DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
810 SCHREIDER STREET
FORT DETRICK, MARYLAND 21702-5000

REPLY TO
ATTENTION OF

S: 30 November 2016

MCMR-ZA

28 OCT 2016

MEMORANDUM FOR

DEPUTY SURGEON GENERAL OF THE ARMY, 7700 ARLINGTON BOULEVARD, FALLS CHURCH, VA 22042-5140
DEPUTY SURGEON GENERAL OF THE NAVY, 7700 ARLINGTON BOULEVARD, FALLS CHURCH, VA 22042-5140
DEPUTY SURGEON GENERAL OF THE AIR FORCE, 7700 ARLINGTON BOULEVARD, FALLS CHURCH, VA 22042-5140

SUBJECT: Request Nominations for Director and Chair of Combat Casualty Care Research Program

1. The US Army Medical Research and Materiel Command (USAMRMC) is requesting nominations from your service for Director and Chair of the Combat Casualty Care Research Program (CCCRP). The current Director and Chair for the CCCRP, Col Todd Rasmussen (USAF), will be departing the USAMRMC by 2QFY17. The USAMRMC provides support to the Defense Health Agency (DHA) for the planning, programming, budgeting, and execution processes required for Defense Health Program (DHP) Research, Development, and Acquisition (RDA) activities. The DHA and USAMRMC are committed to providing a management structure and associated processes that are open to participation by all Components and are deeply appreciative of the uniformed officers your Services have already provided to participate in meeting the challenge.

2. The USAMRMC has leveraged its existing Program Area Directorate structure to provide administrative and scientific staff support to both Army and DHP Research, Development, Test, and Evaluation (RDT&E) activities (Encl 1).

3. In their staff support role the Program Area Directors report to, and are supervised by, the USAMRMC Principal Assistant for Research and Technology (PA(R&T)) and are responsible for planning, coordinating, and overseeing execution of a focused and responsive Science and Technology (S&T) program for the Army. They are also chartered by, and report directly to, the Director, DHA RDA, as the Chair of the pertinent Joint Program Committee (JPC) in support of the governance process for the portion of the DHP RDT&E appropriation aligned to DHP core research program areas, including Combat Casualty Care (Encl 2).

4. Given the mission content of the CCCRP, the most qualified candidates would have knowledge and experience in trauma-related medical research and development. The

scope of responsibilities of this position typically requires an O-6 (or civilian equivalent); however, highly qualified senior O-5s may be considered.

5. Selection will be made on a best-qualified basis by the Commanding General, USAMRMC and the Director, DHA RDA in consultation with the USAMRMC PA(R&T).

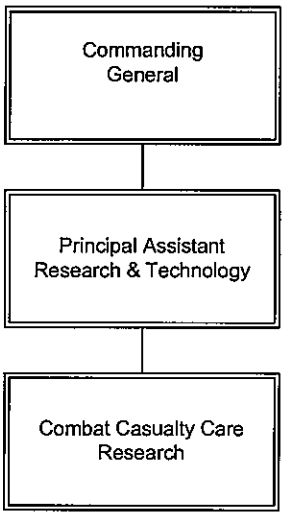
6. Please provide nominations by **30 November 2016**.

7. The points of contact are Dr. George Ludwig (Acting PA(R&T)), 301-619-7363, george.v.ludwig.civ@mail.mil and Dr. Keith Vesely (PA(R&T) Deputy for DHP RDT&E), 301-619-8526, keith.r.vesely.civ@mail.mil.

2 Encls
1. CCCRP 10-1
2. JPC-6 Charter

BARBARA R. HOLCOMB
Major General, US Army
Commanding General

Combat Casualty Care Research



1. MISSION.

a. Plans, coordinates, and oversees execution of a focused and responsive S&T program for the Army to reduce the mortality and morbidity resulting from injuries on the battlefield through the development of new lifesaving strategies, new surgical techniques, biological and mechanical products, and the timely use of telemedicine technologies.

b. Supports maintenance of core capabilities and plans and manages directed research efforts for the following areas:

(1) Products and methods that will reduce the number of battlefield deaths due to hemorrhage; advanced, noninvasive physiologic sensors and algorithms for remote triage and diagnosis.

