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 for Nomination for the Director of the Combat Casualty Care Research Program

1. Purpose. Request for nomination for the Director of the Combat Casualty Care Research Program (CCCRP).

   a. The current Director for CCCR, Col Michael Davis (U.S. Air Force) is retiring in the summer of 2020. The U.S. Army Medical Research and Development Command (USAMRDC) requests Service nominations to fill the full-time position of Director, CCCR. Given the mission content of the CCCR, the most qualified candidates will have knowledge and experience in trauma-related research and development.

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

2. The USAMRDC provides support to the Defense Health Agency (DHA) for the planning, programming, budgeting and execution processes required for the Defense Health Program (DHP) Research and Development (R&D) activities. The DHA and USAMRDC are committed to providing a management structure and associated process 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.

3. The USAMRDC leveraged its existing Program Area Directorate (PAD) structure to provide administrative and scientific staff support to both the Army and DHP R&D Activities (Encl 1). In their staff support role, the PADs report to and are supervised by the Principal Assistant for Research and Technology (PA(R&T)). They are chartered by, and report directly to, the DHA Deputy Assistant Director, R&D (J-9), as the Chair of
FCMR-RT
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the pertinent Joint Program Committee in the support of the governance process for DHP R&D activities.

4. Selection will be made on a best-qualified basis by the Commanding General, USAMRDC and the Deputy Assistant Director, R&D, in consultation with the USAMRDC PA(R&T).

5. Nomination packets need to include a nomination letter from the Service, nominee’s Curriculum Vita, assignment history, and letter stating why they want to be the director. Please provide nomination packets by **17 January 2020** to Dr. Jamie Blow, Executive Officer, PA(R&T), at jamie.a.blow.civ@mail.mil.

6. The points of contact for this request are Dr. Mark Dertzbaugh (Acting, PA(R&T)), at DSN 343-7363, 301-619-7363, or mark.t.dertzbaugh.civ@mail.mil and Dr. Jonathan Miller (Acting PA(R&T) Civilian Deputy), at DSN 343-7569, 301-619-7569, or jonathan.s.miller26.civ@mail.mil.

3. Encls
   1. CCCRP 10-1
   2. JPC-6 Charter
   3. Strategic Billet Knowledge
      Skills and Behaviors

MICHAEL J. TALLEY
Brigadier General, USA
Commanding
1. MISSION.

a. Plans, programs, budgets, 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, and accelerate injured Soldier return to combat duty through the development of new lifesaving strategies and capabilities; new surgical capabilities; biological, mechanical and autonomous products; and the far forward use of artificial intelligence and telemedicine technologies (in communication degraded environments).

b. Supports, 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;

(2) Advanced, noninvasive physiologic sensors and algorithms for remote triage and diagnosis.

(3) Technologies for immediate life-saving efforts to resuscitate and stabilize casualties for medical evacuations in the tactical environment (from injury to stabilization).

(4) Technologies to improve the acquisition and availability of blood products.
(5) Technologies to improve the management of composite tissue injuries, including advanced external limb stabilization, capabilities to reduce complications such as infection and compartment syndrome, and capabilities to maintain tissue and improve healing.

(4) Neuroprotective diagnostic and treatment strategies for brain and spinal cord injuries.

(5) Strategies, technologies, and diagnostics to manage secondary injuries and to mitigate the negative effects of acute treatments to improve survival when evacuation is delayed and resources are limited (prolonged care).

(6) Strategies, technologies, and diagnostics to optimize burn care at the point of need, independent of surgical capability, when evacuation is delayed and resources are limited.

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

   d. Coordinates and transitions combat casualty technologies into Product Development for fielding and/or into knowledge products that support clinical practice guidelines and training.

   e. Develops the S&T Strategic Plan and Roadmap for all gaps and requirements related to combat casualty care.

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

2. FUNCTIONS.

   a. Serves as the principal advisor to the PA(R&T) and provides support to other USAMRDC 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., Capability Area Managers).

d. Establishes and supports initial Working Groups and IPTs that oversee the transition of candidate technology through the acquisition R&D lifecycle.

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) 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 R&D Program.

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

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

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

(7) Develop technical data to be used in developing doctrine and policy for military operations.
(8) 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, USAMRDC, 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 Strategic Plans 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, PAD and Capability Area Managers, 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 R&D 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 USAMRDC 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, and Army 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 (JPC-6), in support of OASD(HA), to the JPC-6 members (quad-service) and other DoD-level agencies. The RDT&E Program is conducted under the authority provided to the Commanding General, USAMRDC by the OASD(HA).
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
   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:
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.

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.

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
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.
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
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
| 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 |
|---|---|---|
| 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 |
| 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 |
STRATEGIC BILLET KNOWLEDGE, SKILLS AND BEHAVIORS

DUTY TITLE: Director, Combat Casualty Care Research Program (CCCRP)
UNIT: MRMC/DHA

PARA / LIN or ALP#: Auth
REMARKS: 0-6/05A

SELECTION AUTHORITY: CG, MRMC
PROJ VACANCY DATE: Summer 19
MINIMUM TENURE: 24 months

PREVIOUS POSITIONS:
- Key Leadership experience at MRMC and/or OTSG/DHA (required)
- O4/O5 R&D billet (required)

MILITARY EDUCATION:
- ILE (required)
- Level II Acquisition Certification (required) (R&D or PM)
- Level III Acquisition Certification (desired) (R&D or PM)
- SSC or enrolled in SSC (desired)

CIVILIAN EDUCATION:
- MD, DO, PhD, DVM, DDS, or DMD (required)
- Board certification (desired for other than PhD)

KNOWLEDGE:
- General knowledge of the FDA approval process for medical devices.
- Knowledge of the Army’s/DoD Planning, Programing, Budgeting, Execution System (PPBES)
- Expertise in medical and research ethics
- Familiarity with concepts of clinical research and clinical trial design.
- Attained full professional status, have national prominence in their field and a publication record commensurate with award of the “A” proficiency designator (desired).
- Experience in conducting military Biomedical Research

SKILLS:
- Ability to think strategically, translating warfighting needs and capability requirements into a coherent medical S&T program
- Ability to critically evaluate the state of the science in current trauma care practices and subsequently develop program investment strategies addressing military health research/requirement gaps
- Ability to review, analyze, and resolve highly complex scientific concepts into terms non-SMEs can easily understand
- Excellent written and oral communication skills
- Ability to work with executive level international and domestic academic and industry partners

BEHAVIORS:
- Critical and creative thinker
- Strong interpersonal skills exhibiting the ability to lead diverse stakeholders and complex teams
- Facilitate consensus from diverse opinions and recommendations
- Comfortable interacting with senior military, civilian and congressional leaders, commercial companies, universities and other government and non-governmental organizations
- Outstanding leadership and collaboration skills working within a matrix environment

PREPARED BY: COL Lopez-Duke
DATE: 20161207

VALIDATED BY: MG Holcomb
DATE: 