformations that tau can adopt, we are close to having validated and useful AD and CTE models. We continue to make and study cultured cell models that can be infected by and amplify CTE prions. These models overexpress different versions of human tau and are tagged with a yellow fluorescent protein (YFP) so that we can directly measure the protein over time. We have generated several HEK293T cultured cell lines that are easily infected by CTE and AD prions and produce robust aggregation of tau, as measured by tau-YFP fluorescence. While we have used these models over the last year to screen more than 10,000 small-molecule compounds for anti-CTE prion propagation, and in parallel anti-AD prion propagation, we have recently paused the assay due to results indicating that the tau prions we are propagating in these cells may differ from the CTE and AD prions observed in patients. The infectious properties of CTE and AD prions are due to the misfolding of the tau protein and subsequent aggregation. The tau protein is known to adopt numerous misfolded shapes, and each one is responsible for a distinct neurodegenerative disease. Therefore, to develop cell culture and animal models for tau prion drug discovery, it is critical to determine the shape of the tau protein that accumulates in these models. Importantly for this project, the structure of tau prions as it relates to CTE has only been determined for subjects with extensive history of head injuries due to contact sports, such as boxing and football, and not strictly from exposures seen by Warfighters on the battlefield. Given the wide variety of shapes the tau protein can adopt, it is important to determine whether brain injuries caused by contact sports versus those suffered by the Warfighter result in the same disease, and the same tau prion shape. Luckily, this can be accomplished using cryogenic electron microscopy, or cryo-EM, which reveals the precise shape of the misfolded protein. To add to our cryo-EM capabilities, we have recently acquired and set up the latest model of cryo-electron microscope, the Krios G4, and placed it in a newly constructed biocontainment suite dedicated to the study of prions. In addition, we have acquired equipment and personnel to pursue cryogenic electron tomography (cryo-ET) that will enable us to more easily determine the structures of tau prions in cultured cells. Over the next year, we will investigate our cultured cell models and transgenic animals to ensure that they are accumulating the correct CTE tau structure. ***FY 2026 Plans:*** USU Components:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
All USU components will continue to pursue our scientific objectives as outlined above. Particular emphasis will be made to obtain and characterize fresh brain specimens with evidence of tau pathology for freezing and referral to UCSF and subsequent tau prion assays and cryo-EM studies. UCSF SubAward: As outlined above, it is critical for the success of our drug discovery program and the development of cell and animal models to obtain brain specimens that have a high burden of CTE prions. These samples must be infectious to the cells and animals we test, and it is known that tau prions lose significant activity when fixed in formalin and that proteins, like tau, become degraded with long post-mortem intervals (PMI). For this reason, we have actively been trying to alter the brain collection protocols to ensure brains are collected with low PMIs (< 48hrs) and are frozen immediately upon dissection. In discussions and agreement with USU, UCSF will begin working directly with the subcontractor to enable their organization to acquire brain specimens in the ways we require for our assays. We will ensure all regulatory and reporting requirements are met. This realignment will increase the chances of obtaining frozen brain samples from Warfighters that will be used to accelerate our CTE drug discovery program and accomplish our mission to find therapies to prevent and stop CTE. With a potential increase in useful brain specimens acquired by our subcontractor in 2026, we envision resuming our high-throughput screening assays and efficacy testing in animal models near the middle of 2026. This will entail identifying promising compounds that inhibit CTE tau propagation and undergoing medicinal chemistry analog studies to enhance biologic efficacy. ***FY 2027 Plans:*** Screening and chemistry supporting new compound synthesis will be gradually scaled back in favor of more advanced activity and toxicology studies on lead preclinical drug candidates. Otherwise, all activities listed above will continue toward the identification and derisking of new chemical matter until a successful phase 3 trial is achieved. During 2027, the DoW/USU Brain Tissue Repository will continue to obtain brain specimens donated from deceased active duty and retired service members. All indications are that the number of specimens we expect to collect (especially those obtained fresh for freezing and preparation for referral to the UCSF laboratories with continue to increase. Emphasize cases with extensive impact and blast exposure and symptoms indicative of underlying brain pathology. Provide infrastructure to obtain a high percentage of specimens in the fresh state for freezing and use in cryo-EM studies at the UCSF laboratories. Detailed neuropathology studies will be carried out which is designed to identify cases showing evidence of chronic traumatic encephalopathy. Using these specimens, we will employ spatial transcriptomics to identify alterations in tau-related genes as a measure of pre-CTE related changes. In addition, we will look for military-related exposures which predispose to the development of CTE. Finally, it is noted that age plays a part in the risk for CTE development, and this raises the importance of looking at somewhat older Special Forces Operators who had extensive TBI exposure in their deployments during the War Against Terror and are now dying at a somewhat older age. They should be now entering an age when they are at greater risk for CTE development.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
The Armstrong Project will continue its focus on white matter degeneration following TBI and plans to incorporate the use of spatial transcriptomics, especially probing oligodendroglial promoting genes following TBI, especially as it effects the corpus callosum. This work will use both experimental models and human tissue materials. The McCabe Project will continue its work to develop and characterize non-mouse primarily rat transgenic models with humanized tau expression. These models will be employed in various TBI experimental models as well as in tau transmission experiments. The Juliano Project will continue to employ the ferret as a more appropriate experimental model of chronic TBI effects. They will follow up on their recent observation of post-TBI cerebellar pathology as well as alterations of tau expression following blast exposure. The McGavern Project will continue to explore details of the interaction of brain inflammatory components which modulate tau spread. This work will include both rodent models and human tissue specimens from Dr. Perl. A particular emphasis will be made to identify pharmacologic compounds which interfere with this neuroinflammatory involvement as well as alter the rate of tau spread. We are especially excited to identify those compounds which interfere with tau spread as this would represent an alternative target for therapeutic intervention. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Price adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	14.198	14.997	15.297

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 508 / *Psychological Health and Resilience (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
508: *Psychological Health and Resilience (USUHS)*	28.690	7.473	7.884	8.042	-	8.042	8.203	8.520	8.849	9.026	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Psychological Health and Resilience” program at USUHS is designed to provide evidence-based solutions to mitigate threats to warfighter and family readiness in behavioral health prevention, treatment, and recovery. In order to optimize warfighter readiness and performance, research is necessary to guide policy and ensure optimal delivery of behavioral health tools across the continuum of care and deployment and military life cycle. Threats to warfighter readiness and performance addressed by this research component include post-traumatic stress disorder (PTSD), acute stress, suicide, disasters (manmade & natural) deleterious effects, family separation and hardships, grief, sleep deprivation, adjustment disorders, and trauma exposure.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Psychological Health and Resilience	7.473	7.884	8.042

Description: FY2025 Accomplishments:
In FY25, the ongoing Study to Assess Risk & Resilience in Servicemembers (STARRS) has continued to publish results in top tier academic journals. In total, STARRS scientists have published eight manuscripts in peer-reviewed journals thus far in FY25. For example, STARRS researchers published an article in Natural Mental Health demonstrating the utility of machine learning in predicting future suicide attempt, using servicemembers period health assessment responses (suicide risk screening items) along w/ key administrative data. STARRS researchers have also have examined attachment styles and personality traits, suicides without warning and undetected suicides, perspectives from suicide loss survivors, post-military adjustment, and genetic and behavioral correlates of suicide. STARRS researchers have developed machine learning models on insomnia, combat deployment and PTSD, and honed machine learning models based on suicide risk levels. STARRS Scientists have presented ten (10) scientific presentations during FY25 thus far. STARRS findings have critically informed interventions trials using machine learning that optimizes efficiency through precision-medicine approaches by targeting those at highest risk to ensure optimal utilization of resources. STARRS-derived intervention studies are currently underway in the SAFEGUARD program, occurring at Fort Hood, TX.

FY 2026 Plans:
In FY26, continue leveraging Study to Assess Risk & Resilience in Servicemembers — Longitudinal Study (STARRS-LS) epidemiological data, DHA’s Behavioral Health Data Portal data, and annual PHA data to drive the development of machine learning approaches to suicide risk identification and prevention in servicemembers. Ensure STARRS-LS research continues to be aligned with strategic research priorities of DoW and USG, including AI for Force Health Protection, Readiness and Clinical Services, Preparedness and Resilience, Health and Biotechnology, and Aerospace Medicine in Military Space Operations. Collaborate with stakeholders, including external partners utilizing the STARRS biosample repository, to ensure that relevant and

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 508 / *Psychological Health and Resilience (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
actionable findings are considered for transition and implementation; continue to publish results in top tier academic journals. Pursue opportunities for next phases of STARRS-LS and Updated New Soldier Survey, to collect data from a contemporary sample of trainees, which will allow more precise identification of targets for intervention among future Warfighters. STARRS-derived intervention studies in the SAFEGUARD program will continue at Fort Hood, TX across 3 different intervention timepoints. These studies are: (1) SAFEGUARD Life Skills—first duty of assignment, early intervention, (2) SAFEGUARD Life Force—unit training rotation or redeployment, and (3) SAFEGUARD Pathfinding—Post-psychiatric hospitalization, intensive case management. ***FY 2027 Plans:*** In FY27, leveraging STARRS-LS epidemiological data, DHA's Behavioral Health Data Portal data, and annual PHA data—building on prior STARRS developed artificial intelligence models—to drive machine learning for suicide risk identification and prevention in servicemembers, and use the resulting FY'26 models to inform and initiate new prevention trials for targeted populations. Ensure STARRS-LS research continues to be aligned with strategic research priorities of DoW and USG, including AI for Force Health Protection, Readiness and Clinical Services, Preparedness and Resilience, Health and Biotechnology, and Aerospace Medicine in Military Space Operations. Collaborate with new and existing stakeholders to ensure that relevant and actionable findings, through survey and biomedical research, are considered for transition and implementation; continue to publish results in top tier academic journals. Refine, plan, and implement the next phases of STARRS-LS and Updated New Soldier Survey working with key stakeholders and funders, to develop and hone more precise identification of targets for intervention among future Warfighters. STARRS-derived intervention studies in the SAFEGUARD program, developed with machine learning modules, conclude and data are analyzed for potential evidence-informed solutions working with the MHS. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Price adjustment for inflation.			
Accomplishments/Planned Programs Subtotals	7.473	7.884	8.042

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
509: *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*	55.751	14.809	15.638	29.951	-	29.951	30.552	31.473	32.622	33.285	Continuing	Continuing

A. Mission Description and Budget Item Justification

The “Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness” program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of War in the three portfolio areas: Transforming Technology for the Warfighter (TTW), Surgical Critical Care, and the Rehabilitation Sciences Research.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness	14.809	15.638	29.951
Description: The “Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness” program at USUHS is designed to answer fundamental questions of importance to the military medical mission of the Department of War in the three portfolio areas: Transforming Technology for the Warfighter (TTW), Surgical Critical Care, and Rehabilitation Sciences Research. Portfolio 1: The Transforming Technology for the Warfighter (TTW) program supports USUHS partnerships with other DoW biomedical labs, civilian universities and medical centers (including minority serving institutions), and the National Institutes of Health to advance and deliver new technologies to improve warfighter health and readiness. Research projects - which focus primarily on the Combat Casualty Care, Military Operational Medicine, and Clinical and Rehabilitative Medicine Defense Medical R&D areas of interest - are selected based on scientific peer, and programmatic review, addressing known gaps in military capabilities with an emphasis on translational potential and clear strategy for product commercialization. TTW program’s focus is on the advancement of medical technologies such as 1) wearable devices (e.g. enhanced performance monitoring using biosensors), 2) operational injuries (e.g. TBI, blast injuries, radioprotectants, trauma care), 3) rehabilitation (e.g. regenerative medicine, wound healing), 4) precision medicine (e.g. omics, biomarkers), as well as 5) rapid treatment and diagnostics at point of injury. Operationally, the program aims to advance Technology Readiness Level (TRL) 3 projects to TRL 4/5/6 within a maximum of three to five-year performance period. Although it is built around the needs of the warfighter, the TTW program also advances civilian care by supporting projects that benefit both the warfighter and the general public. The TTW program fully supports the DoW’s Joint Capabilities Integration and Development System (JCIDS) and routinely works to link projects to DoW requirements documents, including the 2008 Initial Capability Documents (ICD) for Military Operational Medicine, the 2014 ICD for CCC Devices			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
and Products, the 2015 ICD for CCC Training Technologies, the 2015 ICD for CCC Medical R&D, and the 2017 ICD for Clinical and Rehabilitative Medicine. In FY2023 the program received $2.73M and the funding target for FY2024 was $2.90M and FY2025 was $2.08M. TTW FY2025 Accomplishments: The TTW program transition to human/clinical study and translation includes regulatory (FDA) planning and support. Support with licensing of technologies to larger biotech companies (production/manufacturing) for optimizing transition from advanced development to evaluation and clinical implementation continues. TTW partners with research and industry to advance on novel techniques, procedures and development of advanced prototypes to assist the warfighter across a broad spectrum of applications. This includes research and development of an electrochemical sensor device to detect micronRNAs in mild traumatic brain (mTBI) injuries, along with TTW research in in identifying novel and validated mTBI biomarkers. The BIO 300 is a radioprotectant injectable solution that provides radioprotectant from acute radiation syndrome, and currently has 4 open investigation new drug (IND) applications. TTW also supports continued research into Captopril as a possible first line radiation exposure countermeasure and entering the next phase in coordination with the FDA on animal models. TTW investigators are engaged with special operators, research and industry partners and have now entered into the development, testing and validation phases of field portable intracranial detection and treatment prototype device. There is ongoing research and development of a photonic antimicrobial wound surface dressing through 4D BIO. TTW investigators have developed an injectable solution to obliterate tongue fat as an obstructive sleep apnea treatment, and the application is now ready to start a phase I clinical trial. Sepsis remains a critical issue facing warfighters post injury and TTW contributes to the ongoing DARPA-funded project with Harvard University on a microbial resistance recombinant protein that aims to bind more than 120 blood pathogens. TTW supports ongoing research efforts on a photomodulation prototype and microneedling delivery applications for pain control and the regeneration of skin after injury. There is continued programmatic oversight of the 13 technology development projects funded prior to FY24. The program has produced over 100 presentations, 40 manuscripts and16 patents in processing to date. The FY2024 FOA scientific and programmatic review has been completed, and a final proposal/budget has been reviewed and approved by OSP/Acquisitions. They are currently processing through Finance for delivery in late August. Additionally, several TTW PIs presented at MHSRS 2025. Portfolio 2: The Surgical Critical Care Initiative (SC2i), a consortium of 5 institutions (USU, Henry M. Jackson Foundation for the Advancement of Military Medicine Inc., Walter Reed National Military Medical Center, Duke University, and Emory University), enrolls critically ill patients (as well as healthy controls), leveraging medical and multi–omics data to develop Clinical Decision Support Tools (CDSTs) that will improve clinical outcomes and lower resource utilization across military and civilian healthcare			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
systems. The CDSTs will further assist readiness by either accelerating return to duty (abridged length-of- stay across the ICU, general ward, and rehabilitation continuum of care) and curbing medical resource burdens. The SC2i also collaborates with the Lawrence Livermore National Laboratory, University of Pittsburgh, University of South Florida, Brooke Army Medical Center, University of Vermont, Indiana University, University of Alabama Birmingham among others. Through collecting patient specimens, laboratory testing, microbial analytics, and data modeling, our CDSTs will augment individual precision medicine, decrease the Warfighter's healing time, and accelerate their return to readiness. The SC2i is transforming patient data into actionable information, improving diagnosis in healthcare, and reducing the cost of care through early detection of surgical complications. Our current focus is on 2 CDSTs to aid in timing of wound closure and early detections of pneumonia, acute kidney injury, and venous thromboembolism. WounDx Clinical Decision Support Tool (CDST): Improves clinical outcomes and cost savings by addressing unmet clinical needs for the timing of wound closure. This research will be completed through the processes of obtaining an Investigational Device Exemption and conducting an FDA-regulated clinical trial, demonstrating the safety and efficacy of the WounDx CDST. This tool will elevate military readiness by returning wounded warriors to the battlefield, reduce the cognitive burden of surgeons responding to multi- domain operations, minimize loss of life and limb in deployed field hospitals and definitive care facilities, and minimize battle casualty morbidity and mortality. This project supplements the SC2i mission of improved clinical outcomes at lower costs, through creating clinical decision support tools that focus clinicians on the best choices for each patient using precision medicine. TripleDx CDST: The TripleDx decision support tool capitalizes on novel advances in critical care and surgical research, assisting surgeons to manage complex, critical care patients with data driven approaches, improving clinical outcomes, saving lives and medical costs. The TripleDx aims to predict when clinicians should intervene in patient care to improve outcomes, specifically in the onset of VTE, pneumonia, and AKI. Greater efficiency achieved in treating critical care patients means lower costs at every stage of surgical recovery and rehabilitation processes. These improved outcomes will also improve military readiness and return to duty. VTE, pneumonia, and AKI are common complications of critical care patients. TripleDx aims to improve treatment outcomes in the military health system through early prediction/detection of these complications, making intervention through fine-tuned treatments possible. Other CDSTs include early prediction of sepsis, massive transfusion prediction, diagnosis of bacteremia, complications associated with severe traumatic brain injury, acute respiratory distress syndrome, open abdomen infections, appendicitis, and heterotopic ossification.			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Sepsis CDST: Our AIDEx tool, using our AISE algorithm, predicts sepsis 6-12 hours prior to onset. The SC2i worked with the DHA to develop a ROM estimate for costs of implementing our AIDEx tool into the DHA. The Office of Regulated Activities reviewed our tool and determined it should be classified as SaMD (software as a medical device). We have a preliminary regulatory pathway analysis for the AIDEx tool for the FDA and are looking into funding mechanisms to continue implementation. We can move forward with a more definitive plan if funding is forthcoming. We have 2 CDSTs currently in use in the MHS or civilian hospitals: Invasive Fungal Infection, which is used to detect patients at increased risk of fungal infections, as well as the Massive Transfusion Protocol (MTP) app to identify when such is needed in trauma patients. The SC2i expanded MTP implementation to include models that are not reliant on lab data, allowing for in field use by emergency medical services or medics in theatre. Other SC2i work includes USUHS Department of Surgery student engagement and the generation and dissemination of knowledge products throughout the civilian and medical communities. Enrollment to date across all studies is approximately 7689 patients, 2,804 provided samples; we have generated ~105,000 biospecimen aliquots and 98 million data elements in our TDAP study. SC2i FY2025 Accomplishments: WounDx: Received our IDE from the FDA and are finalizing our work to start our Pilot clinical trial. Documents being finalized include SOPs, Lab Manual, and Manual of Operations., The central IRB at Duke University, as well as the DoW Human Research Protections Office, approved our protocol and authorized the activation of two enrollment sites and two assay sites. The center became the Manufacturer of Record and are finalizing product documents including the Quality Management System, Device Master Record, Instructions for Use, and Product Requirements Document. Activation of all five enrollment sites are on track and anticipate trial start up in 1QFY2026. Patent application(s) in progress: Provisional patent applications were filed for 1) Non-invasive diagnosis and predictive modeling of skin inflammation, (2) Predictive Factors for Pulmonary Complications in Rib Fracture and (3) Method of Predicting Wound Closure. TripleDx: Received funding to initiate a randomized control trial; project implementation is under way. Leveraging the existing WounDx infrastructure - including the software platform, document generation processes, quality management system, device master record, and Instructions for Use - for dual-use support will enable a smooth “lift and shift” transition for TripleDx development. Current funding is to support the regulatory and laboratory compliance operations, identifying clinical variables and biomarkers, predictive modeling, and software development, along with trial supplies. Epidemiological review of VTE, AKI, and Pneumonia within our surgical ICU study cohorts is underway. All samples underwent MSD electrochemiluminescence testing to			