(2) Technologies to improve the acquisition and availability of blood products; treatment of dental diseases and battlefield oral and maxillofacial injuries.

(3) Surgical techniques, equipment, and implants to address soft tissue and extremity/musculoskeletal injuries; neuroprotective treatment strategies for brain and

spinal cord injuries; and strategies, technologies, and diagnostics for resuscitation to improve survival when evacuation is delayed and resources are limited.

c. Maintains technology watches for relevant capabilities outside of the funded program.

d. Works with programs to identify and obtain external funding from other governmental and non-governmental organizations.

e. Reports to the PA(R&T).

2. FUNCTIONS.

a. Serves as the principal advisor to the PA(R&T) and provides support to other USAMRMC offices in the areas of S&T issues, requirements, initiatives, laboratory core competencies and associated infrastructure, and program justification for assigned programs in accordance with planning guidance, validated threats, and operational requirements.

b. Provides the PA(R&T) with assigned S&T program alternatives for analysis and evaluation.

c. Provides senior-level management oversight and integrated program guidance and direction to assigned Program Leaders (e.g., Research Coordinators).

d. Establishes IPTs to develop candidate technologies suitable for testing in clinical trials or in a field environment.

e. Conducts and sponsors independent studies, reviews, and analyses of assigned programs and special topic areas.

f. Assists in reviewing S&T program compliance with international program agreements in conjunction with international office and laboratory commanders.

g. Translates warfighting needs and capability requirements into a coherent medical S&T program to:

(1) Provide technical consultation to and assist the PA(R&T) and PA(ACQ) in coordinating with the intelligence community for threat capability and with the AMEDDC&S for threat assessment.

(2) Provide technical expertise to PA(ACQ) in conducting comprehensive reviews of validated threat documents to facilitate planning for the transition of products within the Medical RDA Program.

(3) Develop in conjunction with Product IPTs, USAMMDA and other offices, Milestone A documents and technology transition agreements for approval of Technology Development strategies and progression into the Technology Development phase of the acquisition lifecycle.

(4) Provide technical assistance to the combat developer in the capabilities integration and development and medical modernization processes.

(5) Define integrated goals and priorities for assigned program areas within the framework of the PPBES process.

(6) Develop technical data to be used in developing doctrine and policy for military operations.

(7) Develop and maintain an integrated management plan and master schedule for assigned programs.

h. Develops the required PPB data (technical and resource), priorities, and supporting rationale to justify program requirements to:

(1) Participate in and assist PA(R&T) with all phases of the PPBES.

(2) Anticipate and ensure early identification of program resource shortfalls and technical deficiencies and provide timely direction for corrective action or resolution of issues.

(3) Serve as program expert and assist the HQ, USAMRMC, staff in preparing position narratives and coordinated responses on assigned programs in response to congressional, OSD (primarily ASD(R&E), and OASD(HA)), DA, GAO, and IG investigations and federal agencies, as well as public and private sector inquiries.

(4) Develop narrative program descriptions integrating S&T base objectives and materiel development and procurement programs in support of functional plans, programs, and budget submissions.

(5) Develop, in conjunction with AMEDDC&S and advanced developer, narratives of functional area investment strategies, economic analyses, cost-benefit analyses, risk-benefit analyses, and programs for inclusion and integration into required planning documents, PPBES documentation, descriptive summaries provided to Congress, and similar documents.

i. Provides recommendations for resource allocations and adjustments, across facilities and work units, to be used by PA(R&T) in integrating budget guidance and monitors program execution and resource utilization in accordance with established PPBES processes.

(1) Develop, in coordination with the PA(R&T) and DCSRM, detailed PPB and execution information in support of the Board of Directors' meetings.

(2) Develop detailed program investment strategies for the budget and execution year.

(3) Develop annual Command Operating Budget Estimate narrative guidance for resource allocation decisions through the development of research plans that identify work effort required to accomplish yearly program objectives. This includes identification of ATOs and TA efforts assigned to specific laboratories. During the development of the annual laboratory budget requests, RAD and Research Coordinators, with review and approval from executing laboratory commanders, will negotiate specific tasks for meeting each assigned objective and task.

