OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR 14 2026

The Honorable Mitch McConnell
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to House Report 118–121, page 267, accompanying H.R. 4365, the Department of Defense Appropriations Bill, 2024, "Joint Warfighter Medical Research Program," is enclosed.

This report summarizes the projects selected for Fiscal Year (FY) 2024 Joint Warfighter Medical Research Program (JWMRP) funding and covers the total congressional appropriations for the JWMRP during this period ($20 million). The FY 2024 JWMRP funded 11 projects, aligned under the Science and Technology or Advanced Development project domains, which collectively address medical research areas aligned with Defense Health Program core programs and portfolios. This diverse set of JWMRP projects enhances and accelerates high-priority Department of War and Military Department medical requirements, with potential to provide significant benefits to military medicine.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Christopher Coons
Ranking Member

[redacted]

OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR 14 2026

The Honorable Ken Calvert
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Betty McCollum
Ranking Member

[redacted]

OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR 14 2026

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

[redacted]

OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

APR 14 2026

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

[redacted]

Report to the Congressional Defense Committees

Joint Warfighter Medical Research Program

April 2026

The estimated cost of this report for the Department of War (DoW) is approximately $1,700.00 for Fiscal Years 2025–2026. This includes $0.00 in expenses and $1,700.00 in DoW labor.
Generated on November 18, 2025 RefID: 9-5D5DAC5

BACKGROUND AND PURPOSE

This report is in response to House Report 118–121, page 267, accompanying H.R. 4365, the Department of Defense Appropriations Bill, 2024, which requests that the Assistant Secretary of Defense for Health Affairs submit a report to the congressional defense committees on the Joint Warfighter Medical Research Program (JWMRP). This report lists the projects that receive funding, including the funding amount awarded to each project, a thorough description of each project's research, and the benefit this research will provide to the Department of War (DoW).

As requested by the Assistant Secretary of War for Health Affairs, the Defense Health Agency (DHA) manages the Defense Health Program (DHP) Research, Development, Test, and Evaluation (RDT&E) appropriation. The DHA Research and Development, Medical Research and Development Command (MRDC) Congressionally Directed Medical Research Programs (CDMRP) provides execution management for the DHP RDT&E JWMRP Congressional Special Interest funds.

FISCAL YEAR 2024 JWMRP RESEARCH

Congress appropriated $20 million for the JWMRP in Fiscal Year (FY) 2024, stipulating these funds "shall be used to augment and accelerate high priority Department of Defense and Service medical requirements and to continue prior year initiatives that are close to achieving their objectives and yielding a benefit to military medicine. The funding shall not be used for new projects nor for basic research." The JWMRP allocates these funds to science and technology projects to mature those efforts and feed the pipeline toward advanced development efforts from across the Services. This facilitates further maturation of promising medical solutions through the acquisition process to deliver products to the Warfighter. The program determines its overarching and Service-specific priorities or focus areas by coordinating with stakeholders from DHA, Army, Navy, Air Force, and Special Operations Command. These stakeholders provide input by reviewing research and development gaps, shortfalls in their core programs' funding, and unfinanced medical requirements. To qualify for JWMRP funding, research and product development efforts must address at least one priority area established at the program's annual vision setting meeting.

Table 1 provides the number of FY 2024 JWMRP funded projects and investment amounts (totaling $18,631,361) per the two project domains: Science and Technology and Advanced Development. The Department allocated the remaining $1,368,639 of the FY 2024 appropriation to Small Business Innovative Research (SBIR)/Small Business Technology Transfer Program (STTR) withholds ($666,000), MRDC withholds ($435,000), and CDMRP management costs ($267,639).

Table 1. FY 2024 JWMRP Funding Summary

PROJECT DOMAINS*	PROJECTS FUNDED	JWMRP INVESTMENT
Science and Technology	5	$7,822,883
Advanced Development	6	$10,808,478
Less: SBIR/STTR	N/A	($666,000)
Less: MRDC Withholds	N/A	(435,000)
Less: CDMRP Management Costs	N/A	($267,639)
Totals	**11**	**$20,000,000**

*Science and Technology focuses on the development and maturation of technologies to enable transformational capabilities and accelerate the transition into Advanced Development. Advanced Development centers on advanced component and prototype development for technologies with demonstrated proof of concept and an established transition pathway.

Table 2 summarizes the projects funded by the FY 2024 JWMRP, including the research award recipients, project descriptions with explanations of their potential benefits to the DoW, and funding amounts. The prime recipient organization received the JWMRP funding amount listed, unless otherwise noted.