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B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
assess biomarkers, and a review of shared biomarker patterns was conducted. Completed laboratory assays on 1,015 serum samples- including those from Duke, Emory, and WRNMMC to enhance the dataset supporting our TripleDx device development. The process of analyzing and interpreting this data remains ongoing. Massive Transfusion Protocol: Pivoted to testing algorithms for the pre-hospital environment lab data (particularly blood gas data), creating a less burdensome pathway of use in the field. Continue to integrate TQIP data into our algorithm to create a more "combat casualty" similar data set. Other: Execution on The CDMRP MBRP CTRA development of a Post Burn Sepsis Digital Twin is ongoing. Collaborators include USAISR, University of Vermont, University of South Florida, Emory University, and University of Pittsburgh. The Burn Sepsis Study Protocols were approved by the USU IRB. We are actively refining workflows and analyte panels for tissue homogenization and protein profiling, with protocols planned for submission to the respective local IRBs. A post-burn digital twin supports the warfighter by delivering a personalized, data-driven model that predicts recovery trajectories, guides treatment decisions, and enhances long-term outcomes following a burn injury. SC2i-Additional Research Activities: Trauma and hemorrhagic shock- We used SomaScan technology to survey 7000 proteins and their differential expression in a sample of TDAP patients affected by trauma and hemorrhagic shock. Additionally, we are in the process of analyzing data generated at CMPH and Duke to better understand the mechanisms of gene expression in a combined mRNA/ miRNA sequencing dataset. Trauma and hemorrhagic shock are key causes of death on the battlefield. Understanding the drivers of adverse outcome will help in the search for effective treatments, by identifying potential targets for immune modulation for example. Proteogenomic(s) of Polytrauma- Investigation of 500 Polytrauma patients with varied recovery trajectories to better understand what leads to MODS, Sepsis, Coagulopathy, and other complications of trauma. We are investigating NK cells and their effect differential trauma outcomes especially in the context of abdominal trauma following exploratory laparotomies. In collaboration with NMCP, we completed our study of G6PD deficiency and trauma outcomes. The study team did not find significantly greater associations of deleterious complications of trauma in patients with G6PD deficiency. A manuscript is forthcoming, following a presentation at the American Association for the Surgery of Trauma (AAST).			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
We are continuing to work with Dr. Thomas Davis and Dr. Cassie Rowe, USU Department of Surgery, using qPCR data to investigate how trauma influences neuroinflammation over time. We are also working with Dr. Cassie Rowe on a project to understand the effects on e-stim on healing outcomes and infection in an animal model of osseointegration. DAMPs – The overall objective of this project is to elucidate and mitigate the pathological effects of Damage-Associated Molecular Patterns (DAMPs) released as a result of severe polytraumatic injury. This work aims to both define the mechanisms of DAMP-driven immune dysfunction and to develop novel therapeutic strategies to counteract them. We completed the final selection of a deeply-phenotyped patient cohort. This foundational accomplishment provides the high-quality biospecimens, stratified by clinical outcome and time, that are essential for the planned downstream biomarker and mechanistic analyses. Sepsis Sensor Platform – In collaboration with MDC Studio, ACESO, and Tech Transfer we are working to wrap up development of a POC device / assay using urine for sepsis. Wound Imaging - Computer vision has been shown to successfully identify and segment traumatic wounds and affected limbs with a pilot study achieving an accuracy of 96%. Monocular depth estimation is being integrated into traditional RGB models to develop an RGB- depth fusion model to augment image segmentation and classification machine learning models. Currently the predictive capabilities of computer vision for extremity traumatic wounds delayed closure prognosis is being investigated. Future developments will explore the capabilities of a multi modal predictive model combining computer vision, transcriptomic, clinical and biomarker data for extremity traumatic wound healing and delayed closure success. DARPA BEST – As a government lab, SC2i will be performing host / pathogen interaction analysis for extremity wound infections. Initial analysis has shown a propensity for grossly contaminated wounds in a highly inflamed state to select for virulence in colonizing organisms leading to a cycle of chronic inflammation. We will further explore this dynamic with an expanded cohort of transcriptomic and metagenomic data in collaboration with LLNL. Cohort definition is finalized for the DARPA BEST project, including metagenomic and RNA-seq samples; these datasets are queued for analysis to explore multi-omic signatures. The SC2i team continues to study the association of rib fractures and various complications of trauma including the development of infections, such as pneumonia, VTE, ARDS, and AKI. We launched the USU School of Medicine wide cloud computing initiative on the Google Cloud Platform. Initial offerings include cloud storage, compute capacity, customizable omics blueprints, and virtual workstations for bioinformaticians, biostatisticians, and data management professionals at the university.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Knowledge Products containing a number of abstracts, presentations, and posters were submitted. A total of 23 abstracts were submitted to Shock, ASA, AAST, ASC, WTA, and MHSRS. Five posters at American Surgical Assoc., American Statistical Assoc., TSMC, ABRCMS, HJF Research Day, and USU. There were four presentations at AMSUS, Duke symposium, ICCAI, and a presentation at ADGVS in the UK.; two invited talks for DARPA BEST and ARPA-H. Three manuscripts were submitted to various journals and three manuscripts were published on topics such as biomarkers and complications after blunt chest trauma, hemoperfusion for management of severe COVID-19, and metagenomic sequencing. One additional manuscript was accepted about a biomarker for predicting pulmonary complications Education: We continue our work with two USU PhD candidates, three PhD students, one Fellow, two undergraduate students and mentored four summer interns through the USU ORISE program. We continue to work with 19 military medical students including some through the USU Capstone program, and two high school students. We developed curriculum for the USU School of Medicine including revising Asynchronous AI / ML in healthcare class for UMLE, but can expand to faculty, staff, and GME learners. This course was taught in Spring 2025. In addition, we developed a bioinformatics course for the University utilizing GCP to establish a virtual lab learning environment. We collaborated with MCB on the development of an intro to bioinformatics course for the GEO. This course leverages the Google Cloud Platform to provide a virtual space for learners to gain experience with bioinformatics tools and analyses. Portfolio 3: The Center for Rehabilitation Sciences Research (CRSR) supports clinical and translational research efforts dedicated to enhancing the rehabilitative care of wounded warriors, particularly those with polytrauma, amputation(s), and neurological injury. Advances in body armor, acute far-forward resuscitation techniques, and rapid medical evacuation has resulted in U.S. military service members now surviving injuries that would have been fatal in prior wars. To develop evidence-based medical standards that promote military health and performance and reduce disability, an investment was needed within the DoW to advance rehabilitation sciences research. With this objective, the CRSR at USUHS has established a research infrastructure and portfolio that is directly aligned with warfighter relevance, aiming to: 1) Identify and mitigate barriers to successful rehabilitation, return to duty, and community reintegration; 2) Discover and improve pain management strategies to enhance successful rehabilitation and reintegration; 3) Develop and test advanced technologies to promote individual functional independence and human performance; 4) Develop and test novel rehabilitative interventions, programs and measures to optimize successful rehabilitation outcomes; and 5) Advance Regenerative Rehabilitation translational products for war-related trauma. CRSR FY2025 Accomplishments: CRSR is currently executing 30+ research projects, ranging from using AI and machine learning techniques to characterize and quantify key medical conditions (e.g., chronic pain, PTSD); developing and testing wearable devices to improving gait and			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
mobility after amputation; restoring sensation through a prosthetic hand; enhancing rehabilitation after osseointegration (direct skeletal attachment) of upper and lower limbs; harnessing virtual cognitive behavioral therapy to treat insomnia integrating robotics/exoskeletons in war-casualty rehabilitation practices; examining the benefits of service dogs in augmenting rehabilitation strategies; exploring genomic influences in the development of phantom limb and chronic pain; evaluating the use of transcranial and peripheral nerve stimulation as forms of neuromodulation to enhance recovery and rehabilitation; examining military rehabilitation provider burnout; and expanding research infrastructure to perform clinical trials and conduct global health engagement studies with the EUCOM and NATO to advance rehabilitation care for U.S. and ally country casualties of war. A leading cause of injury among service members remains Traumatic Brain Injury (TBI), with ~ 80% classified as mild TBI or concussion. CRSR continues to co-lead the NCAA-DoW Concussion Assessment, Research and Education (CARE) Consortium, which includes the Service Academy Longitudinal TBI Outcomes Study (SALTOS). Recruitment totals over 53,000 participants, including more than 23,000 Service Academy cadets and midshipmen, with over 6,700 recorded concussions, making this the largest study of its kind on the natural history and neurobiology of concussion. A variety of techniques, including predictive analytics and multi-omics approaches are used to inform risks associated with head impact exposure, blast exposure, concussion, and neuro-degenerative disease. Additional funding has been secured, totaling $42.65 million for the longitudinal continuation study, CARE-SALTOS Integrated (CSI). This phase has expanded enrollment to 3,000 enlisted service members at the DoW Explosive Ordnance Disposal (EOD) school and continues to follow military and civilian subjects 7-10 years after their concussion(s) and/or repetitive impact/blast exposure. Enrollment for this phase has reached 14,260 participants as of September 2025. ***FY 2026 Plans:*** TTW FY2026 Plans: Use incoming funds to support Year 2 of the projects selected for funding after FY23 FOA. Use any remaining funds to select additional projects from FY2023 FOA as determined by TTW Director. SC2i FY2026 Plans: Finish the WounDx Pilot study and analyze data collected (maximum of 40 patients). Submit an IDE application to the FDA to begin the WounDx Pivotal study (a 300-patient study). Complete the statistical analysis and laboratory work to prepare algorithms and assays for the TripleDx CDST. Advance work with computer wound graphics and develop predictive modeling for extremity traumatic wound healing and delayed closure success. Progress on next generation of data systems including integrating chat bot tools to simplify data queries and continue multiomics work to understand the mechanisms of immune dysregulation following trauma. Maintain and broaden our research studies at the Brooke Army Medical Center.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
CRSR FY 2026 Plans: Continue ongoing efforts as outlined in FY25, prioritizing cutting edge approaches to answer the needs of the military. Initiate additional efforts and proposals in accordance with CRSR's mission and DoW priorities to advance rehabilitative care for the warfighter. Continue to seek opportunities for continued education and collaboration to address gaps in warfighter readiness and recovery. • Leverage the CSI dataset and AI methodologies to transition knowledge into actionable prevention and treatment protocols for TBI, low-level blast exposure, and neuro-degenerative disease • Execute research protocols using exoskeletons, wearables, and advanced prosthetics in clinical settings to advance rehabilitative care and return to duty for the warfighter • Fully expand research infrastructure and initiate at least two clinical trials with ally countries to advance rehabilitative care of combat casualties, including establishing a formal collaboration in CENTCOM • Complete the study on military provider burnout to inform evidence-based solutions for workforce resilience and retention.			
FY 2027 Plans: TTW FY2027 Plans: The estimated budget is $2.87M for the current three selected starts (Photonic Antimicrobial Wound Surface dressing, BIO 300 and Captopril as Radiation Countermeasure) to continued efforts outlined in FY24, FY25 and FY26; and $1.13M in the long-term program projection to continue phase/trials funding on ongoing or new protypes, procedures or products (Cryo injection for OSA, intracranial bleed device, microneedling). Total FY27 budget estimate is $4M. SC2i FY2027 Plans: Continue with our WounDx Pivotal study with the intention of completing in 2028. Submit the IDE application to the FDA for the TripleDx clinical trial; begin the clinical trial. Continue work with our Consortium partners, Duke and Emory, for increased clinical enrollment and data collection for analysis on traumatic injuries relating to the warfighter. Continue to advance work on our CDSTs such as Bacteremia, Heterotopic Ossification, Open Abdomen, Acute Respiratory Distress Syndrome, burn infections and healing, and complications of rib fractures, and continue to invest in this research to further support the broader organizational mission. Implementation of these tools enhances the capabilities of our medical force, accelerating the return of the warfighter to duty, augmenting AI fluency, improving efficiency, cost, and outcomes. CRSR FY2027 Plans: Continue to execute awarded FY25 and FY26 government funds in support of Warfighter readiness and recovery, accounting for any inflation or price adjustment required by the economic climate. Continue to seek out funding opportunities and submit proposals to address warfighter readiness, rehabilitation, and recovery. -Advance evidence-based medical standards to promote rehabilitative care -Leverage research infrastructure, advancing data sharing and communication capabilities -Collaborate with industry and academic partners to address gaps in warfighter readiness and recovery			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
-Provide opportunities for training and continued education to promote the implementation of evidence-based solutions			

FY 2026 to FY 2027 Increase/Decrease Statement:

For the existing Portfolios #1 through #3, funding was adjusted to account for inflation. In addition, the following four new programs were added:

Blood on Demand initiative: The increase in funding allocated for FY27 will provide the necessary resources to sustain and to support the maturation of 4D Bio3's interdisciplinary blood bio-innovation program. This program investigates and develops novel bioengineering solutions, such as manufactured human blood products for transfusion. Current reliance on traditional blood donation is insufficient to sustain our blood supply long-term, particularly posing a challenge during large-scale combat operations (LSCOs). The Department of War (DoW) has an urgent need for blood alternatives, as pursued by this program, to ensure the availability of high-quality blood products for our service members regardless of deployment location -- a critical priority for the operational medical readiness of our forward-deployed Forces.

The Consortium for Health and Military Performance (CHAMP) at the Uniformed Services University (USU) develops, conducts, and disseminates translational research to optimize the health, wellness, performance, resilience and readiness of the Total Force. The increased funding (FY27-FY31) will ensure a deliberate, enduring, and highly focused effort to develop, test, and deliver strategies and interventions to the Department of War (DoW) to improve warrior performance optimization (WPO). Multidisciplinary and inter-agency activities will continue to be focused on military specific knowledge gaps in the fields of nutrition, supplement use, cognitive performance, sleep, physical fitness, exertional injury, spirituality, mental health, and social support systems. In addition to prospective studies, consensus panels will be used to develop a common taxonomy regarding total force fitness, including common data elements, definitions, and standardized outcome measures that are meaningful to warfighters across various occupational specialties. This will support data-driven decision making by commanders. Furthermore, existing and emerging datasets will be interrogated to identify best-practices in advancing health and performance across the Army, Navy, Air Force, Space Force, and Marines and within different communities, including the Special Operations, Recruiting, and Intelligence commands. This fosters a unity of effort across the DoW to improve the health, wellness, and performance of service members and their families.