(4) Provide staff assistance to laboratory commanders in development of management plans, resource allocation and execution of program area plans.

(5) Review proposed reimbursable work of the Command's RDA organizations and make recommendations on mission relevancy, risks, and benefits.

(6) Conduct program and fiscal performance execution reviews to assess and evaluate compliance with program guidance and Command investment strategy.

(7) Conduct, in cooperation with performing activities, periodic IPRs on selected topics.

j. Reviews recommendations for contract awards for suitability and integration into the assigned program area.

k. Provides staff assistance to the appropriate internal USAMRMC regulatory authorities to evaluate program performance ensuring regulatory requirements (e.g., NEPA, FDA, USDA, safety, and surety) are met within the Command.

l. Provides staff assistance to HQ staff and Command laboratories and activities on interactions and requests for support from non-DoD, DoD, Army, and other AMEDD organizations.

m. Serves as a member or alternate member, as determined by the Command Group, to the JTCG and other committees.

n. Provides staff support for information and technology transfer with the Departments of the Army, Navy, Air Force, and Marine Corps and other federal and civilian agencies and organizations.

o. Provides staff support for advanced medical concepts and technologies to combat developers and major commanders in support of evolving doctrine and force structure.

p. Provides staff support for technical assistance, guidance, and support to combat developers and major commanders in the formulation and review of military deficiencies, mission area analysis, and related areas.

q. Provides staff support for technical assistance to other agencies for conduct of research studies and developmental test and evaluation, as required.

r. Provides staff support for technical program consultation to DA, DoD, and other federal and international agencies and organizations.

s. Provides staff support for integrated program requirements, including those associated with Lead and Executive Agent responsibilities.

t. Provides staff support in creating relationships and identifying external funding from commercial companies, other governmental organizations, and non-governmental organizations to meet program mission.

u. Participates in the Command's DG process in accordance with the DG Operating Guide. Chairs the relevant Planning and Lifecycle Review Committee for assigned projects until Milestone B.

v. Provides administrative and related support for the JPC cell for matters related to the CCCRP. Serves as Chair, Joint Program Committee (JPC6), in support of OASD (HA), to the JPC6 members (quad-service) and other DoD-level agencies. The RDT&E Program is conducted under the authority provided to the Commanding General, USAMRMC by the ASD(HA).

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

DEC 04 2014

DEFENSE
HEALTH AGENCY

SUBJECT: Defense Health Agency Joint Program Committee (JPC) Charter for Combat Casualty Care Research Program (JPC-6)

1. References

   a. DoDD 5000.01, The Defense Acquisition System, 12 May 2003
   b. DoDI 5000.02, Operation of the Defense Acquisition System, Interim, 25 November. 2013
   c. DoDD 5136.13, Defense Health Agency, 30 September 2013
   d. Defense Health Agency Research Development and Acquisition Directorate Concept of Operations, 14 May 2014

2. Under the authority of the Defense Health Agency (DHA), this charter establishes the Joint Program Committee for Combat Casualty Care Research Program, otherwise known as JPC-6, as the designated authority for the planning, programming, budgeting and execution (PPBE) oversight of the Defense Health Program (DHP) research, development, test, and evaluation (RDT&E) appropriation. This authority covers the task areas and funding allocated by the DHA Research, Development and Acquisition (RDA) Director to the JPC.

3. Joint Program Committee (JPC) Mission and Purpose

   a. The JPC mission is to support the DHA RDA Director in the PPBE oversight of RDT&E activities that support discovery and development of materiel, knowledge, and training solutions associated with medical capability gaps relevant to combat casualty care.
   b. The JPC is composed of multiple Component subject matter and management experts from the requirements, research, development, acquisition, and end-user communities.
   c. The JPC will operate in accordance with all relevant DoD policies and directives related to the PPBE oversight of research and development and the DHP RDT&E appropriation. (references a - d).

