



# Defense Health Agency SBIR/STTR Program

# Agency Introduction

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- DHA is a joint, integrated Combat Support Agency that enables the Military Departments to provide a **medically ready force and ready medical force** to Combatant Commands in both peacetime and wartime
- Supports the delivery of integrated, affordable, and high quality health services to 9.6 million Military Health System (MHS) beneficiaries
- Supports the Assistant Secretary of Defense for Health Affairs in management and oversight of Defense Health Program (DHP) RDT&E appropriation (**does not execute research efforts**)
- Manages and executes Science & Technology funds, ensuring they **align to requirements and are positioned to transition** into formal product development efforts



# DHA Mission, Vision, Priorities

## MISSION

The Defense Health Agency supports our Nation by improving health and building readiness – making extraordinary experiences ordinary and exceptional outcomes routine.

## VISION

Unrelenting pursuit of excellence as we care for our joint force and those that we are privileged to serve.  
Anytime, Anywhere—Always.

## PRIORITIES

Enabling Combat Support to the Joint Force in Competition, Crisis, or Conflict

Building a Modernized, Integrated, and Resilient Health Delivery System

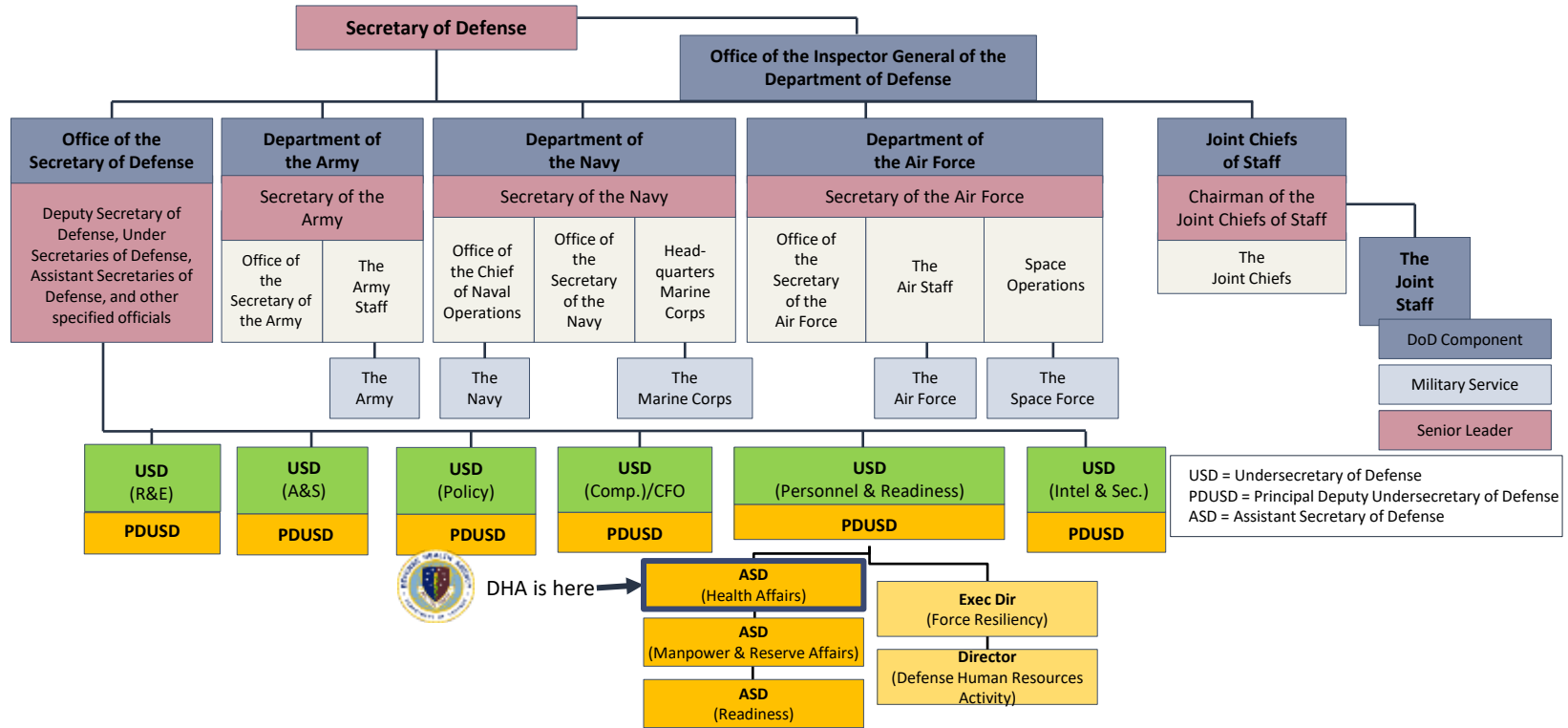
Dedicated and Inspired Teams of Professionals Driving Military Health's Next Evolution