The Limb Optimization and Osseointegration Program (LOOP) is a multidisciplinary initiative integrating bone health research, proteomics, artificial intelligence (AI) and machine learning (ML), and long-term osseointegration (OI) surveillance to improve outcomes for individuals with limb loss and those at risk for metabolic bone disease. The increase in funding allocated for FY27 will significantly strengthen LOOP’s capabilities. Through predictive modeling, the expansion of the International Quality Amputee Registry for Osseointegration Surgery (IQAROS), and FDA-aligned clinical trials, the program will advance early fracture detection, implant safety monitoring, and functional optimization across military and civilian populations. Given the program’s breadth—including multi-site FDA trials, 30-year registry surveillance, proteomic analytics, big-data epidemiology, and AI tool

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 509 / *Innovative Technologies for Improved Medical Diagnoses, Rehabilitation and Warfighter Readiness (USUHS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
development—dedicated core personnel are essential to execute strategy, ensure regulatory compliance, and coordinate complex clinical and data operations across various sites. Increased FY27 funding allocated for the Musculoskeletal Injury Rehabilitation Research for Operational Readiness (MIRROR) program will expand high-impact clinical research focused on musculoskeletal injuries (MSKIs) that limit Service member deployability, readiness, and return-to-duty outcomes. Research investments will further enterprise-wide epidemiological studies, prospective clinical studies (including biologics), injury prevention, and the development of evidence-based clinical practice guidelines across the full spectrum of MSKI care. Future efforts will prioritize operationally relevant conditions, including low back pain, lower extremity injuries, and bone stress injuries, while advancing integrated prevention and rehabilitation strategies through multisite research, longitudinal surveillance, and technology-enabled performance assessments. Resourcing will strengthen platforms like the Military Orthopaedics Tracking Injuries and Outcomes Network (MOTION), leveraging advanced analytics and Tri-Service collaboration to improve predictive modeling and value-based care across the Military Health System. Ultimately, these initiatives aim to reduce the burden of MSKI, while maximizing warfighter lethality and the operational readiness of the Total Force.			
Accomplishments/Planned Programs Subtotals	14.809	15.638	29.951

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0603115DHA / *Medical Technology Development*	Project (Number/Name) 511 / *Cancer Moonshot Initiatives*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
511: *Cancer Moonshot Initiatives*	23.951	12.362	13.100	13.400	-	13.400	13.668	14.196	14.744	15.039	Continuing	Continuing

A. Mission Description and Budget Item Justification

Over 1,500 active duty Warfighters a year are newly diagnosed with cancer. DoW's Murtha Cancer Center (MCC) at USUHS (MCCRP)'s mission is to preserve and protect the Readiness and Lethality of the Warfighters / Active Duty Force by bringing translational cancer research to all patients in order to improve their health and mission performance, and to help prevent, screen, detect, and treat cancer; minimize side effects of cancer treatments; and return to duty all Warfighters stricken with cancer, as well as all other DoW beneficiaries. The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO's nine key tenets. DoW Cancer Initiatives is a mission assigned by the DoW to USUHS Murtha Cancer Center Research Program (MCCRP). The DoW Cancer Initiative program is an initiative with translational research projects that leverage the findings and capabilities that MCCRP has developed from its other cancer research programs. MCCRP leverages DoW's unique and additional capabilities to contribute to the advancement and promulgation across the DoW of MCCRP's three Warfighter readiness initiatives: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics (Integrated and pan-omic with use of Artificial Intelligence) with Molecular Cancer Epidemiology; and 3) PROMETHEUS (PROject for Military Exposure and Toxin History Evaluation in US servicemembers) : DoW Serum Repository Projects surrounding environmental and toxin exposures in service members.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Cancer Moonshot Initiatives	12.362	13.100	13.400
Description: There are three Warfighter-focused research areas in this Initiative for the DoW through the USUHS MCCRP: 1) Cancer Research and Clinical Trial Network; 2) Data Analytics (Artificial Intelligence) and Molecular Cancer Epidemiology; and 3) PROMETHEUS (PROject for Military Exposure and Toxin History Evaluation in US servicemembers): Environmental Exposures and Toxins in Military / DoW Serum Repository Projects. These three new initiatives address the federal government / White House's focus on DoW Warfighter health and disease prevention to include efforts: to diagnose cancer sooner; to prevent cancer; to target the right treatments to the right patients; to speed progress against the deadliest cancers affecting Warfighters that might be correlated to toxin and environmental exposures; to support patients, caregivers, and survivors; and to learn from all patients. Our DoW Cancer initiatives are specifically developed and precisely aligned within the DoW health care system along with our federal partners. MCCRP focus of these projects is for active duty, veterans, and beneficiaries at risk for or with cancer. However, the initiatives and findings will have impact for the nation as a whole. The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. All research is conducted in a manner that abides by the EO's nine key tenets.			
FY2025 Accomplishments:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 511 / *Cancer Moonshot Initiatives*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
- Integrated federal scientific platforms with public-private innovators revealing the impact of service-related exposures to environmental contaminants and toxin hazards, and developing prevention and early detection approaches as well as advanced treatments of cancers arising from these exposures. - 21 multi-agency DoW research protocols are underway for PROMETHEUS (PROject for Military Exposure and Toxin History Evaluation in US service members) creating a process and research ecosystem that addresses the myriad exposures to environmental contaminants and toxin hazards unique to DoW Warfighters, military service members and veterans. - Successfully held our annual PROMETHEUS conference (in July 2025) including subject matter experts from DoW, VA, NCI and collaborating civilian partners who presented PROMETHEUS specific proposals that benefit Warfighters, Active Duty service members, veterans and their beneficiaries. - PROMETHEUS 8A (Use of Longitudinal Serum Samples from the DOWSR and Associated Exposure Records to Identify Biomarkers of Exposure-related Cancer Risk) opened in FY25 at the three largest DoW Medical Centers and to date has enrolled 141 Warfighters, with continuous enrollment ongoing across the DoW; analysis of their data and multiple biospecimens on each is now underway in the two main laboratories (Department of Energy and Ellison Medical Institute), with the complex and multi-modal data being analyzed by the highest-end Artificial Intelligence capabilities at those institutes. - PROMETHEUS 31 developed and is in the process of opening at Naval Base San Diego and at Fort Bragg; it enrolls active duty Warfighters serving on ships and in the Special Forces and acquires self-administered automated blood samples painlessly in real time from these Warfighters during any significant toxin environmental exposure while on duty while underway on combat ships or during Special Operations training and deployed environments. These real-time acquired blood samples from Warfighters at the time of toxin exposures are then analyzed at the nation's foremost analytical labs for hundreds of toxins (at Department of Energy labs and Ellison Institute lab) and with the use of Artificial Intelligence analytics, provides direct causal scientific data between an exposure by a Warfighter and an effect on their body chemistry. This will allow DoW to identify which exposures are truly health-related and therefore might be mitigated in operational environments through implementing new prevention techniques. - The project's research complies with and follows President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. PROMETHEUS research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2026 Plans:*** - In FY26 we will fully implement our PROMETHEUS portfolio including research within active duty military units, to include significant expansions of PROMETHEUS 31 protocols at US Navy/Balboa; US Army/Ft Bragg; and US Special Operations Forces/ Tampa, which will involve significant research accrual as well as increased scientific platforms resourcing at all PROMETHEUS laboratories. Additionally, as part of the NCI's VANGUARD Multi-Cancer Detection research network, we will increase our resourcing of both our VANGUARD accrual sites (focusing on recruiting active duty Warfighters and veterans) and our data / informatics platform that supports VANGUARD. VANGUARD will focus on enrolling healthy active duty Warfighters and is a randomized, blinded trial that tests various novel molecular blood tests for early cancer detection with high accuracy, in healthy			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 511 / *Cancer Moonshot Initiatives*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
patients. Enrolled patients get the test done and if it is positive, will get additional radiologic testing that promises to discover cancers at the best treatable time, before symptoms develop. - Fully implement PROMETHEUS 8A (Use of Longitudinal Serum Samples from the DOWSR and Associated Exposure Records to Identify Biomarkers of Exposure-related Cancer Risk) at all DoW health care facilities. - Our full PROMETHEUS portfolio of 21 ongoing studies on DoW patients and biosamples will be supported to finalize towards completion of studies in FY27. - The project's research will continue to comply with and follow President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. PROMETHEUS research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2027 Plans:*** - As part of the NCI's VANGUARD Multi-Cancer Detection research network, we will further expand across the DoW hospital system our VANGUARD accrual sites (focusing on recruiting active duty Warfighters and veterans) and our data / informatics platform that supports VANGUARD. VANGUARD will focus on enrolling healthy active duty Warfighters and is a randomized, blinded trial that tests various novel molecular blood tests for early cancer detection with high accuracy, in healthy patients. Enrolled patients get the test done and if it is positive, will get additional radiologic testing that promises to discover cancers at the best treatable time, before symptoms develop. - Continue to enroll Warfighters and veterans at DoW hospitals into PROMETHEUS 8A (Use of Longitudinal Serum Samples from the DOWSR and Associated Exposure Records to Identify Biomarkers of Exposure-related Cancer Risk) at all DoW health care facilities and analyze the results, identify putative environmental risks associated with cancer development, and create mitigation guidelines for DoW use. - Analyze all data from the PROMETHEUS portfolio of 21 studies in the DoW and make it available through the PROMETHEUS data commons to all researchers in the DoW and across the federal government. - The project's research will continue to comply with and follow President Trump's Executive Order (EO) 14303 on restoring Gold Standard Science. PROMETHEUS research is conducted in a manner that abides by the EO's nine key tenets. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Price adjustments for inflation.			
Accomplishments/Planned Programs Subtotals	12.362	13.100	13.400

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0603115DHA / *Medical Technology Development*	**Project (Number/Name)** 511 / *Cancer Moonshot Initiatives*

D. Acquisition Strategy

Acquisition Strategy not required for Budget Activities 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0604110DHA *I Medical Products Support and Advanced Concept Development*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	747.759	188.416	208.983	186.018	-	186.018	179.541	186.473	193.659	197.532	Continuing	Continuing
400Z: *CSI - Congressional Special Interests*	145.822	19.304	30.000	-	-	-	-	-	-	-	-	-
374: *GDF - Medical Products Support and Advanced Concept Development*	131.517	0.000	0.000	-	-	-	-	-	-	-	-	-
374A: *GDF - Medical Simulation and Training*	54.238	17.785	18.997	17.363	-	17.363	17.654	18.154	18.733	19.027	Continuing	Continuing
374B: *GDF - Medical Readiness*	185.579	73.748	79.819	81.272	-	81.272	82.897	86.098	89.421	91.211	Continuing	Continuing
374C: *GDF - Medical Combat Support*	96.844	47.695	47.694	48.294	-	48.294	49.132	50.779	52.481	53.531	Continuing	Continuing
374D: *GDF - Restoration & Healthcare Systems*	72.575	25.628	27.968	34.493	-	34.493	25.170	26.573	27.967	28.605	Continuing	Continuing
374E: *GDF - Medical Materiel/ Medical Biological Defense Equipment Development*	44.774	-	-	-	-	-	-	-	-	-	-	-
434A: *Air & Space Medical Readiness Advanced Concept Development (AF)*	16.410	4.256	4.505	4.596	-	4.596	4.688	4.869	5.057	5.158	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Medical Products Support and Advanced Concept Development: This program element (PE) provides funding to support: advanced concept development and prototypes of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to military operational users; prototyping; risk reduction and product transition efforts for medical devices and/or information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record; and medical simulation and training system technologies.

Development, test, and evaluation in this PE is designed to address requirements identified through the Joint Capabilities Integration and Development System and other Department of War operational needs. Research Development Test and Evaluation priorities for the Combat and Operational Medicine Program (COMP) are guided by, and will support, the National Defense Strategy, the Joint Staff Surgeon's Joint Concept for Health Services, and other DoW strategic framework documents.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0604110DHA *I Medical Products Support and Advanced Concept Development*

Program development and execution is coordinated with all of the Military Service Components and the Special Operations Command, 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. Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA/CAE) as the Milestone Decision Authority for joint medical materiel development efforts and of Service Authorities for Service-specific capability requirements. As technologies mature, the most promising efforts will transition to medical products and support systems development funding in Budget Activity 5, System Development and Demonstration, PE 0605145.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	195.518	178.983	186.018	-	186.018
Current President's Budget	188.416	208.983	186.018	-	186.018
Total Adjustments	-7.102	30.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	30.000			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-7.102	-			

Congressional Add Details ($ in Millions, and Includes General Reductions)	FY 2025	FY 2026
Project: 400Z: *CSI - Congressional Special Interests*		
Congressional Add: *260 - Joint Civilian-Medical Surge Pilot (NDMS)*	14.487	20.000
Congressional Add: *563 - Freeze-Dried Platelet Hemostatic Development*	4.817	5.000
Congressional Add: *567 - Detection of mTBI and Subconcussive Events*	-	5.000
Congressional Add Subtotals for Project: 400Z	19.304	30.000
Congressional Add Totals for all Projects	19.304	30.000

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 400Z / *CSI - Congressional Special Interests*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
400Z: *CSI - Congressional Special Interests*	145.822	19.304	30.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Defense Health Program funded Congressional Special Interest (CSI) directed research. The strategy for the Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
Congressional Add: 260 - Joint Civilian-Medical Surge Pilot (NDMS)	14.487	20.000

FY 2025 Accomplishments: The Pilot will expand to at least three new sites (Honolulu, HI; Puget Sound, WA; and Shreveport, LA). The three expansion sites were selected based on strategic relevance to a LSCO scenario (Honolulu, HI.), designation as a Core Casualty Receiving Facility for DoW (Puget Sound, WA.) and experience with real world domestic patient movement (Shreveport, LA.). An interagency team executed site visits for each location and the recommendation for expansion was approved by interagency leadership with final concurrence by the Deputy Assistant Secretary of War for Health Affairs. At the three expansion sites, NCDMPH will partner directly with regional academic medical institutions such as the University of Washington and Louisiana State University Health Shreveport to manage local NDMS Pilot activities. The new sites will implement the Pilot Core Competencies; a standardized set of Pilot activities that encompass the essential aspects of the Pilot site-level interventions developed from prior years. The Pilot Core Competencies were developed through identification of best practices across the Pilot sites and the competencies will be utilized and evaluated to establish the three expansion sites.

At the five “legacy/original” sites, the NCDMPH will also incorporate the “partner-based model” to transition the execution of activities and project management to medical, academic and emergency management partners, to continue research and innovation initiatives and sustain the regional NDMS enhancements delivered under the NDMS Pilot to date. In 2025, two of the original five sites will fully transition local command and control to NCDMPH partner institutions and the remaining three legacy sites will begin partnering with institutions at their respective sites, to facilitate full transition of Pilot operations to local partners by the end of FY2025. The NDMS Pilot will continue to conduct research validated interventions targeted to address systemic healthcare surge gaps identified and validated by local, state and federal healthcare networks and emergency response agencies. In addition to site specific research and innovation, the NDMS Pilot will continue to refine national

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 400Z / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
level projects such as the Legislative Policy Review and the NDMS Systems Dynamic model to understand the policy constraints and implications in a LSCO scenario and employ the modeling data to identify key bottle-necked resource requirements that inhibit a well-integrated federal response in support of U.S Northern Command's Integrated CONUS Medical Operations Plan. ***FY 2026 Plans:*** The National Disaster Medical System (NDMS) Pilot Program, established through Congressionally directed funding, developed eight pilot site locations and a robust set of federal, state, and local partnerships essential to the Military Health System (MHS). This included key implementation partners with strong vertical and horizontal integration across their respective regions. The program also managed national and site-level studies that continue to provide enhanced understanding of gaps and challenges in policy, operations, and partnerships to support the MHS. The pilot program will continue to identify recommendations to improve NDMS Military-Civilian (MIL-CIV) medical surge capacity, capability, and interoperability. Fiscal Year 2026 (FY26) plans include expansion of the program to 15 Department of War (DoW), strategic nodes critical for scalable steady state to Large Scale Combat Operations (LSCO). This initiative will facilitate the implementation and assessment of NDMS Pilot recommendations at the federal, state, and local/site-level, thereby strengthening MIL-CIV partnerships at each of the 15 designated DoW strategic nodes and their surrounding regions. FY26 plans also encompass the closeout and transition of the NDMS Pilot Program to the MIL-CIV Medical Surge Program, newly authorized in Section 712 of the FY26 National Defense Authorization Act (NDAA). This transition is intended to ensure more robust and dependable MIL-CIV partnerships in steady-state conditions at each of these strategic nodes and to guarantee a rapid response capacity in crisis or conflict with sustained training and education of our medical providers and partners.		
Congressional Add: 563 - Freeze-Dried Platelet Hemostatic Development	4.817	5.000
FY 2025 Accomplishments: Funding will be used for Systems Planning, Research, Development and Engineering Support Services to include development and evaluation of new source material and prototyping of stability solutions to optimize the product shelf-life. The funding will go towards system planning, research, development and engineering support services in the area of derived agents for systemic hemostasis. Market research and modeling approach and analysis plan development to increase the understanding of available products for the management of blood and blood products that lead to hemostatic solutions in prehospital settings on the battlefield through research and analysis		

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 400Z / *CSI - Congressional Special Interests*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026
of alternatives. This current and future state shall provide the ability to support rapid prototyping of improved capabilities to meet user needs. ***FY 2026 Plans:*** Funding will be used for continued Systems Planning, Research, Development and Engineering Support Services to include development and evaluation of new source material and prototyping of stability solutions to optimize the product shelf-life. The funding will continue to support system planning, research, development and engineering support services in the area of derived agents for systemic hemostasis. Market research and modeling approach and analysis plan development to increase the understanding of available products for the management of blood and blood products that lead to hemostatic solutions in prehospital settings on the battlefield through research and analysis of alternatives. This current and future state shall provide the ability to support rapid prototyping of improved capabilities to meet user needs.		
Congressional Add: 567 - Detection of mTBI and Subconcussive Events ***FY 2026 Plans:*** Funding will be used to support advanced development of a wearable medical device for the detection of a broad range of brain injuries, including sub concussive events and traumatic brains injuries ranging from mild to serious.	-	5.000
Congressional Adds Subtotals	19.304	30.000

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Prior year CSI funded research will be assessed for developmental maturity and qualification for initial or continued advanced development funding. If advanced development criteria are met, follow-on development will be solicited through a peer-reviewed process.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 374 / *GDF - Medical Products Support and Advanced Concept Development*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374: *GDF - Medical Products Support and Advanced Concept Development*	131.517	0.000	0.000	-	-	-	-	-	-	-	-	-