4. Membership

   a. The JPC is composed of the following:

(1) The JPC Chair is recommended for appointment by the DHA RDA Director (in coordination with the Commanding General (CG), United States Army Medical Research and Materiel Command (USAMRMC)) to the DHA Director. The JPC Chair serves as the DHA RDA Director's principal staff agent for the PPBE oversight of the DHP RDT&E appropriation within the JPC's area(s) of responsibility. The JPC Chair leads the activities of the JPC and is a standing member of the Committee. The JPC Chair, after coordination with the DHA RDA Director, can establish and disestablish working groups to meet program needs. At a minimum, the JPC Chair should have experience in research and development program management and technical expertise in the area of assignment. The JPC Chair must have Level III Defense Acquisition University (DAU) Training in Science and Technology Manager (STM) or Program Management (PM), or have a deputy that is Level III Defense Acquisition Workforce Improvement Act (DAWIA) certified in STM or PM. If the JPC Chair is not DAWIA certified, he/she must obtain Level I Certification in STM and attend the Intermediate Medical Acquisition Course within 24 months of appointment. JPC Chair terms of appointment will be determined by the DHA RDA Director.

(2) The Advanced Development (AD) Program Management Committee (PMC) Representative is recommended by the DHP RDA AD PMC Chair and approved by the DHA RDA Director. The AD PMC Representative is a standing member of the JPC. The AD PMC Representative is responsible for advising the JPC Chair on acquisition matters, risk management, transition planning, and investment planning that supports advanced materiel product development for U.S. Food and Drug Administration (FDA) and non-FDA products. The AD Representative is also responsible for providing information on DHP RDT&E funded AD programs in order to facilitate integrated program reporting by the JPC Chair. The AD Representative assists the JPC in ensuring that plans, programs, and budgets address and incorporate realistic plans and funding for the successful transition of knowledge and materiel solutions from the technology base into AD. Each dedicated AD Representative must have Level III DAWIA Certification in Program Management, as well as relevant working knowledge and experience (i.e., FDA regulatory affairs, clinical trials research) to aid in the translation of scientific discoveries into deployable products.

(3) Working Group Leads advise and support the JPC Chair in the development of portfolio PPB recommendations to the DHA RDA Director for the DHP RDT&E appropriation. The lead is appointed by the JPC Chair, in

consultation with the AD PMC Representative, based upon the prospective lead's experience in the technical areas covered by the assigned sub-area. The Working Group Lead will support the JPC in conducting sub-area gap analysis and developing recommendations for specific objectives in response to JPC program goals, and recommend topics for Program Announcements, Request for Proposals, Small Business Innovation Program, Broad Agency Announcements, and other solicitations from prioritized and validated research gaps. A Working Group Lead is encouraged to attain a DAWIA Level I Certification within 18 months of appointment. The Working Group Lead cannot serve concurrently as JPC Chair; however they may serve on the JPC at the discretion of the JPC Chair for a three-year renewable term.

(4) Organizational Representatives represent the equities and interests of their parent organizations and share information on their respective programs. The JPC Chair, in consultation with the AD Representative, recommends to the DHA RDA Director those organizations for representation on the JPC. Formal invitations for participation will be extended to relevant organizations by the JPC Chair. Organizational Representatives should be empowered to represent their parent organizations following their approval and assignment. While JPC Chairs may recommend specific individuals to serve from organizations, each organization has the discretion to select its own representative. Organizational Representatives are advisors to the JPC Chair and are appointed as members of the JPC for a three-year renewable term. If, however an individual member cannot serve for a full term, the sponsoring organization must appoint a replacement individual to serve the remainder of the term.

(5) Core organizational membership requires a Component and an individual commitment to the JPC and to the success of this effort. Appointed JPC members include:

- AD PMC Representative
- Component S&T Representatives
- Component AD Representatives
- Component Combat and/or Requirements Developers
- Joint Requirements Representative
- Department of Veterans Affairs Representative

- National Institutes of Health Representative

i. Additional JPC Members, as applicable include:

- DoD Blast Injury Research Executive Agent
- End User Representatives (pertinent Military Health System (MHS) Clinical Specialty Leaders and MHS Center of Excellence representatives, Operational Medicine practitioners, etc.)
- Federal R&D Program/Project Managers, as applicable

ii. Appointed JPC membership changes (additions or deletions) are recommended by the JPC Chair and forwarded to the DHA RDA Director for approval.