Table 2. FY 2024 JWMRP Project Summaries

NO.	PROJECT TITLE	RECIPIENT	PROJECT DESCRIPTION AND DoW BENEFIT	JWMRP FUNDING AMOUNT
1.	Evidence-Based Injury Criteria for Blast Exposure in Humans	Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Bethesda, MD	Project Description: *Science and Technology*/Traumatic brain injury (TBI) is a major cause of morbidity among Service members deployed to warzones, with 82 percent of cases characterized as mild (mTBI). Blast exposure from explosive devices is known to cause mTBI, yet the biomechanics in the human head that are responsible for injury are unknown, and there are no blast-injury criteria that delineate the pressure exposures that result in a brain injury. This project, performed by the Biotechnology High Performance Computing Software Applications Institute (BHSAI) of the Telemedicine and Advanced Technology Research Center (TATRC) under contract with the Henry	$48,692* (Sent to the TATRC in support of this effort).

			M. Jackson Foundation for the Advancement of Military Medicine, will reconstruct an actual missile attack on a U.S. base, reproducing the blast-pressure exposure experienced by Warfighters, and link it to documented mTBI diagnoses. Using BHSAI's validated biomechanical model of the human head, in collaboration with the U.S. Army Engineer Research and Development Center, the study will accurately characterize the pressure wave loading on the human head due to blast exposure inside a bunker and computationally quantify the biomechanical brain responses to blast exposure. These results will be mapped to de-identified medical records, provided by the U.S. Army MRDC Joint Trauma Analysis and Prevention of Injury in Combat (JTAPIC) program, to establish evidence-based injury criteria for mTBI and link blast-pressure exposure and the likelihood of brain injury. DoW Benefit: Injury criteria established in this project will inform and accelerate the development of quantitative screening tools for blast-pressure exposure. In conjunction with wearable sensors, these tools will identify Warfighters at risk for mTBI at the point of exposure. Results will also inform the design of related personal protective equipment.	
2.	Development of a Military-Grade Bovine Colostrum Supplement That Prevents Traveler's Diarrhea	Naval Medical Research Center (NMRC), Silver Spring, MD	Project Description: *Science and Technology*/Diarrheal disease is the leading infectious disease threat against deployed military personnel, caused by bacterial infections including Campylobacter, Enterotoxigenic Escherichia coli (ETEC) and Shigella. No prophylactics are available that protect against all these pathogens; however, a commercially available immunoprophylactic hyperimmune bovine colostrum (HBC) product known as Travelan® effectively prevented diarrheal illness due to ETEC.	$215,000* (Sent to the WRAIR in support of this effort).

			The NMRC partnered with Immuron, Ltd. to improve the current Travelan® formulation by expanding its reactivity against additional bacterial pathogens endemic to regions of military interest. Other collaborators include the Walter Reed Army Institute of Research (WRAIR) and the Armed Forces Research Institute of Medical Sciences (AFRIMS). Researchers aim to: (1) file a pre-Investigational New Drug (IND) with the U.S. Food and Drug Administration (FDA) and obtain regulatory approval of proposed animal studies; (2) produce military-grade drug product; (3) conduct toxicological and efficacy analysis of the drug product; and (4) develop the Chemistry Manufacturing and Controls section for a future IND filing with the FDA. DoW Benefit: Progress in vaccine development remains, at best, a mid- to long-term solution to the problem of infectious diarrhea among the deployed military due in part to the slow pathway to licensure. Antimicrobial therapy has minimized the duration of diarrhea illness but fails to prevent illness and can contribute to antimicrobial resistance. A passive prophylactic with a demonstrated safety profile can significantly improve diarrhea prevention in forward operating areas where diarrhea is endemic to prevent diminished military operational readiness and capabilities.	
3.	A Decision Aid to Reduce the Risk of Heat and Cold Injuries in Female Service Members	Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Bethesda, MD	Project Description: *Science and Technology*/Heat- and cold-related injuries continue to pose a significant threat to the health and performance of U.S. military personnel. An effective approach to reduce the risk of such injuries is to develop physics-based computational models capable of accurately predicting the spatiotemporal distribution of temperature in the entire human body, from head to toe, in response to extreme heat and cold	$1,347,776