Note

Starting in FY 2022, funding from Project 374 was realigned to Projects 374A, 374B, 374C, and 374D.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record; and medical simulation and training system technologies.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF – Medical Product Support and Advanced Concept Development	0.000	-	-
Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (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 medical training systems technologies.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 374A / *GDF - Medical Simulation and Training*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374A: *GDF - Medical Simulation and Training*	54.238	17.785	18.997	17.363	-	17.363	17.654	18.154	18.733	19.027	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force - Medical Simulation and Training: This funding supports the materiel development of prototype solutions to advance the medical training of clinicians and warfighters across the Joint Force, and medical information technology applications in direct support of MHS Beneficiaries.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Simulation and Training	17.785	18.997	17.363
Description: This funding provides product support and advanced concept development of materiel products that meet the medical simulation and training needs of the warfighter. Materiel development may include accelerated transition of simulation and training capabilities along with 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 medical training systems technologies. ***FY 2026 Plans:*** Programs will continue to focus on developing advance clinical training technologies and simulated emergency medical training solutions for providers and teams at all licensure levels across the MHS and Joint Force. Advance concept development and prototyping will begin on the Role 4 medical modeling program which will fulfill the requirement to simulate patient movement planning from Role 3 to Role 4 facilities for DHA and Combatant Command medical planners. New innovative software training technologies will be developed in support of the Joint Trauma System to advance its education and training resource modalities for clinicians and warfighters across the Joint Force. ***FY 2027 Plans:*** FY2027 plans continue the efforts as outlined in FY 2026 and support advanced development, prototypes and evaluation of medical simulation, training and education capabilities. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Reduces funding to align with the Secretary of War's highest priorities to strengthen readiness and modernize capabilities.			
Accomplishments/Planned Programs Subtotals	17.785	18.997	17.363

C. Other Program Funding Summary ($ in Millions)

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374A / *GDF - Medical Simulation and Training*

C. Other Program Funding Summary ($ in Millions)

Remarks

D. Acquisition Strategy

This program will test and evaluate medical support systems, medical information technologies, and simulation and training capabilities in operational and clinical user assessments to gather data required for military and regulatory requirements prior to production and fielding.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 374B / *GDF - Medical Readiness*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374B: *GDF - Medical Readiness*	185.579	73.748	79.819	81.272	-	81.272	82.897	86.098	89.421	91.211	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record. These efforts are crucial for enhancing DoWs Joint Medical Readiness by ensuring Warfighters have access to interoperable cutting-edge medical technologies and validated treatment protocols. Funding develops tools for preventative care, rapid diagnosis, and effective treatment of injuries and illnesses. Furthermore, it supports Unit Medical Readiness by equipping medical personnel with the necessary equipment and resources to provide comprehensive medical care in operational environments, ultimately bolstering the overall medical capabilities of the force and contributing to mission success.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Readiness	73.748	79.819	81.272
Description: These efforts are crucial for enhancing DoWs Joint Medical Readiness by ensuring Warfighters have access to interoperable cutting-edge medical technologies and validated treatment protocols. Funding develops tools for preventative care, rapid diagnosis, and effective treatment of injuries and illnesses. Furthermore, it supports Unit Medical Readiness by equipping medical personnel with the necessary equipment and resources to provide comprehensive medical care in operational environments, ultimately bolstering the overall medical capabilities of the force and contributing to mission success.			
FY 2026 Plans: Programs will focus on prevention of illness and injury along with optimization of human performance. Significant FY 2026 Programs: Rapid Human Diagnostics (RHD) will deliver an FDA-approved rapid diagnostic for military-relevant infectious diseases in a far forward environment that provides a disease diagnosis in less than 60 minutes for 3-6 infectious disease targets. In FY26, RHD is planning for FDA clearance for a Tropical Fever Panel via FDA 510(k) and the continued development of follow-on panels. Battlefield Wound Infection – Prevention & Treatment (BWI P&T) includes a family of products for initial wound management, infection prevention, and novel treatment options to support casualties across the battlespace for a prolonged time pending medical evaluation. In FY26, BWI P&T is planning for Milestone A approval, pre-clinical and clinical studies, and candidate down-selection.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374B / *GDF - Medical Readiness*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
The Enterotoxigenic E. coli Vaccine (ETECV) program seeks to deliver the only FDA-approved preventative vaccine for traveler's diarrhea, and once approved, will protect against 90% of ETEC strains. In FY26, the program will initiate Good Manufacturing Practice (GMP) compliant manufacturing of both Drug Substance (DS) and Drug Product (DP), manufacturing validation, and stability tests. The program is planning for an FDA End of Phase 2 meeting; and award Engineering and Manufacturing Development (EMD) Phase Other Transaction Authority (OTA). ***FY 2027 Plans:*** Battlefield Wound Infection – Prevention & Treatment (BWI P&T) includes a family of products for initial wound management, infection prevention, and novel treatment options to support casualties across the battlespace for a prolonged time pending medical evaluation. In FY27, BWI P&T will perform Component 1 candidate down-selection, early phase manufacturing and chemistry, manufacturing & controls (CMC) and scale up activities where needed. The Diarrhea Prevention for Tactical Environments (formally Enterotoxigenic E. coli Vaccine (ETECV)) program seeks to deliver the only FDA-approved preventative vaccine for traveler's diarrhea, and once approved, will protect against 90% of ETEC strains. In FY27 the program is planning on completing the FDA required Good Manufacturing Practices (GMP), Drug Substance (DS) or Drug Product (DP) standards. Additionally planning to enter submission for a MS B approval from the MDA. Sterilizer, Field, Special Materiel (SFSM) – Develop a product that is electrically powered sterilizer suitable for use in deployed medical environments that is capable of sterilizing optical surgical scopes. In FY27, planning to continue work in the Technology Maturity and Risk Reduction (TMRR) acquisitions stage and begin environmental testing. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase due to inflation.			
Accomplishments/Planned Programs Subtotals	73.748	79.819	81.272

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374C / *GDF - Medical Combat Support*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374C: *GDF - Medical Combat Support*	96.844	47.695	47.694	48.294	-	48.294	49.132	50.779	52.481	53.531	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record. These efforts are crucial function focused on preserving the Joint fighting strength, saving lives, and maintaining morale by providing a comprehensive continuum of medical care from the point of injury to definitive treatment. This includes preventative medicine, rapid treatment of injuries and illnesses, and advanced trauma care on the battlefield and beyond. Interoperability, technological advancements, extensive training, ensuring seamless and effective medical support during joint operations and contributing to the overall readiness and success of military missions.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Combat Support	47.695	47.694	48.294
Description: These efforts are crucial function focused on preserving the Joint fighting strength, saving lives, and maintaining morale by providing a comprehensive continuum of medical care from the point of injury to definitive treatment. This includes preventative medicine, rapid treatment of injuries and illnesses, and advanced trauma care on the battlefield and beyond. Interoperability, technological advancements, extensive training, ensuring seamless and effective medical support during joint operations and contributing to the overall readiness and success of military missions.			
FY 2026 Plans: Programs will focus on operational support. Significant FY 2026 Programs: Portable Oxygen Program plans to award Technology Maturity and Risk Reduction (TMRR) contracts; initiate developmental activities; receive test articles; and initiate test and evaluation (T&E) activities. The Portable Oxygen solutions are intended to be lighter, consume less power, and provide greater reliability over existing systems. Advanced Medical Monitor (AMM) Program plans to mature two of its candidate products in preparation for EMD. Battlefield Pain Management (BPM) Program plans to complete evaluation of possible candidates following thorough marker research, select candidates, and mature selected them through TMRR activities.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374C / *GDF - Medical Combat Support*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Traumatic Brain Injury – Drug Treatment (TBI-DT) Program continues to evaluate multiple possible therapeutic candidates using a novel adaptive clinical trial designed to rapidly identify those with TBI-treatment effectiveness. ***FY 2027 Plans:*** Portable Oxygen Program – Portable Oxygen is a Family of systems (FoS) solutions for oxygen concentration, generation, and delivery for Joint Roles 1-3 plus en route care targeting improvements in size, weight, power, and reliability. In FY27, planning to continue developmental activities and T&E efforts. Award Technology Maturity and Risk Reduction (TMRR) contracts. Advanced Medical Monitor (AMM) Program – AMM is a advanced noninvasive physiological monitoring solutions to provide actionable information for enhanced casualty triage, to inform treatment and evacuation priorities, as well as to monitor vital signs of patients under medical care. In FY27, AMM is planning for a MS B approval for Next Generation Medical Monitor (NGMM) and Expeditionary Medical Monitor (EMM) products. Will award contract to conduct MS B for Next Generation Medical Monitor (NGMM) and Expeditionary Medical Monitor (EMM); award for EMD activities. Battlefield Pain Management (BPM) - Delivers a family of systems of rapid-acting analgesic treatments to combat battlefield pain during tactical field care and casualty evacuation with a superior safety profile compared to conventionally-used opioid pain medications. Program plans for FY27 are to continue cGMP-compliant manufacturing for clinical trials as needed, submit IND to the FDA, and Initiate Phase 1 clinical trial. Traumatic Brain Injury – Drug Treatment (TBI-DT) Will provide a FDA approved novel or repurposed generic drug for acute treatment to limit brain damage and enhance recovery towards clinical improvement for TBIs. In FY27, increment 1 will continue to enroll patients into the clinical trial to reach FDA approval. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase due to inflation.			
Accomplishments/Planned Programs Subtotals	47.695	47.694	48.294

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374C / *GDF - Medical Combat Support*

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 374D / *GDF - Restoration & Healthcare Systems*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374D: *GDF - Restoration & Healthcare Systems*	72.575	25.628	27.968	34.493	-	34.493	25.170	26.573	27.967	28.605	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products Support and Advanced Concept Development: This funding supports materiel development of products that provide solutions for the most pressing medical needs of the Warfighter through advanced concept development of medical products that are regulated by the US Food and Drug Administration (FDA); clinical and field validation studies supporting the transition of FDA-licensed and unregulated products and medical practice guidelines to the military operational user; prototyping; risk reduction and product transition efforts for medical information technology applications such as coordination with the Program Execution Offices for integration of medical aspects into other acquisition Programs of Record.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Restoration & Healthcare Systems	25.628	27.968	34.493
Description: This funding provides product support and advanced concept development of materiel products that meet the medical needs of the warfighter. Materiel development may include accelerated transition of US Food and Drug Administration (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.			
FY 2026 Plans: Programs will continue to focus on treatments to be used to restore form and function to warfighters as well as improve healthcare. Significant FY 2026 Programs: Posttraumatic Stress Disorder – Drug Treatment (PTSD-DT) Program initiates evaluation of possible therapeutic candidates in a novel adaptive clinical trial that will identify candidates showing efficacy against PTSD. Objective Behavioral Health Assessment Tools (OBHAT). This program was formerly known as Posttraumatic Stress Disorder Screening Tool. The program will conduct bench/development testing for the Lab-based Increment and the COSC increment and the integration and validation of Behavioral Health and sleep/fatigue algorithms for the Warfighter Monitoring increment.			
FY 2027 Plans: Posttraumatic Stress Disorder – Drug Treatment (PTSD-DT) Program initiates evaluation of possible therapeutic candidates in a novel adaptive clinical trial that will identify candidates showing efficacy against PTSD. In FY27, conducting test of 4 drugs for PTSD. Development of the DHA Data Ecosystem.			
FY 2026 to FY 2027 Increase/Decrease Statement:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 374D / *GDF - Restoration & Healthcare Systems*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Increase to invest in infrastructure upgrades to expand telemedicine capabilities.			
Accomplishments/Planned Programs Subtotals	25.628	27.968	34.493

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

This program will test and evaluate pharmaceuticals, devices, medical support systems, and medical information technologies in government-managed clinical trials and user assessments to gather data required for military and regulatory requirements prior to production and fielding, to include FDA approval, Environmental Protection Agency registration, and safe-to-fly evaluation.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 374E / *GDF - Medical Materiel/Medical Biological Defense Equipment Development*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
374E: *GDF - Medical Materiel/ Medical Biological Defense Equipment Development*	44.774	-	-	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency in order to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Materiel/Medical Biological Defense Equipment Development.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Materiel/Medical Biological Defense Equipment Development	0.000	-	-
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Materiel/Medical Biological Defense Equipment Development from Army PE 0603807A. Funding is provided for engineering and manufacturing development of medical devices and blood products in support of enhanced combat casualty care and for the development of candidate medical countermeasures for military relevant infectious disease focusing on prevention and treatment to increase medical readiness. This project provides for the advanced product development and prototyping of Army lifesaving medical field systems.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	Project (Number/Name) 434A / *Air & Space Medical Readiness Advanced Concept Development (AF)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
434A: *Air & Space Medical Readiness Advanced Concept Development (AF)*	16.410	4.256	4.505	4.596	-	4.596	4.688	4.869	5.057	5.158	Continuing	Continuing

A. Mission Description and Budget Item Justification

This project focuses on transitioning products from Science and Technology (S&T) to Air Force (AF) operational end users. This project provides integration of AF Medical Research, Development, Test, and Evaluation (RDT&E) organizations, joint medical RDT&E organizations, academia, and civilian vendors with the MAJCOMs/ MEFPAKs to rapidly field advanced medical capabilities to meet the needs of warfighters. Additionally, the project bridges the gap between S&T and material production, procurement, fielding, and sustainment by coordinating with DAF Surgeon General's (AF/SG) Requirements, Testing, and Logistics offices throughout the program development. This project enables the fielding of advanced medical capabilities (Technology Readiness Level (TRL) 5-8) to address the vital medical readiness needs of our Airmen and Guardians. Development, modification, and modernization projects emphasize technologies supporting the AF/SG's aerospace and operational medicine and medical readiness priorities. This project ensures viability of S&T and translational research efforts with materiel components by providing programmed funding for logical progression and transition of those activities into the product development lifecycle and into the hands of DAF operational end users. This project supports the Air Force Medical Service (AFMS) and its operational needs by liaising with and leveraging Defense Health Agency (DHA) and joint services to reduce capability gaps. This project supports development and programs supporting the transition of technologies developed by the defense laboratory into operational use; recruit and retain personnel with necessary Program management expertise that support military missions.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Air & Space Medical Readiness Advanced Concept Development (AF)	4.256	4.505	4.596
Description: This project ensures balance, rigor, and timely fielding of medical capabilities in the AF Advanced Development portfolio. This project focuses on the advancement of Technical Maturation and Risk Reduction (TMRR) and Engineering and Manufacturing Development (EMD) for prototypes and production representative units respectively that address DAF capability gaps in aerospace and operational medicine and medical readiness.			
FY 2026 Plans: In FY26, our plans focus on the continued development of advanced capabilities designed to close the most critical capability gaps identified by Air Force end-users. Key prioritized development efforts include technologies for noncompressible hemorrhage control in austere environments and the creation of novel, safe, and efficacious devices for simplified analgesic administration. Furthermore, Air Force stakeholders are actively evaluating and prioritizing new initiatives for FY26 to address other identified capability shortfalls. FY26 plans are to continue supporting product development efforts to include further development of the Temporary Vascular Occlusion Clamp (TVOC) with GLP study protocol approval, initiation and completion of GLP animal study. Further development of Tactical Injection Kit for Ketamine (TIK-K) with pre- submission with FDA for intended use ruling, DEA certification, drug cartridge manufacturing and batch filling. Further development of Tactical Injection Kit for Hydromorphone (TIK-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0604110DHA / *Medical Products Support and Advanced Concept Development*	**Project (Number/Name)** 434A / *Air & Space Medical Readiness Advanced Concept Development (AF)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
H) with pre-submission FDA meeting for intended use ruling, biocompatibility testing and Good Manufacturing Practice for drug cartridge registration batches. In addition to active product development efforts, new efforts are being evaluated and prioritized by AF Stakeholders for FY26 to address existing capability gaps. ***FY 2027 Plans:*** Leveraging the progress in advanced capability development initiated in FY26 to address top Air Force end-user capability gaps focused on non-compressible hemorrhage control, Novel devices for safe and efficacious administration of analgesics and anesthetics, FY27 plans will focus on both sustaining support for critical existing programs and actively developing future technological advancements as identified and prioritized by MEFPAKs and end users to include oxygen delivery system for patient movement to include en-route care. This dual approach aims to close remaining capability gaps in a timely and cost-effective manner. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Funding increase due to inflation.			
Accomplishments/Planned Programs Subtotals	4.256	4.505	4.596

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

Achievements: Transitioning Next Generation Resuscitation Fluid to the Defense Health Agency for hemorrhagic fluid replacement. Through direct engagement and communication with Air Force MEFPAKs, initiated 1 new contract for the following project: SimX for Air Evac (AE) and Critical Care Air Transport (CCAT) virtual reality training addressing 7 capability gap for training simulation for real world MEDEVAC situations across the AE/CCAT platforms. Received FDA feedback on critical noncompressible hemorrhage control device.

D. Acquisition Strategy

Partnerships with Defense Health Agency/Component Acquisition Executive (DHA/CAE), Program Executive Office - Operational Medicine (PEO OPMED), Navy Medical Research Center (NMRC), Air Force Research Laboratory (AFRL), Air Force Life Cycle Management Center (AFLCMC), Department of the Interior (interagency cooperative agreements and use award of delivery orders and task assignments) and medical technology consortiums to perform engineering, manufacturing, and prototype development Indefinite Delivery, Indefinite Quality (IDIQ) vehicles to include those awarded under Small Business Innovation Research (SBIR) Phase III provisions. Utilization of SBIR program direct awards for Phase III transition efforts and a Cooperative Agreement structure through foundations supporting military medical research and development programs. Will utilize industry-standard project management processes and DoW Acquisition processes managed by the AFLCMC, Wright-Patterson AFB.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0605013DHA *I Information Technology Development*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	45.958	10.104	10.169	16.760	-	16.760	13.837	14.372	13.927	14.205	Continuing	Continuing
239H: *IM/IT Test Bed (Air Force) at DHA*	3.493	0.000	0.000	-	-	-	-	-	-	-	-	-
423C: *Defense Center of Excellence (T2T/PBH TERM) (DHA)*	1.723	1.071	1.103	1.136	-	1.136	1.159	1.194	1.240	1.265	Continuing	Continuing
480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	33.279	7.914	7.881	8.027	-	8.027	8.187	8.536	8.865	9.042	Continuing	Continuing
482A: *E-Commerce (DHA)*	7.463	1.119	1.185	1.209	-	1.209	1.233	1.258	1.307	1.333	Continuing	Continuing
599: *MHS Financial System Enhancements/Modernization*	0.000	0.000	0.000	6.388	-	6.388	3.258	3.384	2.515	2.565	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include Army service level support for the Medical Operational Data System (MODS); Army Medicine CIO Management Operations; Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM); Pharmacovigilance Defense Application System (PVDAS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).