(6) Subject matter experts (SME) are invited by name to provide specific expertise in technical or operational matters that are relevant to the deliberations of the JPC. SMEs do not represent any particular organization and are appointed, as needed, for up to a three-year term to address matters of enduring relevance to the JPC. Appropriate individuals are recommended by the JPC Chair and approved by the DHA RDA Director. SMEs are advisors to the JPC Chair and may serve as members of the JPC or of a Working Group. SMEs do not vote in JPC proceedings but are invited to provide comments that must be documented and attached to JPC recommendations.

(7) Change of Duty/Billet Assignment: Individuals appointed to serve a three-year term on the JPC may retain their membership if their job is reassigned during the course of their term with concurrence from their gaining and receiving organization. Concurrence is confirmation that the individual can continue to fulfill the responsibilities of the JPC position.

(8) Ad hoc members are invited by the JPC Chair to: (a) provide advice and assistance to the JPC in various business aspects not strictly related to the content of the program; or (b) provide scientific/technical, regulatory or operational expertise on a short-term basis regarding emerging matters that cannot otherwise be addressed by the SMEs who are appointed members of the JPC. Ad hoc members do not vote in JPC proceedings but are invited to provide comments that must be documented and attached to JPC recommendations.

5. Roles and Responsibilities

a. The DHA RDA Director provides guidance to the JPC Chair on matters including but not limited to requirements refinement, program management, transition planning, oversight of financial execution, and PPB for future investments.

b. The JPC Chair, in coordination with the JPC , develops an overarching strategic roadmap of the program to address the translational pathway of RDT&E products into healthcare, performs annual reviews of each portfolio's program performance plans, recommends changes to plans, as appropriate, and provides oversight to ensure that the portfolio is effectively managed. The JPC Chair, supported by the AD PMC Representative and Execution Management Agents (EMAs), is responsible for tracking and reporting the financial execution and performance of the program and portfolios within their JPC. The financial reporting will be done on a quarterly basis. Programmatic and portfolio performance reviews will be scheduled as needed.

c. The JPC appointed members represent the equities and interests of the Services, Components, and constituencies that they are appointed to represent. They provide the expertise to support development of recommendations that guide the PPB of the DHP RDT&E appropriation and oversight of program execution. Each appointed member of the JPC is responsible for supporting the processes that help refine research gaps and balance the portfolio of investment to maximize rapid development of critical solutions to the Warfighter. As part of this responsibility, members inform the JPC of relevant RDT&E efforts that are independently sponsored by the Services, Components, and other Federal Agencies that they represent. Members ensure that the DHA RDA RDT&E programs: Are aligned to capability gaps and requirements; Can be integrated into and implemented by the MHS and the military Services and Components; Effectively leverage and are not duplicative of other related RDT&E efforts within the DoD and/or other Federal Agencies; and Provide a balanced overall RDT&E program, including an appropriate balance between technology push and requirements pull.

d. The JPC Chair actively solicits and considers the input of all JPC members and documents their concurrence or non-concurrence with his or her recommendations. JPC members are responsible for providing their concurrence or non-concurrence – including explanatory comments, as necessary – to be forwarded with the recommendations of the JPC Chair, so that these may be considered at all subsequent levels of the decision process.

e. The JPC Chair will review all execution matters with the EMAs before requesting approval for programs funded as part of the President's Budget. The JPC Chair is responsible for developing an execution plan that is capable of meeting timely execution and performance goals. The JPC Chair will communicate with the EMAs to ensure programs are properly executing and meeting financial and performance benchmarks in accordance with the DoD Comptroller expectations below:

(1) First year mid-year goals are 45% for obligations and 27.5% for expenditures

(2) End of first year of availability goals are 90% for obligations and 55% for expenditures

(3) Second year of availability mid-year goals are 95% for obligations and 75.5% for expenditures

(4) End of second year of availability goals are 100% for obligations and 90% for expenditures

The JPC will be responsible for providing quarterly execution updates to the DHA RDA Director on 15 January, 15 April, 15 July and 15 October.

f. JPC members will seek to avoid personal and organizational conflicts of interest. They will identify any such conflicts to the JPC Chair, and recuse themselves from JPC discussions or undertake other actions to eliminate or mitigate the consequences of conflicts.

g. Specific roles and responsibilities are contained in Appendix A.