*Improving Health and Building Readiness. Anytime, Anywhere — Always*



# The DHA in the Department of Defense



*Improving Health and Building Readiness. Anytime, Anywhere — Always*



# DHA SBIR/STTR Programs

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- Provide Phase I and Phase II funding opportunities
- Direct to Phase II, Phase II Enhancement, and Sequential Phase II mechanisms are also utilized on a limited basis
- In-house transition assistance through a Technical Assistance Advocate begins at the awarding of a Phase I contract
- Topics align to broader research program areas, which is important to supporting transition into product development
- Topics typically appear on the DoD SBIR/STTR main BAA cycles, but special cycles may be issued; **be certain to join the DoD SBIR/STTR mailing list on DSIP!**



# Biomedical R&D Investment Approach

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***Primarily targeting areas, or environments, that are militarily unique for which there are limited or no commercial partners or interests***

- The DoD **leads** in key biomedical research areas: e.g., prolonged field care, en route care, forward surgical/intensive critical care, hemorrhage control and blood products
- The DoD **leverages** in areas where commercial technologies exist and can be tailored for military use: e.g., medical simulation and training, diagnostic systems, pain management, infectious diseases
- The DoD **watches** areas of emerging interest: e.g., tech areas like Artificial Intelligence and Machine Learning



# RDT&E Major Investment Areas



## Military Operational Medicine

- Musculoskeletal injury prevention and reduction
- Blunt, blast, accelerative, and neurosensory injury prevention and readiness
- Psychological health & resilience
- Performance in extreme environments
- Optimized cognition & fatigue mitigation



## Combat Casualty Care

- Neurotrauma
- Hemorrhage control & battlefield resuscitation
- Prolonged Care
- Severe burn
- En Route Care
- Autonomous care & evacuation
- Radiation health countermeasures
- Military medical photonics



## Military Infectious Diseases

- Viral
- Bacterial
- Wound Healing



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# Recent DHA SBIR/STTR Topic Examples