For the Air Force, the funding in this program element provides for sustainment of the IM/IT Test Bed (IMIT-TB) capability, which is a dedicated OT location and staff encompassing 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.

Defense Health Agency (DHA) Health Information Technology (HIT) [previously known as Tri-Service IM/IT] - DHA HIT RDT&E activities includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all centralized components of the Combat and Operational Medicine Program (COMP). HIT initiatives currently using RDT&E funding include: Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH) and Defense Center of Excellence (Telehealth and Technology Toolkit (T2T)).

The COMP RDT&E appropriation includes the following DHA initiatives: Electronic Commerce System (E-Commerce). E-Commerce 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:

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605013DHA *I Information Technology Development*

Contract Management (CM), utilizing 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 Document 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 DHA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and 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 ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	10.146	10.169	16.760	-	16.760
Current President's Budget	10.104	10.169	16.760	-	16.760
Total Adjustments	-0.042	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.042	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / *Information Technology Development*	Project (Number/Name) 239H / *IM/IT Test Bed (Air Force) at DHA*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
239H: *IM/IT Test Bed (Air Force) at DHA*	3.493	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Continue to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development & fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoW 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.

Previously reported under initiative IM/IT Test Bed (Air Force) Project Code 239F.
Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Title: Operational Testing Service ***Description:*** A dedicated operational testing service, Test Bed conduct tests on various Air Force Medical Systems (AFMS). It provides risk controlled testing for designated core & interim medical applications in an operationally realistic environment.	0.000	-	-	-	-
Accomplishments/Planned Programs Subtotals	0.000	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / *Information Technology Development*	Project (Number/Name) 423C / *Defense Center of Excellence (T2T/ PBH TERM) (DHA)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
423C: *Defense Center of Excellence (T2T/PBH TERM) (DHA)*	1.723	1.071	1.103	1.136	-	1.136	1.159	1.194	1.240	1.265	Continuing	Continuing

A. Mission Description and Budget Item Justification

T2T increases mobile access and continues the advancement of care through use of toolkit components in the areas of public health and telehealth that can be used both within and outside of the DoW.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Title: Defense Center of Excellence (DHA) T2T and PBH TERM	1.071	1.103	1.136	-	1.136
Description: Telehealth and Technology Toolkit (T2T): This project aims to develop a comprehensive toolkit of components focused on Psychological Health and telehealth, designed for use both within and beyond the Department of War (DoW). Rather than creating duplicative solutions, the toolkit emphasizes collaboration and remote access to resources. The T2 Toolkit includes mobile applications, 3D immersive technologies, and supporting websites, forming an integrated system to address diverse aspects of Psychological Health for DoW personnel and their families. ***FY 2026 Plans:*** Establish EMPIRE ATO and implement a comprehensive strategy for growth and enhancement based on data-driven insights and active community engagement. This strategy will be guided by the following: leverage data and past performance to drive platform growth, foster active engagement with Public Health (PH) and telehealth communities, implement a transparent and responsive development prioritization process. ***FY 2027 Base Plans:*** The focus will shift from foundational enhancement to strategic innovation, scalability, and solidifying the EMPIRE platform's position as an indispensable tool in the Public Health (PH) and Telehealth ecosystems. Primary focus will be deepening interoperability and ecosystem integration. This will be achieved by building directly on the successes and feedback from FY26. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increased to match requirements and modernization efforts.					
Accomplishments/Planned Programs Subtotals	1.071	1.103	1.136	-	1.136

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013DHA / *Information Technology Development*	**Project (Number/Name)** 423C / *Defense Center of Excellence (T2T/ PBH TERM) (DHA)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions. Utilizing the EITSI BPA contract vehicle to meet the DHA Director's Strategic Initiatives to develop innovative solutions to complex problems in the IT mission area of Mobile Technology.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013DHA / *Information Technology Development*	**Project (Number/Name)** 480D / *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	33.279	7.914	7.881	8.027	-	8.027	8.187	8.536	8.865	9.042	Continuing	Continuing

A. Mission Description and Budget Item Justification

Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) is a comprehensive, automated information system that provides a single point for assembling, comparing, using, evaluating, and storing occupational personnel exposure information, workplace environmental monitoring data, personnel protective equipment usage data, observation of work practices data, and employee health hazard educational data. DOEHRS-IH is the primary authoritative system used by occupational and environmental health professionals. Recognizing the critical connection between exposure management and Warfighter health, readiness, and lethality, the Department of War (DoW) is committed to improving comprehensive exposure monitoring (CEM) for Service members/workforce and a very high priority of the DoW. DOEHRS-IH will provide for the definition, collection and analysis platform to generate and maintain a Service Member Longitudinal Exposure Record. DOEHRS-IH will describe the exposure assessment, identify similar exposure groups, establish a longitudinal exposure record baseline to facilitate post-deployment follow-up, and provide information to enable exposure-based medical surveillance and risk reduction.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	7.914	7.881	8.027	-	8.027
Description: Configure, enhance, and interface DOEHRS-IH modules.					
FY 2026 Plans: Continue DOEHRS-IH software development and significant enhancements to existing capabilities to include implementation of System Change Requests, DOEHRS-IH Upgrade/Modernization, Facility Design Review Capability, Occupied Facility Capability, Blast Over Pressure and Impulse Noise, multiple sensor bulk upload capability, Integration with Defense Logistics Agency (DLA) HAZMAT information, Integration with ILER-VA interface using DaVINCI JVPN, and Integration with VADIR system and VA CDR.					
FY 2027 Base Plans:					

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013DHA / *Information Technology Development*	**Project (Number/Name)** 480D / *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Continue DOEHRS-IH software development of system change requests, enhance customer correspondence, implementation, of Blast Over Pressure and Impulse Noise Improvements. Continue DOEHRS-IH upgrade/ modernization, expand Comprehensive Exposure Monitoring (CEM, improve data interfaces with new and existing systems, integration with Joint Health Risk Management (JHRM including integration with ILER-VA interface using DaVINCI JVPN, and integration with VADIR system and VA CDR. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increased due to efforts to meet user requirements and increase capabilities within the DoW and across agencies.					
Accomplishments/Planned Programs Subtotals	7.914	7.881	8.027	-	8.027

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to: minimize costs, reduce program risks, and remain within schedule while meeting program objectives and maximizing buying power. Strategy is revised as required as a result of periodic program reviews or major decisions to meet the DHA Director's Strategic Initiatives to develop innovative solutions to complex problems in the IT mission.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / *Information Technology Development*	Project (Number/Name) 482A / *E-Commerce (DHA)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
482A: *E-Commerce (DHA)*	7.463	1.119	1.185	1.209	-	1.209	1.233	1.258	1.307	1.333	Continuing	Continuing

A. Mission Description and Budget Item Justification

The COMP RDT&E appropriation includes the following DHA initiatives: Electronic Commerce System (E-Commerce): 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 replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, pharmacy rebate collections and disbursement processes; Management Tracking and Reporting subsystem 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 Web site that provides up-to-date financial information for both DHA and the Services concerning the military treatment facilities (MTFs) expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes 4 major subsystems and over 60 servers supporting development, test, user acceptance testing and production. The system will be utilized 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 impacting the system performance or support to any individual user. Server configurations must be kept current in terms of 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. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Title: E-Commerce (DHA)	1.119	1.185	1.209	-	1.209
Description: The COMP RDT&E appropriation includes the following DHA initiatives: Electronic Commerce System (E-Commerce): 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 replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, pharmacy rebate collections, and disbursement processes; Management Tracking and Reporting subsystem 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 Web site that provides up-to-date financial information for both DHA and the Services concerning the military treatment facilities (MTFs) expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes 4 major subsystems and over 60 servers supporting development, test, user acceptance testing and production. The system will be utilized by several hundred users in more than 7 different organizations. Project					

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013DHA / *Information Technology Development*	**Project (Number/Name)** 482A / *E-Commerce (DHA)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis. ***FY 2026 Plans:*** Modernize the Electronic Commerce System for contracts, disbursing and reporting as well as adapting to health care policy and guidance. ***FY 2027 Base Plans:*** Continue modernization of the Electronic Commerce System for contracts, disbursing and reporting as well as adapting to health care policy and guidance, and modernizations required by multiple DoW initiatives. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase due to inflation growth.					
Accomplishments/Planned Programs Subtotals	1.119	1.185	1.209	-	1.209

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
• BA-1, 0807752HP: *Miscellaneous Support Activities*	19.255	20.399	21.202	-	21.202	22.041	22.908	23.810	24.286	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	0.594	0.655	0.681	-	0.681	0.708	0.736	0.765	0.780	Continuing	Continuing

Remarks

N/A

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to: minimize costs, reduce program risks, and remain within schedule while meeting program objectives and maximizing buying power. Strategy is revised as required as a result of periodic program reviews or major decisions.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / *Information Technology Development*	Project (Number/Name) 599 / *MHS Financial System Enhancements/Modernization*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
599: *MHS Financial System Enhancements/Modernization*	0.000	0.000	0.000	6.388	-	6.388	3.258	3.384	2.515	2.565	Continuing	Continuing

A. Mission Description and Budget Item Justification

Legislative Mandate and Current State: The National Defense Authorization Act (NDAA) 2017 Section 702 transferred administration and control of Military Treatment Facilities (MTFs) to the Defense Health Agency (DHA), necessitating a singular financial management system. In response, DHP Direct Care appropriations are now distributed and executed through the Army's General Fund Enterprise Business System (GFEBS), establishing the required unified financial framework.

Critical Modernization Requirements: The Army is transitioning from GFEBS to a next-generation Enterprise Resource Planning (ERP) system, Enterprise Business System-Cloud (EBS-C). Given the Military Health System's (MHS) complete dependence on Army financial systems, participation in this modernization effort is mission critical. Current funding supports essential GFEBS system enhancements including interface updates, posting logic modifications, and preparations for EBS-C transition.

Compliance and Audit Readiness: Federal legislation including the CFO Act of 1990, Federal Financial Management Improvement Act (FFMIA) of 1996, Federal Managers' Financial Integrity Act (FFMFIA) of 1982, and Federal Information Security Modernization Act (FISMA) of 2014, along with various NDAAs, mandated audit compliance. A singular, modernized financial system is essential for achieving audit readiness and maintaining regulatory compliance across the MHS.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Title: MHS Financial System Enhancements/Modernization	0.000	0.000	6.388	0.000	6.388
Description: Sustain all Direct Care COMP funds within a single, modernized financial system enabling consistency across the Defense Health Agency and Military Health System through standardized processes, data collection, and reporting capabilities. This requires current system enhancements and the MHS contribution to the development of MHS requirements in the new Army ERP. ***FY 2026 Plans:*** N/A ***FY 2027 Base Plans:*** Execute critical backlogged GFEBS system enhancements in coordination with Army. Collaborate with Army on the development of MHS requirements for EBS-C implementation. Ensure seamless financial operations during transition activities. ***FY 2027 OOC Plans:***					

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013DHA / *Information Technology Development*	**Project (Number/Name)** 599 / *MHS Financial System Enhancements/Modernization*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
N/A ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase due to continuation of S&T project that transitions DHA from GFEBS to a next-generation Enterprise Resource Planning (ERP) system, Enterprise Business System-Cloud (EBS-C). Realigned requirement from PE 0603115 Project 499 due to previous project identified as S&T and project is past the S&T phase.					
Accomplishments/Planned Programs Subtotals	0.000	0.000	6.388	0.000	6.388

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
• BA 3: *PE 0807721 Replacement & Modernization*	0.000	0.000	3.117	0.000	3.117	1.683	1.750	1.820	1.820	Continuing	Continuing

Remarks

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives and maximizing buying power. Strategy is revised as required because of periodic program reviews or major decisions to meet the DHA Director's Strategic Initiatives to modernize current MHS requirement within the new Army ERP.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605026DHA *I Information Technology Development - DoW Healthcare Management System Modernization (DHMSM)*

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
Total Program Element	56.914	5.919	6.038	5.141	-	5.141	5.244	5.446	5.656	5.769	Continuing	Continuing
483A: *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM) at DHA*	56.914	5.919	6.038	5.141	-	5.141	5.244	5.446	5.656	5.769	Continuing	Continuing

Program MDAP/MAIS Code:
Project MDAP/MAIS Code(s): 496

A. Mission Description and Budget Item Justification

DHMSM has replaced the DoW legacy healthcare management systems with a commercial off-the-shelf capability, MHS GENESIS, that is open, modular, and standards-based with non-proprietary interfaces. MHS GENESIS supports the Department's goals of net- centricity by providing a framework for full human and technical connectivity and interoperability that allows DoW users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. MHS GENESIS supports the following healthcare activities for DoW's practitioners and beneficiaries:

- Clinical workflow and provider clinical decision support
- Capture, maintain, use, protect, preserve and share health data and information
- Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained
- Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	6.144	6.038	5.141	-	5.141
Current President's Budget	5.919	6.038	5.141	-	5.141
Total Adjustments	-0.225	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.225	-			

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605026DHA *I Information Technology Development - DoW Healthcare Management System Modernization (DHMSM)*

Change Summary Explanation

FY26 to FY27 RDT&E funds decrease in accordance with acquisition schedule.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605026DHA / *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM)*	**Project (Number/Name)** 483A / *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM) at DHA*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
483A: *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM) at DHA*	56.914	5.919	6.038	5.141	-	5.141	5.244	5.446	5.656	5.769	Continuing	Continuing

Project MDAP/MAIS Code: 496

A. Mission Description and Budget Item Justification

The DHMSM program acquired an integrated inpatient/outpatient Best of Suite (BoS) electronic health record (EHR) solution, MHS GENESIS, augmented by the Best of Breed (BoB) product(s). The overarching goal of the program is to enable healthcare teams to deliver high-quality, safe care and preventive services to patients through the use of easily accessible standards-based computerized patient records. Benefits include: improved accuracy of diagnoses and medication; improved impact on health outcomes; increased patient participation in the healthcare process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including all DoW operational environments.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: DoW Healthcare Management System Modernization (DHMSM) Program	5.919	6.038	5.141
Description: DHMSM has replaced the DoW legacy healthcare management systems with a commercial off-the-shelf capability, MHS GENESIS, that is open, modular, and standards-based. MHS GENESIS supports the Department's goals of net- centricity by providing a framework for full human and technical connectivity and interoperability that allows DoW users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. MHS GENESIS supports the following healthcare activities for DoW's practitioners and beneficiaries: • Clinical workflow and provider clinical decision support. • Capture, maintain, use, protect, preserve and share health data and information. • Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained. • Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.			
FY 2026 Plans: • Conduct Test Planning of new interfaces, patches, and semi-annual releases.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605026DHA / *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM)*	**Project (Number/Name)** 483A / *Information Technology Development - DoW Healthcare Management System Modernization (DHMSM) at DHA*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
• Complete requirements for the Outpatient Pharmacy Billing project that is an integral part in being able to decommission the legacy Armed Forces Billing and Collection Utilization Solution – Amazon Web Services (ABACUS-AWS). • Continue configuration and integration activities supporting the Seamless Exchange project to improve quality of data available as clinical documents in the federal Electronic Medical Record and private sector. Builds efficiency into the provider's workflow and allows clinicians to have less administrative burden by aggregating, deduplicating and integrating data from multiple data sources into a single longitudinal record. • Execute optimization and modernization efforts on MHS GENESIS that will continue to keep the MHS at the forefront of Health IT to include new interface development and pilot projects to improve provider and patient experiences. ***FY 2027 Plans:*** Execute optimization and modernization efforts on MHS GENESIS that will continue to keep the MHS at the forefront of Health IT to include new interface development and pilot projects to improve provider and patient experiences. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Decrease due to planned completion of projects in FY26 that support automation improvements to MHS GENESIS.			
Accomplishments/Planned Programs Subtotals	5.919	6.038	5.141

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A.

D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0605045DHA *I Joint Operational Medicine Information System (JOMIS)*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	132.700	27.070	28.707	29.353	-	29.353	28.157	29.210	30.273	30.878	Continuing	Continuing
477A: *Joint Operational Medicine Information System (JOMIS)*	132.700	27.070	28.707	29.353	-	29.353	28.157	29.210	30.273	30.878	Continuing	Continuing
Program MDAP/MAIS Code: 521												

A. Mission Description and Budget Item Justification

The Joint Operational Medicine Information Systems (JOMIS) Portfolio Program will acquire solutions to modernize, deploy, and sustain the Department of War's (DoW) operational medicine (OpMed) information systems (IS) capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. The JOMIS Program is a declared Joint Interest for capability requirements executed under the Adaptive Acquisition Framework.