6. Procedures

a. The JPC meets in person at least twice a year as part of the PPBE process to meet the following requirements:

(1) Submission of Program Objective Memorandum recommendations to the DHA RDA Director prior to 15 April

(2) Annual RDA Spend Plan development and submission to the DHA RDA Director no later than 30 June

Additional meetings will be held as needed to fulfill responsibilities by whatever means appropriate and practical (e.g., in person, video teleconference, and/or conference call).

b. The JPC Chair establishes meeting agendas with input from the JPC members.

c. The JPC Chair shall establish procedures as deemed necessary to capture the advice of the JPC and develop recommendations, but retains final authority for the recommendations to be forwarded for approval. Any recommendation sent to the DHA RDA Director for approval should include documentation of any non-concurrences from appointed JPC members.

d. The JPC Chair shall be able to establish additional groups to address sub-elements of the program (i.e., sub-group area gap analysis and planning, program solicitations, proposal solicitation/reviews and selection, scientific and programmatic review, negotiating and contracting, financial management) or other matters of concern.

e. The JPC Chair is responsible for the meeting minutes and distributing documentation to the members of the JPC and to the DHA RDA Director or his/her designee within 15 working days.

f. The JPC Chair is responsible for notifying JPC members of the final decisions made on all JPC recommendations, and for notifying the members when the JPC Chair has had to make a recommendation, based upon leadership direction, under circumstances which do not allow for timely coordination with the JPC. The JPC members may forward comments on such recommendations and decisions through the JPC Chair to the DHA RDA Director.

g. The JPC Chair can nominate new members for appointment to meet the specific needs of their portfolio(s). The JPC Chair will forward the nominations to the DHA RDA Director for approval.

7. Authority and Accountability

a. The JPC Chair is responsible for submitting the final JPC-vetted funding recommendations arising from each JPC meeting, together with minutes of the meeting, recommendations, and the associated record of concurrences and non-concurrences of each JPC member to the DHA RDA Director. The DHA RDA Director (or designee) shall approve all recommendations.

b. The JPC members coordinate their activities with the Service consultants/specialty leaders and the broader relevant communities when necessary. Organizational Representatives are responsible for keeping their organizational chain-of-command

informed of JPC activities and decisions and seek chain-of-command guidance when issues arise that exceed their level of authority.

c. The JPC Chair is responsible for conducting appropriate oversight monitoring to ensure that active management of research and development is undertaken through the subordinate working groups, EMAs, etc., via Reviews and Analyses, In Progress Reviews, and external and internal programmatic reviews. The JPC Chair reports issues to the DHA RDA Director to ensure corrective action is taken.

d. The JPC Chair has the authority to make recommendations to re-allocate DHP RDT&E funds that they are responsible for during the year of execution. Re-allocations are often done to adjust funding to an existing study or incremental funding of a new effort. The JPC Chair must first inform their JPC members and the responsible EMA of their intention to re-allocate funds, and allow them 10 business days to respond. The recommendation must then be forwarded to the DHA RDA Director or his/her designee for approval. Non-concurrences from the JPC members must be forwarded to the DHA RDA Director.

8. Charter Expiration

This charter remains in effect until superseded or the JPC is disbanded by the Chartering Authority. This Charter will be reviewed by 1 October 2015 and revised as needed.

9. JPC Charter Approval

I hereby approve this Charter.

BRUCE A. DOLL
RADM, SHCE, USN
Director, RDA, DHA

CF:
Deputy Assistant Secretary of Defense (Force Health Protection and Readiness)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
President, Uniformed Services University of the Health Sciences

Appendix A – JPC Membership Roles and Responsibilities

Roles & Responsibilities – Appointed member and roles and responsibilities for the JPC are listed below.