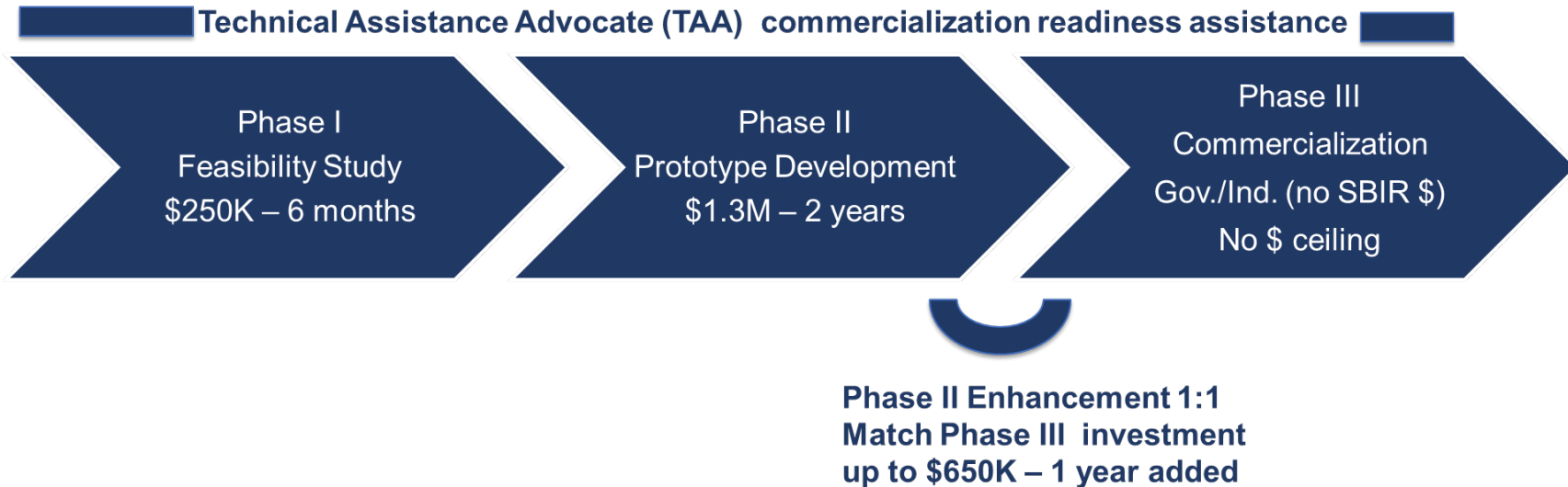
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- **Military Infectious Diseases**
  - Rapid Purification for Therapeutic Use of Bacteriophages That Target Gram-Negative Bacterial Species
  - Material Solutions to Bacteriophage Stabilization/Application in Austere Environments
- **Military Operational Medicine**
  - Wireless Core Temperature Measurement during Extreme Environmental Exposure
  - Portable Technology to Assess Ankle Instability
- **Combat Casualty Care**
  - Development and Testing of Dual-lumen Femoral Cannula with Echogenic Material for Faster, Safer, and More Reliable Delivery of Extracorporeal Life Support during Prolonged Field Care
  - Minimally or Non-invasive Systemic Oxygen Delivery and Carbon Dioxide Removal





# DHA SBIR/STTR Process Flow



# DoD SBIR/STTR BAAs

<b>SBIR 24.1 STTR 24.A</b>	<b>SBIR 24.2 STTR 24.B</b>	<b>SBIR 24.3 STTR 24.C</b>	<b>SBIR 24.4 STTR 24.D</b>
<b>Pre-Release</b> 29 NOV 23	<b>Pre-Release</b> 17 Apr 24	<b>Pre-Release</b> 21 Aug 24	<b>Pre-Release</b> TBD- Multiple
<b>Open</b> 3 JAN 24	<b>Open</b> 15 May 24	<b>Open</b> 18 Sep 24	<b>Open</b> TBD- Multiple
<b>Close</b> 7 FEB 24	<b>Close</b> 12 June 24	<b>Close</b> 16 Oct 24	<b>Close</b> TBD- Multiple



# Proposal Tips

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- Read the BAA thoroughly
- Take advantage of the pre-release period of the Broad Agency Announcement when you can contact topic authors directly
- Don't miss critical Phase II proposal information on the topic
  - You are never just proposing to the Phase I—the Phase I is intended to prove the feasibility of your approach to Phase II
- Phase III is the author's working concept of the future state of the technology, but it is always a good idea to identify additional commercial potential.
- Submit early!
- **Ultimately, successful DHA SBIR and STTR efforts must demonstrate a better/faster/cheaper approach with a meaningful non-DoD market and attention to fielding specifics**



# DHA SBIR/STTR Team

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**Mr. JR Myers, Project Manager**

**Ms. Colleen Gibney, Deputy Project Manager**

**Ms. Dominique Quesada, Operations Manager**

**Mr. Paul Brohawn, Program Analyst**

**Ms. Susan Fithian, Program Analyst**

**Contact us: [usarmy.detrick.medcom-usamrmc.mbx.dhpsbir@health.mil](mailto:usarmy.detrick.medcom-usamrmc.mbx.dhpsbir@health.mil)**



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# Questions?