JOMIS will pursue efforts that allow it to sunset costly and difficult to maintain legacy systems in conjunction with functional Subject Matter Experts (SME), Service representatives, Combatant Commanders (CCMD), and the Defense Health Agency's (DHA) Joint Chiefs of Staff (J6) Solutions Delivery Division and Cyber Divisions. The Theater Medical Information Requirement Information Systems Capabilities Development Document (TMIR IS CDD) and the Joint Requirements Oversight Council Memorandum (JROCM) signed February 28, 2017 document the knowledge management capabilities required to enable the following health care functions: Health Care Delivery (HCD), Medical Logistics (MedLOG), Medical Command and Control (MedC2), Medical Situational Awareness (MedSA) and Patient Movement.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	28.095	28.707	29.353	-	29.353
Current President's Budget	27.070	28.707	29.353	-	29.353
Total Adjustments	-1.025	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-1.025	-			

Change Summary Explanation

No significant changes other than inflation adjustment.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605045DHA / *Joint Operational Medicine Information System (JOMIS)*	Project (Number/Name) 477A / *Joint Operational Medicine Information System (JOMIS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
477A: *Joint Operational Medicine Information System (JOMIS)*	132.700	27.070	28.707	29.353	-	29.353	28.157	29.210	30.273	30.878	Continuing	Continuing

A. Mission Description and Budget Item Justification

The purpose of JOMIS is to modernize, deploy, and sustain the DoW's OpMed IS capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.

There are technological and business challenges to the OpMed mission including aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods by Services that impacts standard user adoption, inefficient and overly-bureaucratic acquisition methods, and the lack of unified functional user input. To mitigate these challenges, JOMIS has planned the following actions:

• Translate the TMIR IS CDD into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices
• Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion (OMFC) to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoW and Federal medical data landscapes
• Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission
• Take advantage of industry and DoW best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to "continuously integrate" and "continuously deliver" capability throughout the software development life cycle.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Joint Operational Medicine Information System (JOMIS)	27.070	28.707	29.353
Description: Specific contribution to mission delivery: The JOMIS Portfolio Program will acquire solutions to modernize, deploy, and sustain the DoW's OpMed IS capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.			
FY 2026 Plans: • Continue to execute OpMed Capability Roadmap. • Continue new Healthcare Delivery (HCD) and Medical Logistics (MedLOG) capability development, system integration and testing activities.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605045DHA / *Joint Operational Medicine Information System (JOMIS)*	**Project (Number/Name)** 477A / *Joint Operational Medicine Information System (JOMIS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
• Conduct Test Planning of new interfaces, patches, and Minimum Viable Capability releases (MVCR). ***FY 2027 Plans:*** • Continue to execute OpMed Capability Roadmap. • Continue new Healthcare Delivery (HCD) and Medical Logistics (MedLOG) capability development, system integration and testing activities. • Conduct Test Planning of new interfaces, patches, and Minimum Viable Capability releases (MVCR). ***FY 2026 to FY 2027 Increase/Decrease Statement:*** No significant changes other than inflation adjustment.			
Accomplishments/Planned Programs Subtotals	27.070	28.707	29.353

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

In FY21 JOMIS received approval of a new Acquisition Strategy from its Milestone Decision Authority (MDA). The FY21 Overarching Portfolio Acquisition Strategy allows JOMIS to acquire solutions across all five Healthcare functions as described in the TMIR IS CDD. Further, the Portfolio Acquisition Strategy allows JOMIS to utilize the Adaptive Acquisition Framework and the Software Pathway of Acquisition to continuously enhance existing capabilities and deliver new capabilities prioritized by the OpMed Functional Community. The Portfolio Acquisition Strategy ensures that the JOMIS Program will evaluate and use the most appropriate business, technical, contract and support strategies, and acquisition approaches to minimize costs, reduce program risks, and remain within the schedule while meeting program objectives.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0605145DHA *I Medical Products and Support Systems Development*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	170.501	55.982	63.939	64.904	-	64.904	66.154	68.757	71.403	72.831	Continuing	Continuing
500A: *CSI - Congressional Special Interests*	14.452	0.000	0.000	-	-	-	-	-	-	-	-	-
375: *GDF - Medical Products and Support System Development*	21.068	0.000	0.000	-	-	-	-	-	-	-	-	-
375A: *GDF - Medical Simulation and Training*	5.893	2.000	1.998	2.038	-	2.038	2.079	2.161	2.246	2.291	Continuing	Continuing
375B: *GDF - Medical Readiness*	20.510	8.636	10.616	10.803	-	10.803	11.016	11.444	11.888	12.125	Continuing	Continuing
375C: *GDF - Medical Combat Support*	36.566	45.346	51.325	52.063	-	52.063	53.059	55.152	57.269	58.415	Continuing	Continuing
375D: *GDF - Medical Products and Support System Development*	72.012	-	-	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Guidance for Development of the Force – Medical Products and Support Systems Development: This program element (PE) provides funding for system development and demonstration of medical commodities delivered from the various medical advanced development and prototyping Department of War (DoW) 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 for products that require US Food and Drug Administration approval.

Development, test, and evaluation in this PE is designed to address requirements identified through the Joint Capabilities Integration and Development System and other Department of War operational needs. Medical development, test, and evaluation priorities for the Combat and Operational Medicine Program (COMP) are guided by, and will support, the National Defense Strategy, the Joint Staff Surgeon's Joint Concept for Health Services, and other overarching DoW strategic framework documents.

Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA CAE) as the Milestone Decision Authority for medical materiel development efforts. As technologies mature, the most promising efforts will transition to production and deployment.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency					Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*			R-1 Program Element (Number/Name) PE 0605145DHA *I Medical Products and Support Systems Development*		
B. Program Change Summary ($ in Millions)	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**
Previous President's Budget	58.102	63.939	64.904	-	64.904
Current President's Budget	55.982	63.939	64.904	-	64.904
Total Adjustments	-2.120	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-2.120	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and Support Systems Development*	Project (Number/Name) 500A / *CSI - Congressional Special Interests*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
500A: *CSI - Congressional Special Interests*	14.452	0.000	0.000	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Defense Health Program funded Congressional Special Interest (CSI) directed research. The strategy for the Congressionally-directed research program is to stimulate innovative research through a competitive, focused, peer-reviewed medical research at intramural and extramural research sites. Because of the CSI annual structure, out-year funding is not programmed.

B. Accomplishments/Planned Programs ($ in Millions)

N/A

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and Support Systems Development*	Project (Number/Name) 375 / *GDF - Medical Products and Support System Development*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
375: *GDF - Medical Products and Support System Development*	21.068	0.000	0.000	-	-	-	-	-	-	-	-	-

Note

Starting in FY2022, Project 375 was realigned into Projects 375A, 375B, and 375C.

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products and Support Systems Development: This funding supports materiel development activities that further system development and demonstration prior to initial full rate production and fielding of commodities.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Products and Support Systems Development (GDF-MPSSD)	0.000	-	-
Description: GDF-Medical Products and Support Systems Development: This funding supports activities to support system development and demonstration prior to initial full rate production and fielding of medical commodities delivered from 0604110HP (Medical Products Support and Advanced Concept Development). Materiel development may include accelerated transition of US Food and Drug Administration (FDA)-licensed and unregulated products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical training systems technologies.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and Support Systems Development*	Project (Number/Name) 375A / *GDF - Medical Simulation and Training*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
375A: *GDF - Medical Simulation and Training*	5.893	2.000	1.998	2.038	-	2.038	2.079	2.161	2.246	2.291	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Simulation and Training: This funding supports materiel development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Simulation and Training	2.000	1.998	2.038
Description: GDF-Medical Products and Support Systems Development: This funding enhances activities to support system development and demonstration prior to initial full rate production and fielding of medical simulation delivered from 0604110HP (Medical Simulation and Training, Advanced Concept Development). Materiel development may include accelerated transition of Medical Simulation products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical training systems technologies. ***FY 2026 Plans:*** Programs will conduct advanced development activities, and test and evaluation events to validate use in real-world conditions and mission use cases in support of DHA and Joint Force users. ***FY 2027 Plans:*** FY2027 plans continue as outlined in FY2026 to support the risk reduction activities, and test and evaluation events in support of the material development of medical simulation and training solutions. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase due to inflation.			
Accomplishments/Planned Programs Subtotals	2.000	1.998	2.038

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605145DHA / *Medical Products and Support Systems Development*	**Project (Number/Name)** 375A / *GDF - Medical Simulation and Training*

D. Acquisition Strategy

This program will test and evaluate medical simulation products and platforms developed in order to review data for operational and clinical use prior to production and fielding.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and S upport Systems Development*	Project (Number/Name) 375B / *GDF - Medical Readiness*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
375B: *GDF - Medical Readiness*	20.510	8.636	10.616	10.803	-	10.803	11.016	11.444	11.888	12.125	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Readiness: This funding supports material development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities. These efforts are crucial for enhancing DoW's Joint Medical Readiness by ensuring Warfighters have access to interoperable cutting-edge medical technologies and validated treatment protocols. Funding develops tools for preventative care, rapid diagnosis, and effective treatment of injuries and illnesses. Furthermore, it supports Unit Medical Readiness by equipping medical personnel with the necessary equipment and resources to provide comprehensive medical care in operational environments, ultimately bolstering the overall medical capabilities of the force and contributing to mission success.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Readiness	8.636	10.616	10.803
Description: GDF - Medical Readiness: These efforts are crucial for enhancing DoWs Joint Medical Readiness by ensuring Warfighters have access to interoperable cutting-edge medical technologies and validated treatment protocols. Funding develops tools for preventative care, rapid diagnosis, and effective treatment of injuries and illnesses. Furthermore, it supports Unit Medical Readiness by equipping medical personnel with the necessary equipment and resources to provide comprehensive medical care in operational environments, ultimately bolstering the overall medical capabilities of the force and contributing to mission success			
FY 2026 Plans: Programs will focus on prevention of illness and injury along with optimization of human performance. Significant FY 2026 Programs: Rapid Human Diagnostics (RHD) will deliver an FDA-approved rapid diagnostic for military-relevant infectious diseases in a far forward environment that provides a result in less than 60 minutes for 3-6 infectious disease targets. In FY26, RHD plans for clearance for a Tropical Fever Panel FDA 510(k) and the continued development of follow-on panels. Bacteriophage Treatment for Bacterial Infections (BTBI) program will manufacture Current Good Manufacturing Practice (cGMP)-compliant lots of drug product that will be used to conduct a Phase 3 clinical trial. Joint Health Risk Management (JHRM) program plans for an Operational Assessment (OA) and Minimum Viable Capability Release (MVCR).			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605145DHA / *Medical Products and S upport Systems Development*	**Project (Number/Name)** 375B / *GDF - Medical Readiness*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Canine Thermal Medical Monitor (CTMM). This program was formerly known as Canine Thermal Model and Monitor plans software updates and cybersecurity releases to maintain functionality and availability of its Increment 1 software and the integration of model updates from United States Army Research Institute of Environmental Medicine (USARIEM). ***FY 2027 Plans:*** Rapid Human Diagnostics (RHD) will deliver an FDA-approved rapid diagnostic for military-relevant infectious diseases in a far forward environment that provides a disease diagnosis in less than 60 minutes for 3-6 infectious disease targets. In FY27 RHD will continue the submission for FDA clearance for a Tropical Fever Panel via FDA 510(k) and complete the GI & Respiratory clinical study along with the GI and Respiratory panel FDA 510(k)-submission. Bacteriophage Treatment for Bacterial Infections (BTBI) – BTBI will deliver a novel antimicrobial therapeutic based upon bacteriophage for treatment of complicated (e.g., multidrug resistant [MDR]) bacterial infections. In FY27 BTBI will continue work on the pivotal Phase 3 clinical trial for FDA approval. Single Blood Bags (Rapid Donor Collection Capability) – Single Blood Bags are an Individually wrapped single aseptic blood collection bag manufactured in Continental United States (CONUS). Enabling a reliable supply of individually packaged aseptic blood collection bags for medics and medical teams to stand up blood donation centers under austere conditions as needed. In FY27, planning to mature manufacturing process; First article testing; Stability testing; Complete compliance process and usability assessment. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase due to inflation.			
Accomplishments/Planned Programs Subtotals	8.636	10.616	10.803

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

This program will test and evaluate medical products in government-managed clinical trials in order to gather data to meet military and regulatory (e.g., FDA, Environmental Protection Agency) requirements for production and fielding.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and S upport Systems Development*	Project (Number/Name) 375C / *GDF - Medical Combat Support*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
375C: *GDF - Medical Combat Support*	36.566	45.346	51.325	52.063	-	52.063	53.059	55.152	57.269	58.415	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force (GDF) - Medical Combat Support: This funding supports materiel development activities that enhance system development and demonstration prior to initial full rate production and fielding of capabilities. These efforts are crucial function focused on preserving the Joint fighting strength, saving lives, and maintaining morale by providing a comprehensive continuum of medical care from the point of injury to definitive treatment. This includes preventative medicine, rapid treatment of injuries and illnesses, and advanced trauma care on the battlefield and beyond. Interoperability, technological advancements, extensive training, ensuring seamless and effective medical support during joint operations and contributing to the overall readiness and success of military missions.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Combat Support	45.346	51.325	52.063
Description: GDF-Medical Combat Support: This funding enhances activities to support system development and demonstration prior to initial full rate production and fielding of medical readiness capability delivered from 0604110HP (Medical Combat Support, Advanced Concept Development). Materiel development may include accelerated transition of Medical Combat Support products through clinical and field validation studies, advanced prototyping, risk reduction, operational test and evaluation, manufacturing, and product transition efforts for medical information technology applications and medical combat support systems technologies.			
FY 2026 Plans: Programs will support the development and demonstration of medical combat support capabilities. Significant FY 2026 Programs: Freeze Dried Plasma (FDP). The program plans to work towards Low-Rate Initial Production (LRIP) and commence the pediatric clinical study. Canine Blood Products (CBP). The program plans to validate production at scale and launch/market the cFPD product; launch/market the CFDPIt product; and seek FDA approval of Prior Approval Supplement and launch/market the cOC product. CryoPreserved Platelets (CPP). The program continues progress toward an FDA-approval. In FY26, the program plans to receive Capability Development Document (CDD) validation from Combat Developers. Cold Stored Platelets (CSP). The program plans to complete in vitro study of pathogen reduced CSP samples; and coordinate with device manufacturers on device amendments to add CSP.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605145DHA / *Medical Products and S upport Systems Development*	**Project (Number/Name)** 375C / *GDF - Medical Combat Support*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Noncompressible Hemorrhage Control (NHC). A Family of Systems (FoS) to stop massive bleeding that cannot be controlled by current solutions (e.g., tourniquet, blood products). The device will temporarily stop bleeding until the injury can be permanently repaired by a surgeon. In FY26, the program plans for a Next Gen Hemostatic Point of Injury (NGH POI) clinical study, Milestone C (MS C) and Procurement contract; and Expanding Polymer (EP) Role 1 clinical study. ***FY 2027 Plans:*** Freeze Dried Plasma (FDP) – FDP will deliver an FDA approved universal (Type AB and Low-Titer A) dried plasma reconstituted with FDA approved sterile water for injection. In FY27, FDP will commence Teleflex pediatric clinical study, Phase 3 clinical study and continue FFDP EUA management activities. Canine Blood Products (CBP) - Delivers a suite of readily-available, shelf-stable, lifesaving blood product treatments for trauma-induced severe blood loss in Military Working Dogs (MWDs) in theater. In FY27 CBP will seek FDA approval for modernized (in-bag) lyophilization method; launch/market modernized product and conduct qualification batches for stability testing. CryoPreserved Platelets (CPP) - Delivers an FDA-approved blood product designed to treat non-compressible hemorrhage in theater with pre-positioning and long-term stockpiling capabilities. In FY27, CPP will complete Phase 2/3 adaptive clinical study, complete CDMO/equipment qualification, complete blood warmer compatibility studies, complete 48-month stability study at -20C storage, and complete 60- month stability study at -65C storage. Cold Stored Platelets (CSP) - Delivers a life-saving blood product for treatment of hemorrhage in theater with 100% to 200% longer shelf life than conventional platelets. In FY27, CSP will be coordinated with device manufacturers on device amendments to add CSP. Noncompressible Hemorrhage Control (NHC). A Family of Systems (FoS) to stop massive bleeding that cannot be controlled by current solutions (e.g., tourniquet, blood products). The device will temporarily stop bleeding until the injury can be permanently repaired by a surgeon. In FY27 preparation for a MS B submission and approval will be completed, and start the Role 1 first in human clinical studies will start. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** FY26 to FY27 increase due to inflation.			
Accomplishments/Planned Programs Subtotals	45.346	51.325	52.063

C. Other Program Funding Summary ($ in Millions)

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605145DHA / *Medical Products and Support Systems Development*	**Project (Number/Name)** 375C / *GDF - Medical Combat Support*

C. Other Program Funding Summary ($ in Millions)

Remarks

D. Acquisition Strategy

This program will test and evaluate medical products in government-managed clinical trials in order to gather data to meet military and regulatory (e.g., FDA, Environmental Protection Agency) requirements for production and fielding.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605145DHA / *Medical Products and Support Systems Development*	Project (Number/Name) 375D / *GDF - Medical Products and Support System Development*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
375D: *GDF - Medical Products and Support System Development*	72.012	-	-	-	-	-	-	-	-	-	-	-

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency in order to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Products and Support System Development.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF - Medical Products and Support System Development	0.000	-	-
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0604807A. Funding is provided for engineering and manufacturing development of diagnostic devices, medical products for enhanced combat casualty care and follow on products, including blood products and for the development of candidate medical countermeasures for military relevant infectious diseases focusing on prevention and treatment to increase medical readiness. Funding supports both technical evaluations and human clinical testing to assure the safety and effectiveness of vaccines, drugs and medical devices.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

N/A

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605039DHA *I DoW Medical Information Exchange and Interoperability*

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
Total Program Element	22.786	27.406	8.337	8.504	-	8.504	8.674	9.009	9.357	9.544	Continuing	Continuing
458A: *Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)*	22.786	27.406	8.337	8.504	-	8.504	8.674	9.009	9.357	9.544	Continuing	Continuing

A. Mission Description and Budget Item Justification

Enterprise Intelligence & Data Solutions (EIDS) – The EIDS program supports MHS strategic goals and facilitates informed decision-making through the delivery of vital information services and data in a timely, relevant, and actionable manner. EIDS has become the nexus of all Military Health System (MHS) secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoW leadership to improve patient care through the MIP. EIDS Military Health System Information Platform (MIP) enclave integrates over 130 data sources, 50+ clinical registries and rationalized over 22 data warehouses, 18 applications over the last few years. In addition, it supports a set of DoW legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoW and Federal partners. The MIP provides a core clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, EIDS is building the first secure cloud-based genomics platform for the DoW. A fully funded EIDS initiative brings together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, all while meeting the Congressional intent of a fully interoperable health record.