Position	Description	Nomination Authority
JPC Chair	In coordination with JPC membership and subordinate Working Groups: 1. Develops an overarching strategic roadmap for the portfolio 2. Develops a strategic roadmap for each program that will address the translational pathway into healthcare 3. Develops and reports near-, mid- and long-range research and development plans, and investment strategies for DHP RDT&E programs 4. Develops goals and objectives required to fill capability gaps 5. Plans, develops and reports investment strategies for other RDT&E Congressional Special Interest/Supplemental programs assigned to them 6. Recommends to the DHA RDA Director an EMA for pre-award management of each solicitation and/or active management of the work post-award 7. Works in coordination with the DHA RDA Director and the proposed EMA to establish budgets for the assigned management activities and informs the DHA RDA Director and Budget Team of these costs 8. In coordination with the EMA, provides financial execution data in formal reports to the DHA RDA Director 9. Provides input to EMAs and Contracting Agencies for the development of solicitations, and reviews content, including programmatic and scientific review criteria, prior to release to ensure alignment with programmatic goals and objectives 10. Ensures the appropriate coordination is done with the AD PMC when efforts are DHP-funded materiel products or FDA-regulated knowledge products	Service SGs

	11. Conducts programmatic review of assigned program areas to ensure that proposed research efforts adequately address the highest priority critical research gaps and contribute to an appropriate balance of the overall RDT&E program, including evaluation of performance against plans and making adjustments to plans as required 12. Coordinates with other R&D programs and JPCs to ensure visibility and reduce duplication of efforts where the proposed technology/research thrust area may support the objectives of more than one mission area 13. Participates in Armed Services Biomedical Research Evaluation Management Joint Technology Coordinating Group (JTCG) activities pertinent to the respective JPC and reports annually on degree of alignment with pertinent JTCG determinations 14. Coordinates all recommendations with the JPC members and provided a 10 day response period prior to forwarding such recommendations to the DHA RDA Director for decision; communicates concurrences and non-concurrences to the DHA RDA Director 15. Forwards all program changes, investment strategies, solicitations, and other recommendations to the DHA RDA Director or designee for approval 16. Resolve any conflicts with EMAs at the lowest possible level 17. Coordinate the scheduling of program planning activities with other JPCs to ensure that appropriate staff are provided the opportunity to participate in all JPCs for which they are members 18. Coordinates any execution matters through the EMAs and/or PMs	
AD PMC Representative	1. Serves as lead on acquisition matters and investment planning that supports advanced development for FDA and non-FDA materiel products 2. Assists in ensuring that plans, programs and budgets address and incorporate realistic plans and funding for successful transition of technologies from the	DHP AD PMC Chair

	technology base into advanced development 3. Advises and supports the JPC Chair in the completion of the JPC mission 4. Ensures that the DoD Acquisition and regulatory processes are recognized and requirements addressed. 5. Facilitates transition of medical products from discovery (S&T) to fielding	
Working Group Chairs	In coordination with WG membership: 1. Recommends, develops and reports on assigned portions of, near-, mid- and long-range research and development plans, and investment strategies for DHP RDT&E programs 2. Recommends goals and develops objectives, and associated metrics, required to fill capability gaps 3. Supports the development of a strategic portfolio roadmap to address the translational pathway into healthcare operations and/or services 4. Recommends to the JPC Chair an EMA for pre-award management of each solicitation and/or active management of the work post-award 5. In coordination with the EMA, provides financial execution status in formal reports to the JPC Chair 6. Monitors the cost, schedule and performance of major investments within their portfolio, reporting actual or projected deviations from approved plans to the JPC immediately upon discovery 7. Reviews all solicitations relevant to their assigned program(s) and shall coordinate solicitations with the Program Sponsor and obtain the Program Sponsor's approval prior to their release 8. Monitors and analyzes the impact of portfolio successes and failures on new scientific discoveries and therapies 9. Actively pursues collaborative research opportunities with other Government agencies to accelerate the research mission	

Component and Joint Requirements Developers	1. Provides the JPC with insight into current and emerging needs and requirements within the Services 2. Facilitates coordination of the development of capabilities documents in support of RDT&E	Component
Component S&T and Component Advanced Development Representatives	1. Provides JPC with visibility of Service/Component DHP S&T and AD RDT&E efforts; promotes coordination and avoidance of unnecessary duplication of effort 2. Advises and supports the JPC Chair in the completion of the JPC mission	Component
Department of Veterans Affairs and National Institutes of Health Representatives	1. Provides JPC with visibility of their agency's ongoing S&T RDT&E efforts; promotes coordination and avoidance of unnecessary duplication of effort 2. Advises and supports the JPC Chair in the completion of the JPC mission	Component