			stressors. Currently, such models are only being developed for men. This project, performed by the TATRC BHSAI under contract with the Henry M. Jackson Foundation for the Advancement of Military Medicine, aims to: (1) obtain experimental data from existing studies where young, healthy women were exposed to heat and cold stress; (2) develop a 3-D thermoregulatory model for a 50th percentile U.S. female Service member, while accounting for women-specific anatomy, hormonal activity, and thermoregulatory factors; (3) validate the 3-D model for extreme heat and cold conditions; and (4) perform simulations to predict time to frostbite and identify conditions likely to result in heat illness. DoW Benefit: In the short term, this project will provide critical knowledge to inform and accelerate the development of Wind Chill Charts for exposure time to frostbite of the fingers and to determine the time to loss of hand dexterity, helping to reduce the risk of cold injuries during prolonged field operations in the Arctic and enhancing the health and well-being of female Service members. Wind Chill Charts will be directly transferred to military medical collaborators at the 11th Airborne Division in Alaska for their immediate use. In the long term, this work will help characterize heat-stress conditions likely to cause heat illness, informing guidelines for safe exertional activities in austere environments.	
4.	Final Product Development and Pivotal Trial of a Portable Device for Noninvasive Monitoring of Intracranial	CranioSense, Inc., Bedford, MA	Project Description: *Science and Technology*/ICP is the major cause of secondary brain ischemia that accompanies a variety of pathological conditions, most notably including TBI, stroke, and intracranial hemorrhages. Monitoring ICP is crucial in managing neurocritical patients because clinical signs of increased ICP are often nonspecific and not apparent	$3,035,772

	Pressure (ICP) in TBI		until ICP has been elevated for some time, which can cause significant secondary damage after an initial event. Currently, ICP is assessed via invasive methods such as external ventricular drain or lumbar puncture, procedures rarely included in clinical protocols due to their associated risks. CranioSense has developed the Intracranial Pressure Assessment and Screening System (IPASS) to enable noninvasive, quick, and reliable ICP assessment for monitoring all victims of TBI across the spectrum of care. For this study, researchers will: (1) produce the IPASS system for clinical use, including rigorous quality assessment; (2) recruit patients (n=250) suspected of having increased ICP from four clinical sites (Massachusetts General Hospital, University of California, San Francisco, Duke University, and Stanford University), and administer the IPASS in tandem with a scheduled lumbar puncture; and (3) complete analysis of study data and prepare a De Novo Packet for FDA review. DoW Benefit: In the short term, IPASS will quickly enable the military to triage casualties with closed-head brain injuries closer to the time of trauma, allowing faster treatment of Warfighters who require immediate attention and minimizing further injury from elevated ICP. This rapid treatment, given before symptoms worsen, will likely speed return to duty and reduce the insidious long-term effects of TBI. In the long term, IPASS is expected to become a standard item included in the Army Medical Equipment Set, Medical Materiel Sets, and on Marine Corps Authorized Medical Allowance Lists for levels of care from Role 1 (unit-level medical care provided by Army Medics and Marine Corpsmen), through medical evacuation, enroute care, forward surgical	

			hospitals, to Role 4 medical care in Continental United States-based hospitals.	
5.	A Phase 1 Placebo-Controlled Dose-Escalation Safety and Pharmaco-kinetic Study of IN-007, a Nebulized, Pan-SARS [Severe Acute Respiratory Syndrome] ACE2 [Angiotensin-Converting Enzyme 2]-Decoy Therapeutic for Pandemic Preparedness	Inhalon Biopharma, Inc., Morrisville, NC	Project Description: *Science and Technology*/Viruses causing SARS, Middle East respiratory syndrome (MERS), and pandemic influenza rapidly infect individuals and spread through populations by efficiently binding host-cell receptors in the airways. The coronavirus disease 2019 (COVID-19) pandemic demonstrated that immune-evasive variants pose a persistent threat to the effectiveness of vaccines and traditional neutralizing monoclonal antibody therapeutics. To address this threat, Inhalon has designed IN-007, a molecule that can potently neutralize all pathogens that bind ACE2 for cellular entry, including every variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and SARS-CoV-1. Administered via a small, portable, handheld nebulizer, IN-007 provides rapid and uniform delivery to all respiratory tract levels at concentrations sufficient to inactivate these viruses, with efficiency far exceeding conventional intravenous dosing. The objectives of this study are to determine whether IN-007 is a safe and well-tolerated therapeutic agent and to enable progression to clinical efficacy studies. The study aims to: (1) finalize clinical trial preparations, including site set-up and regulatory/ethics approval; (2) enroll subjects, and complete a dose escalation study of IN-007; and (3) produce a clinical study report. DoW Benefit: In the short term, this work will demonstrate the feasibility of a heat-stable, inhaled therapeutic that Warfighters can self-administer to neutralize any current or future ACE2-binding emerging viral threat. IN-007 would enable therapy, prophylaxis, and reduced transmissibility among infected Warfighters. This clinical testing protocol will inform strategies for	$3,175,643