Program transferred from program element 0308608DHA DoW Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS) in Budget Activity 08.

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	28.444	8.337	8.504	-	8.504
Current President's Budget	27.406	8.337	8.504	-	8.504
Total Adjustments	-1.038	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-1.038	-			

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605039DHA *I DoW Medical Information Exchange and Interoperability*

Change Summary Explanation

RDT&E funding is projected to decrease significantly in FY26, returning to EIDS historical baseline levels after an atypical increase in FY25 for development required to operationalize the MIP, support Data Innovation, and continue to create new product applications for the Platform.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605039DHA / *DoW Medical Information Exchange and Interoperability*	Project (Number/Name) 458A / *Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
458A: *Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)*	22.786	27.406	8.337	8.504	-	8.504	8.674	9.009	9.357	9.544	Continuing	Continuing

A. Mission Description and Budget Item Justification

Enterprise Intelligence & Data Solutions (EIDS) Program Management Office PMO spent FY25 allocations on modernizing data exchange capabilities needed to increase access while enhancing security of the MIP. EIDS supports MHS strategic goals and facilitates informed decision-making through the delivery of robust information services and data in a timely, relevant, and actionable manner. EIDS PMO strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoW leadership to improve patient care. The PMO manages a vast array of data-related assets, including data warehouses, data virtualization tools, visualization solutions (e.g. CarePoint) and data exchange solutions that in combination makes up a system of systems - Military Health System Information Platform (MIP). EIDS focuses on delivering, connecting, and curating data to facilitate informed decision-making across a diverse data ecosystem.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Enterprise Intelligence and Data Solutions (EIDS)	27.406	8.337	8.504
Description: Comprised of the infrastructure and services needed to provide seamless integrated sharing of electronic health data between the DoW, VA, other Federal agencies, and private sector partners that is viewable to DoW and VA providers through a joint viewer.			
FY 2026 Plans: The EIDS PMO will continue leveraging industry partners to advance enterprise data integration, analytics, and AI enabled capabilities, including machine learning and emerging large language model applications, to support clinical decision support, research data exchange, and improved readiness outcomes across the MHS.			
FY 2027 Plans: The EIDS PMO will continue leveraging industry partners to advance enterprise data integration, analytics, and AI enabled capabilities, including machine learning and emerging large language model applications, to support clinical decision support, research data exchange, and improved readiness outcomes across the MHS.			
FY 2026 to FY 2027 Increase/Decrease Statement:			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605039DHA / *DoW Medical Information Exchange and Interoperability*	**Project (Number/Name)** 458A / *Defense Medical Information Exchange (DMIX) / Enterprise Intelligence and Data Solutions (EIDS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
RDT&E funding shows a slight increase in FY27, driven by standard inflation adjustments. The funding will be utilized to continue to modernize the MIP and other EIDS products.			
Accomplishments/Planned Programs Subtotals	27.406	8.337	8.504

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
• BA-1: *PE 0807788: Enterprise Intelligence and Data Solutions (EIDS)*	121.637	124.470	137.248	-	137.248	128.973	133.877	139.209	141.998	Continuing	Continuing

Remarks

N/A

D. Acquisition Strategy

In accordance with the approved May 2025 Acquisition Strategy, EIDS will acquire solutions for the continued capability support, sustainment, and modernization of its suite of IT products. The strategy allows EIDS to deliver its full range of capabilities, including MIP Data Products (Data as a Service, Analytics as a Service, Data Applications as a Service) and EIDS Services (Data and Analytic Advisory, MIP Customer Care), by leveraging a portfolio-based paradigm. Further, this approach enables EIDS to utilize the Adaptive Acquisition Framework (AAF) with tailored pathways to continuously enhance existing solutions, consolidate legacy systems, and deliver new data capabilities prioritized by its federal health partners. The Acquisition Strategy ensures that the EIDS program will evaluate and use the most appropriate business, technical, and contracting strategies to deliver best-of-breed solutions, minimize costs, reduce program risks, and remain on schedule while meeting program objectives.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0606105DHA *I Medical Program-Wide Activities*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	270.599	88.425	99.338	100.912	-	100.912	102.937	106.713	110.270	112.476	Continuing	Continuing
376B: *Medical Program-Wide Activity*	69.993	35.729	46.038	46.682	-	46.682	47.624	48.921	50.252	51.256	Continuing	Continuing
433A: *NMRC Biological Defense Research Directorate (BDRD) (Navy)*	13.706	3.798	3.840	3.916	-	3.916	3.995	4.149	4.309	4.395	Continuing	Continuing
494A: *Medical Development (Lab Support) (Navy)*	186.900	48.898	49.460	50.314	-	50.314	51.318	53.643	55.709	56.825	Continuing	Continuing

A. Mission Description and Budget Item Justification

The DHA receives funding for research infrastructure management support at select continental United States and outside the continental US laboratories and clinical trial sites; work is done in collaboration with DoW Military Treatment Facilities. This program element does not fund research. It funds the infrastructure support staff enabling research scientists to conduct bio-surveillance and early-to-late-stage clinical investigations into biologics, drugs, protectants, device technologies, and knowledge products. The funding provides for the sustainment of technical subject matter expertise, independent of the number of assigned projects, and the costs related to the initial outfitting and transition (IO&T) of research, development, test, and evaluation medical laboratories funded under multi-year military construction (MILCON) projects.

The DHA also receives funding for the Management Headquarters Activity (MHA) Research, Development, Test, and Evaluation (RDTE) functions incident to the local operation and management research activities.

For the Navy Bureau of Medicine and Surgery, this program element includes facility operational funding for the Medical Biological Defense research sub-function of the Naval Medical Research Center (NMRC) Biological Defense Research Directorate (BDRD). The program mission is mandated by the Joint Requirements Office for Chemical, Biological, Radiological, and Nuclear Defense (JRO-CBRND) baseline capabilities assessment of chemical and biological passive defense. The primary function is research on countermeasures to biological threat agents, development of assays to detect biological threat agents, and bio-forensic analysis of biological threat agents.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency					Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*			R-1 Program Element (Number/Name) PE 0606105DHA *I Medical Program-Wide Activities*		
B. Program Change Summary ($ in Millions)	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**
Previous President's Budget	88.425	99.338	100.912	-	100.912
Current President's Budget	88.425	99.338	100.912	-	100.912
Total Adjustments	0.000	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / *Medical Program-Wide Activities*	Project (Number/Name) 376B / *Medical Program-Wide Activity*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
376B: *Medical Program-Wide Activity*	69.993	35.729	46.038	46.682	-	46.682	47.624	48.921	50.252	51.256	Continuing	Continuing

A. Mission Description and Budget Item Justification

Funding and mission realignment of US Army Medical Research and Development Command transfer to the Defense Health Agency to meet Congressional intent as outlined in NDAA 2019 (Section 711) and NDAA 2020 (Section 737) in support of Medical Care Activities.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: GDF Medical Program-Wide Activity	35.729	46.038	46.682
Description: Transfer from US Army Medical Research and Development Command to Defense Health Agency in support of Medical Systems, Advanced Technology & Development from Army PEs 0603115A, 0605145A, 0605801A, 0606105A. Funding is provided for Medical Research Development Acquisition (RDA) Management and Oversight to include the payroll of civilians and nominal operating expenses. Laboratory Infrastructure Support management for research infrastructure at select laboratories and research sites conducting basic to late-stage clinical research and evaluation of investigational products. ***FY 2026 Plans:*** Continue to fund Medical Research Development Acquisition (RDA) Management and Oversight as well as Laboratory Infrastructure Support Management at select labs conducting basic to late-stage clinical research and evaluation of investigational products. ***FY 2027 Plans:*** Continue to fund Medical Research Development Acquisition (RDA) Management as well as Oversight and Laboratory Infrastructure Support Management at select labs conducting basic to late-stage clinical research and evaluation of investigational products. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase due to inflation.			
Accomplishments/Planned Programs Subtotals	35.729	46.038	46.682

C. Other Program Funding Summary ($ in Millions)

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0606105DHA / *Medical Program-Wide Activities*	**Project (Number/Name)** 376B / *Medical Program-Wide Activity*

C. Other Program Funding Summary ($ in Millions)

Remarks

N/A

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / *Medical Program-Wide Activities*	Project (Number/Name) 433A / *NMRC Biological Defense Research Directorate (BDRD) (Navy)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
433A: *NMRC Biological Defense Research Directorate (BDRD) (Navy)*	13.706	3.798	3.840	3.916	-	3.916	3.995	4.149	4.309	4.395	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Navy Bureau of Medicine and Surgery, this program element (PE) includes funds for the Medical Biological Defense research sub-function of the Naval Medical Research Center (NMRC) Biological Defense Research Directorate (BDRD) at Fort Detrick, Maryland. Operational costs are significant by virtue of being at Fort Detrick, a highly secure National Interagency Biodefense Campus (NIBC). Uninterrupted utilities to all buildings on NIBC are provided by a Central Utility Plant (CUP) whose capacity all partners on the NIBC are required to buy into. The annual projected costs are distributed amongst the partners based on square feet and number of occupants of the building. Further, the NIBC campus is a fenced physical location with Entry Control Points (ECP). The partners on the campus, therefore, are required to pay for the guard force manning their ECP.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: NMRC Biological Defense Research Directorate (BDRD) (Navy)	3.798	3.840	3.916
Description: Funding for this project provides core funding for facility and security requirements in support of Biological Defense Research. The remainder of the program is sustained by the competitive acquisition of research funding. ***FY 2026 Plans:*** Continued support of the Biological Defense Research for Central Utility Plant, Entry Control Security Points Security Force and Operational costs necessary to achieve the mission critical functions of Biological Warfare (BW) agent detection, analysis, and deployable BW diagnostic lab service. The scope of what funds can be used for does not change from year to year. ***FY 2027 Plans:*** Continuation of FY26 plans. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	3.798	3.840	3.916

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0606105DHA / *Medical Program-Wide Activities*	**Project (Number/Name)** 433A / *NMRC Biological Defense Research Directorate (BDRD) (Navy)*

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0606105DHA / *Medical Program-Wide Activities*	Project (Number/Name) 494A / *Medical Development (Lab Support) (Navy)*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
494A: *Medical Development (Lab Support) (Navy)*	186.900	48.898	49.460	50.314	-	50.314	51.318	53.643	55.709	56.825	Continuing	Continuing

A. Mission Description and Budget Item Justification

For the Navy Bureau of Medicine and Surgery, this program element (PE) includes costs related to laboratory management and support salaries of government employees that are not paid from science/research competitively awarded funding. The Outside Continental United States (OCONUS) laboratories conduct focused medical research on vaccine development for Malaria, Diarrhea Diseases, and Dengue Fever. In addition to entomology, the labs focus on infectious disease surveillance and outbreak response under the Global Emerging Infections Surveillance (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 Continental United States (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.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Medical Development (Lab Support) (Navy)	48.898	49.460	50.314
Description: Funding in this project covers operating and miscellaneous support costs at RDT&E laboratories, including facility, equipment and civilian personnel costs that are not directly chargeable to RDT&E projects. Excluded costs include military manpower and related costs, non-RDT&E base operating costs, and military construction costs, which are included in other appropriate programs. ***FY 2026 Plans:*** Continuing support of 8 medical RDT&E labs by covering operating and miscellaneous support costs including facility, equipment and civilian personnel costs that are not directly chargeable to RDT&E/science projects. The scope of what these funds are used for does not change from year to year. ***FY 2027 Plans:*** Continuation of the FY26 plans. ***FY 2026 to FY 2027 Increase/Decrease Statement:*** Increase is due to inflation.			
Accomplishments/Planned Programs Subtotals	48.898	49.460	50.314

C. Other Program Funding Summary ($ in Millions)

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0606105DHA / *Medical Program-Wide Activities*	**Project (Number/Name)** 494A / *Medical Development (Lab Support) (Navy)*

C. Other Program Funding Summary ($ in Millions)

Remarks

N/A

D. Acquisition Strategy

Acquisition Strategy not required for BA 1, 2, 3, or 6 per DoW Financial Management Regulation (FMR) Volume 2B, Chapter 5, Paragraph 4.2.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency	Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0607100DHA *I Medical Products and Capabilities Enhancement Activities*

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
Total Program Element	69.206	18.015	19.071	19.452	-	19.452	19.841	20.607	21.403	21.831	Continuing	Continuing
377A: *GDF-Medical Products and Capabilities Enhancement Activities*	69.206	18.015	19.071	19.452	-	19.452	19.841	20.607	21.403	21.831	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Development of the Force-Medical Products and Capabilities Enhancement Activities: Funds will support developmental upgrades to Joint medical systems, training systems, and products that have been fielded, or that have been approved for full-rate production and for which procurement funding is anticipated in the current fiscal year or subsequent fiscal years. These funds will support testing and evaluation for the enhancement of fielded or procured medical systems/products and information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products. Efforts address the Military Health System Concept of Operations documents and follow-on Capabilities Based Assessments/Joint Capability Documents, appropriate Component requirements, legislative and Executive directives, and others as appropriate. Coordination occurs through the planning and execution activities of the Defense Health Agency Component Acquisition Executive (DHA CAE).

B. Program Change Summary ($ in Millions)	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total
Previous President's Budget	18.697	19.071	19.452	-	19.452
Current President's Budget	18.015	19.071	19.452	-	19.452
Total Adjustments	-0.682	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.682	-			

Change Summary Explanation

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0607100DHA / *Medical Products and Capabilities Enhancement Activities*	Project (Number/Name) 377A / *GDF-Medical Products and Capabilities Enhancement Activities*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
377A: *GDF-Medical Products and Capabilities Enhancement Activities*	69.206	18.015	19.071	19.452	-	19.452	19.841	20.607	21.403	21.831	Continuing	Continuing

A. Mission Description and Budget Item Justification

Guidance for Medical Products and Capabilities Enhancement Activity: This funding supports enhancement of existing medical products and medically related information technology systems to further fielding of joint medical materiel capabilities to meet Warfighter needs through support testing and evaluation for the enhancement of fielded or procured medical systems/products and medically-related information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: 377A: GDF – Medical Products and Capabilities Enhancement Activities	18.015	19.071	19.452
Description: This funding supports developmental efforts to enhance medical products and capabilities that are already deployed or have been approved for full-rate production, with production funding expected in the current or upcoming fiscal year. These funds will support testing and evaluation for the enhancement of fielded or procured medical systems/products and medically-related information technology systems, assessment of fielded medical products or medical practices in order to identify the need/opportunity for changes, and analyses of clinical intervention outcomes to enhance and improve indications for pharmaceutical products.			
FY 2026 Plans: Funding will be used to modernize and upgrade products through joint testing and evaluation to improve fielding of medical materiel products. Significant FY 2026 Programs: Expeditionary Medical Unit (EMU) and Forward Deployable Preventative Medicine Unit (FDPMU). Two programs under the Naval Expeditionary Medicine (ExMed) Family of Systems (FoS). EMU contains deployable medical materiel configured to provide flexible, modular, and scalable Forward Resuscitative Care (FRC) capability. The FHP program aims to rapidly assess, prevent, and control health threats in a theater of operations and enhancing the capabilities of organic preventive medicine assets. For FY26, the programs plan to add technologically advanced materiel, develop an EMU capability development document and other RDT&E events. Adenovirus Vaccine – Modernized Production (ADVM). An industrial base expansion effort to modernize manufacturing capability of the only FDA-approved febrile acute respiratory disease (ARD) preventative vaccine for military recruits. For FY26, the program			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0607100DHA / *Medical Products and Capabilities Enhancement Activities*	**Project (Number/Name)** 377A / *GDF-Medical Products and Capabilities Enhancement Activities*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
plans to complete optimization of closed system for bulk virus manufacturing and initiate establishment of a secondary source for manufacturing the bulk virus. Analyzer Traumatic Brain Injury (ATBI). A fast and objective FDA-approved assessment tool used to aid theater-based medical providers assess, triage, and manage patients with suspected Traumatic Brain Injury (TBI). In conjunction with other clinical data, this tool informs evacuation decisions in the deployed environment, enabling the strategic use of potentially limited evacuation assets in large-scale combat operations with near-peer adversaries. For FY26, the program plans to pursue: Field training exercise and / or tabletop exercise event using whole blood TBI test and perform shelf-life extension/stability study for potency and dated items. Autonomous Closed Loop Control/Mechanical Ventilation (ACLC/MV). Advanced development of a closed loop control (CLC)/ autonomous solution (AS) for mechanically ventilated (MV) patients. CLC reacts to patient physiological requirements. Controlled responses are modeled from clinical practice guidelines/best practice associated with appropriate setting manipulations for FIO2/PEEP/ventilation parameters, with oxygen concentrator intraoperatively. In FY26, the program plans for modernization of mechanical ventilators in existing Air Force inventory, with possible modernization of existing joint inventory. ***FY 2027 Plans:*** Expeditionary Medical Unit (EMU) and Forward Deployable Preventative Medicine Unit (FDPMU). Two programs under the Naval Expeditionary Medicine (ExMed) Family of Systems (FoS). EMU contains deployable medical materiel configured to provide flexible, modular, and scalable Forward Resuscitative Care (FRC) capability. The FHP program aims to rapidly assess, prevent, and control health threats in a theater of operations and enhancing the capabilities of organic preventive medicine assets. For FY27 will conduct EMU Rim of the Pacific Exercise (RIMPAC). Adenovirus Vaccine – Modernized Production (ADVM). An industrial base expansion effort to modernize manufacturing capability of the only FDA-approved febrile acute respiratory disease (ARD) preventative vaccine for military recruits. For FY27, Complete optimization of closed system for bulk virus manufacturing; Complete establishing a source for manufacturing the bulk virus; FDA submission, facility inspection and approval. Analyzer Traumatic Brain Injury (ATBI). A fast and objective FDA-approved assessment tool used to aid theater-based medical providers assess, triage, and manage patients with suspected Traumatic Brain Injury (TBI). In conjunction with other clinical data, this tool informs evacuation decisions in the deployed environment, enabling the strategic use of potentially limited evacuation assets in large-scale combat operations with near-peer adversaries. For FY27, end testing and have the final report on the Temperature Stability and Shelf-Life Extension Study (TSSLES). ***FY 2026 to FY 2027 Increase/Decrease Statement:***			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0607100DHA / *Medical Products and Capabilities Enhancement Activities*	**Project (Number/Name)** 377A / *GDF-Medical Products and Capabilities Enhancement Activities*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Increase due to inflation.			
Accomplishments/Planned Programs Subtotals	18.015	19.071	19.452

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

This program will integrate product improvements and enhancements resulting from post marketing studies and surveillance in existing medical products and medically related information technology systems to better meet Warfighter needs.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency											Date: April 2026	
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0605502DHA *I Small Business Innovation Research*							
COST ($ in Millions)	**Prior Years**	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**Cost To Complete**	**Total Cost**
Total Program Element	312.204	47.553	0.000	-	-	-	-	-	-	-	-	-
470: *Small Business Innovation Research*	273.709	41.685	0.000	0.000	-	0.000	0.000	-	-	-	-	-
471: *Small Business Technology Transfer*	38.495	5.868	0.000	0.000	-	0.000	0.000	-	-	-	-	-

A. Mission Description and Budget Item Justification

DHA Small Business Innovation Research (SBIR) program was established in the Defense Health Program (DHP) Research, Development, Test and Evaluation (RDT&E) appropriation beginning in FY 2001, and is funded per mandatory assessment percentage in each year of execution. The objectives of the Federal SBIR Program include stimulating technological innovation, strengthening the role of Small Business Concerns (SBCs) in meeting agency R&D needs, and increasing the commercial application of Government-funded R&D. The DHA SBIR Program funds merit-based proposals pursuant to topics published through DoW SBIR/STTR Broad Agency Announcements. These topics are designed and coordinated to spark promising high-risk innovations in service to DHA's Combat Support Agency mission. DHA SBIR topics address DHA Research & Engineering Strategic Research Plan categories, with an emphasis on Large-Scale Combat Operations (LSCO) in remote, austere environments. The DHA SBIR Program provides Phase III transition assistance to small businesses and stakeholders to increase the dual-use commercialization potential of resulting products.

The DHA Small Business Technology Transfer (STTR) program was established in the Defense Health Program (DHP) Research, Development, Test and Evaluation (RDT&E) appropriation beginning in FY 2015, and is funded per mandatory assessment percentage in each year of execution. The Federal STTR Program, although modeled substantially on the SBIR Program, is a separate program that requires SBCs to formally collaborate with a Research Institution (RI) during Phase I and Phase II. STTR's most important role is to encourage focused lab-to-market collaboration resulting in dual-use commercial products that serve mission goals. The objective of the Federal STTR program is to support scientific excellence and technological innovation through the investment of Government research funds in critical national priorities. DHA STTR topics address DHA Research & Engineering Strategic Research Plan categories, with an emphasis on Large-Scale Combat Operations (LSCO) in remote, austere environments. The DHA STTR Program provides Phase III transition assistance to small businesses and stakeholders to increase the dual-use commercialization potential of resulting products.

Exhibit R-2, RDT&E Budget Item Justification: PB 2027 Defense Health Agency					Date: April 2026
Appropriation/Budget Activity 0130: *Combat and Operational Medicine Program I* BA 2: *RDT&E*			R-1 Program Element (Number/Name) PE 0605502DHA *I Small Business Innovation Research*		
B. Program Change Summary ($ in Millions)	**FY 2025**	**FY 2026**	**FY 2027 Base**	**FY 2027 OOC**	**FY 2027 Total**
Previous President's Budget	0.000	0.000	0.000	-	0.000
Current President's Budget	47.553	0.000	0.000	-	0.000
Total Adjustments	47.553	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	47.553	-			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / *Small Business Innovation Research*	Project (Number/Name) 470 / *Small Business Innovation Research*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
470: *Small Business Innovation Research*	273.709	41.685	0.000	0.000	-	0.000	0.000	-	-	-	-	-

A. Mission Description and Budget Item Justification

The DHA SBIR Program employs a phased process, uniform throughout the DoW, of publishing coordinated topics, and executing DHA SBIR contracts pursuant to competitive and merit-based selection procedures. The below Phase I and II awards are funded by DHP funds through a mandatory SBIR assessment percentage.

PHASE I: The object of this phase is to determine the scientific and technical merit and feasibility of the proposed effort and the quality of performance of the SBC with a $250K investment before consideration of further DHA SBIR funding.

PHASE II: The object of Phase II (typically $1.3 million) is to move the Phase I effort into prototyping based on the results of work performed under the Phase I award and the scientific and technical merit and dual-use commercial potential of the Phase II proposal. The SBIR Phase II award decision process requires, among other things, consideration of a proposal's commercial potential.

DIRECT TO PHASE II: Special Direct to Phase II topics and awards may also be issued to SBCs when technical feasibility is provable by multiple SBC proposers to avoid duplicative funding.

SEQUENTIAL PHASE II: Per stakeholder needs, DHA SBIR may fund additional, Sequential Phase II awards when funding is available to continue the work of an initial Phase II award with the same guideline amounts and limits as an initial Phase II award.

SBIR PHASE II ENHANCEMENT: DHA offers Phase II Enhancement awards to supplement and extend Phase II awards. DHA Phase II Enhancements require 1:1 Phase III funding matching.

For each DoW SBIR BAA release targeted for topic publication, DHA SBIR performs the following overarching processes: 1) stakeholder training (ongoing through each step), 2) topic generation, 3) transition planning coordination, 4) formal topic review and deconfliction, 5) topic publication, 6) BAA monitoring, 7) Team Chief/Technical Evaluator verification, 8) proposal receipt, 9) pre-award checklist management, 10) GFEBS cabinet creation, budget execution, 11) contracting branch coordination, 12) SBIR/STTR Foreign Ownership, Control, and Influence (FOCI) Due Diligence risk management (utilizing Air Force and Navy partnerships), and 13) post-award commercialization assistance.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Small Business Innovation Research (SBIR) Program	41.685	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605502DHA / *Small Business Innovation Research*	**Project (Number/Name)** 470 / *Small Business Innovation Research*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Description: The program funds small business proposals with promising high-risk innovations in service to DHA's Combat Support Agency mission. DHA SBIR topics address DHA Research & Engineering Strategic Research Plan categories, with an emphasis on Large-Scale Combat Operations (LSCO) in remote, austere environments. FY 2025 Accomplishments: For FY 2025, Six DHA SBIR topics were developed for the 2025.1, 2025.2, 2025.4 R6, DoW SBIR Broad Agency Announcement (BAA). Funding for each topic is based on the technical merits of the proposals submitted. Topics included: 2025.1 DHA SBIR Topic DHA251-001 – Combat Casualty Care: Platelet Contractility / Retraction Measurement Device. This DHA SBIR initiative funded research for the Development of a portable, high throughput, handheld device that characterizes platelet contractility (a measurement of platelet functional viability) as a transfusion release criterion for military and civilian blood banks and transfusion services. This effort solicited a total of thirteen SBIR Phase I proposals. Proposals were accepted through the 2025.1 DoW SBIR BAA pre-released in December 2024. Proposals were received in February 2025 followed by Technical Evaluation Team evaluations in February 2025. Phase I proposal selections were announced in April 2025. A total of three Phase I proposals were selected under this topic. Awards were made in May/June 2025. 2025.1 DHA SBIR Topic DHA251-002 – Military Operational Medicine: A Mobile Application for Prediction of Blast Overpressure Exposure in Civilian and Military Operations. This DHA SBIR initiative funded research to develop and evaluate a mobile application to monitor and predict blast overpressure exposure, providing guidance for improved safety measures during explosives/weapon training in military and civilian environments. This effort solicited a total of twenty-eight SBIR Phase I proposals. Proposals were accepted through the 2025.1 DoW SBIR BAA pre-released in December 2024. Proposals were received in February 2025 followed by Technical Evaluation Team evaluations in February 2025. Phase I proposal selections were announced in April 2025. A total of four Phase I proposals were selected under this topic. Awards were made in May/June/ September 2025. 2025.2 DHA Topic DHA252-001 – Military Infectious Diseases: Auxiliary Microbial Detection and Clinical Feature Identification for Medical Services Support. This DHA SBIR initiative funded research to develop a self-contained, low-cost, and rapid detection system for use in large-scale combat operations. This system should enable medical personnel to quickly detect and identify clinically relevant microbial organisms from clinical isolates in situations where advanced assets or high-complexity techniques are unavailable or degraded. This effort solicited a total of twenty-four SBIR Phase I proposals. Proposals were accepted through			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605502DHA / *Small Business Innovation Research*	**Project (Number/Name)** 470 / *Small Business Innovation Research*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
the 2025.2 DoW SBIR BAA pre-released in April 2025. Proposals were received in May 2025 followed by Technical Evaluation Team evaluations in May 2025. Phase I proposal selections were announced in June 2025. A total of two Phase I proposals were selected under this topic. Awards were made in August 2025. 2025.4 R6 Direct to Phase II Full Proposal Submission DHA SBIR Topic DHA254-D001 – Military Infectious Disease: Rapid Identification of Pathogens from Environmental Resources (Direct to Phase II). This DHA initiative funded research intended for technology proven ready to move directly into Phase II and is accepting Direct to Phase II proposals only. Develop and validate a material product that can effectively and rapidly identify military relevant bacteria, viruses and/or fungi from environmental sources. This effort solicited a total of forty-four SBIR Phase II proposals. Proposals were accepted through the 2025.4 R6 DoW SBIR BAA pre-released in March 2025. Proposals were received in April 2025 followed by Technical Evaluation Team evaluations in May 2025. Phase II proposal selections were announced in July 2025. A total of two Phase II proposals were selected under this topic. Awards were made in mid-September 2025. 2025.4 R6 Open Direct to Phase II DHA SBIR Topic DHA254-DP001 – Sensory Systems: Open Topic for Development of a Mobile Real Time Smart Monitoring System for Military Ocular Injuries (Direct to Phase II). This DHA initiative funded research is intended for technology proven ready to move directly into Phase II and is accepting Direct to Phase II proposals only. This SBIR topic seeks innovative solutions to monitor ocular injuries in pre, during and post care in real-time and/or infection development, ensuring that military personnel receive timely and effective care in the field and throughout the echelons of care. This effort solicited a total of thirteen SBIR Phase II white paper submissions. A total of six SBCs were selected to submit full proposal submissions. Proposals were accepted through the 2025.4 R6 DoW SBIR BAA pre-released in March 2025. Whitepaper submissions were received in April 2025. Whitepaper review and concurrences were made in April 2025. Full proposal submissions were received May 2025 followed by Technical Evaluation Team evaluations in May 2025. Phase II proposal selections were announced in June 2025. A total two-Phase II proposals were selected under this topic. Awards were made in mid-September 2025. 2025.4 R6 Open Direct to Phase II DHA SBIR Topic DHA254-DP002 – Combat Casualty Care: Open Topic for Outdoor Capable Perception System for Autonomous Medical Applications (Direct to Phase II). This DHA initiative funded research is intended for technology proven ready to move directly into Phase II and is accepting Direct to Phase II proposals only. The objective of this topic is to develop a camera/perception hardware and software solution/system capable of enabling human-machine teaming for tactical combat casualty care (TC3), which includes solutions for depth sensing, skeletal tracking, and human three-dimensional (3D) body reconstruction that performs in applicable operational environments including, but not limited to, outdoor use in direct sunlight and low light conditions. This effort solicited a total of twenty-two SBIR Phase II white paper submissions. A total of six SBCs were selected to submit full proposal submissions. Proposals were accepted through the 2025.4 R6 DoW SBIR BAA pre-released in March 2025. Whitepaper submissions were received in April 2025. Whitepaper review and concurrences were made in			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605502DHA / *Small Business Innovation Research*	**Project (Number/Name)** 470 / *Small Business Innovation Research*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
April 2025. Full proposal submissions were received May 2025 followed by Technical Evaluation Team evaluations in May 2025. Phase II proposal selections were announced in June 2025. A total two-Phase II proposals were selected under this topic. Awards were made in mid-September 2025.			
Accomplishments/Planned Programs Subtotals	41.685	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

Test and evaluate commercially developed prototypes funded by the SBIR program to ensure military and regulatory requirements are met prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency			Date: April 2026
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605502DHA / *Small Business Innovation Research*	Project (Number/Name) 471 / *Small Business Technology Transfer*	

COST ($ in Millions)	Prior Years	FY 2025	FY 2026	FY 2027 Base	FY 2027 OOC	FY 2027 Total	FY 2028	FY 2029	FY 2030	FY 2031	Cost To Complete	Total Cost
471: *Small Business Technology Transfer*	38.495	5.868	0.000	0.000	-	0.000	0.000	-	-	-	-	-

A. Mission Description and Budget Item Justification

The DHA STTR Program employs a phased process, uniform throughout the DoW, of publishing coordinated topics, and executing DHA STTR contracts pursuant to competitive and merit-based selection procedures. The below Phase I and II awards are funded by DHP funds through a mandatory STTR assessment percentage.

PHASE I: The object of this phase is to determine the scientific and technical merit and feasibility of the proposed effort and the quality of performance of the SBC with a $250K investment before consideration of further DHA STTR funding.

PHASE II: The object of Phase II (typically $1.3 million) is to move the Phase I effort into prototyping based on the results of work performed under the Phase I award and the scientific and technical merit and dual-use commercial potential of the Phase II proposal. The STTR Phase II award decision process requires, among other things, consideration of a proposal's commercial potential.

SEQUENTIAL PHASE II: Per stakeholder needs, DHA STTR may fund additional, Sequential Phase II awards when funding is available to continue the work of an initial Phase II award with the same guideline amounts and limits as an initial Phase II award.

STTR PHASE II ENHANCEMENT: DHA offers Phase II Enhancement awards to supplement and extend Phase II awards. DHA Phase II Enhancements require 1:1 Phase III funding matching.

For each DoW STTR BAA release targeted for topic publication, DHA/STTR performs the following overarching processes: 1) stakeholder training (ongoing through each step), 2) topic generation, 3) transition planning coordination, 4) formal topic review and deconfliction, 5) topic publication, 6) BAA monitoring, 7) Team Chief/Technical Evaluator verification, 8) proposal receipt, 9) pre-award checklist management, 10) GFEBS cabinet creation, budget execution, 11) contracting branch coordination, 12) SBIR/STTR Foreign Ownership, Control, and Influence (FOCI) Due Diligence risk management (utilizing Air Force and Navy partnerships), and 13) post-award commercialization assistance.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
Title: Small Business Technology Transfer (STTR) Program	5.868	-	-
Description: The program funds small business proposals with promising high-risk innovations in service to DHA's Combat Support Agency mission. DHA STTR topics address DHA Research & Engineering Strategic Research Plan categories, with an emphasis on Large-Scale Combat Operations (LSCO) in remote, austere environments.			

Exhibit R-2A, RDT&E Project Justification: PB 2027 Defense Health Agency		Date: April 2026
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605502DHA / *Small Business Innovation Research*	**Project (Number/Name)** 471 / *Small Business Technology Transfer*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2025	FY 2026	FY 2027
FY 2025 Accomplishments: 2025.A DHA STTR Topic DHA25A-001 – Combat Casualty Care: Development of Organoid Screening Tool for High-Throughput Compound Screening to Be Used in Military-Relevant Exposures. This DHA initiative funded research to develop an advanced, high-throughput platform using human-derived organoids to predict compound exposure, toxicity, and efficacy. The platform will integrate cutting-edge organoid technologies with automated systems for novel compounds testing to create a comprehensive, physiologically relevant model for safety and effectiveness assessment. This effort solicited a total of twelve STTR Phase I proposals. Proposals will be accepted through 2025. A DoW STTR BAA pre-released in December 2024. Proposals were received in February 2025 followed by Technical Evaluation Team evaluations in February 2025. Phase I proposal selections were announced in March 2025. A total of three Phase I proposals were selected under this topic. Awards were made in June 2025.			
Accomplishments/Planned Programs Subtotals	5.868	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

N/A

D. Acquisition Strategy

Test and evaluate commercially developed prototypes funded by the STTR program to ensure military and regulatory requirements are met prior to production and fielding, to include FDA licensure and Environmental Protection Agency registration.