			overcoming the unique environmental challenges faced by Warfighters. In the long term, IN-007 could provide a shelf-ready solution for any future ACE2-binding emerging pathogen with pandemic potential and form the basis for the development of inhaled therapies against a diverse array of other respiratory diseases, including all MERS-CoV variants and other viruses currently circulating in animal reservoirs.	
6.	Joint Arctic Medical Infrastructure Testing	U.S. Army Combat Capabilities Development Command (DEVCOM) – Soldier Center, Natick, MA	Project Description: *Advanced Development*/The Arctic is an arena of competition; a line of attack in conflict; a vital area holding many natural resources; and a platform for global power projection. An Arctic Gap Report published by the Center for Army Lessons Learned identified five medical gaps that must be addressed to effectively provide Role 3 medical care in the Arctic environment, with other Services identifying similar gaps. This project, managed by DHA Operational Medical Systems (OPMED), will address one of those gaps to optimize medical equipment currently used in Joint hospitals with temperatures as low as -25 degrees Fahrenheit (ºF) and for use in settings with temperatures to -65 ºF. Various prototype systems, including a new casualty collection point concept for extreme cold weather, low temperature shelters, high wind kits, radiant floor heating, water/wastewater systems, and hypothermia prevention products, were tested in climate chambers and optimized for use in Arctic environments. This project will involve actual field testing of these prototype systems at the U.S. Army Cold Regions Test Center located at Fort Greely, AK to meet a threshold of -40 ºF and an objective of -60 ºF to provide a true test of environmental conditions necessary to validate the technologies.	$1,268,000 (Sent to the DHA OPMED to add to an existing contract for this effort, which was also supported with FY 2023 JWMRP funds).

			DoW Benefit: This project addresses the 2019 DoW Arctic Strategy Report to Congress that calls for the Joint Services to provide medical care in Arctic conditions with temperatures as low as -65 ºF. Importantly, this effort will allow the DoW to regain Arctic dominance by optimizing medical capabilities for extreme cold conditions that impact medical care in three different Combatant Commands, eight countries, and all time zones.	
7.	Temporary Vascular Occlusion Clamp	Amsel Medical Corporation, Cambridge, MA	Project Description: *Advanced Development*/Junctional non-compressible hemorrhage (NCH) is hemorrhage for which the application of an external tourniquet is not effective and often not possible. Despite numerous methods for proximal vessel compression and control, exsanguination rates associated with junctional NCH in the battlefield or prior to surgical intervention are still extremely high. Junctional NCH due to trauma is also a major cause of morbidity and mortality for civilian victims injured in automotive accidents, mass casualty incidents, or single gunshot and stabbing injury situations. Amsel has developed a prototype device, the SCureTO®, to address the need for a portable non-compressible hemorrhage control in a pre-hospital environment and provide variable adjustable clamping capability to help avoid thrombosis and the effects of distal ischemia for better patient outcomes. The objective of this effort is to advance SCureTO® from a pre-clinically tested prototype to a final commercial product. This study aims to: (1) develop processes for high-volume manufacturing and validation of production ready units; (2) manufacture devices for a Good Laboratory Practice (GLP) large animal study; and (3) conduct the GLP study and collect data to support FDA clearance.	$3,500,000 (Sent to the Air Force Research Laboratory, 711th Human Performance Wing to add to an existing contract for this effort).

			DoW Benefit: SCureTO® will provide rapid hemorrhage intervention in the field to minimize blood loss, reduce complications, and decrease mortality. The capability of the device to allow for adjustable blood flow will enable stabilization of the wounded. This medical technology will enhance competitive advantages and lethality.	
8.	Hypothermia Prevention and Casualty Collection Point	DEVCOM – Soldier Center, Natick, MA	Project Description: *Advanced Development*/Hypothermia, acidosis, and coagulopathy constitute the "triad of death" in trauma patients. Combat casualties with hypothermia have double the mortality rate of normothermic casualties with similar injuries. Current solutions do not function well in extreme cold weather operations. A new casualty collection point concept aims to provide an environment where tactical combat casualty care guidelines and equipment can be effectively applied in Role 1 combat operations, preventing mortality from trauma and hypothermia. The objective of this DHA OPMED-led effort is to test hypothermia-prevention products within this new casualty collection point. Specifically, the commercially available HeatPac forced air heating system will be evaluated with casualty patient unit and casualty collection point shelter prototypes in a real-world, operational extreme cold environment using human test subjects to validate the efficacy of this new approach. DoW Benefit: Preventing hypothermia is critical for combat operations and casualty management at all levels of care, saving Service member lives and improving outcomes. Integrating effective hypothermia-prevention products into the current casualty collection point system will maintain and enhance performance, readiness, and ultimately, lethality.	$1,012,000 (Sent to the DHA OPMED to add to an existing contract for this effort).
9.	Pravibismane Suspension as	Microbion Corporation,	Project Description: *Advanced Development*/Chronic wound infections,	$2,150,000

	a Topical, Broad Spectrum Anti-Infective Wound Care Treatment and Prevention for Combat Injury-Related Infections	Bozeman, MT	including impaired wound healing in diabetic foot infections (DFI) with impaired wound healing, are often complicated by multidrug-resistant (MDR) bacterial pathogens and their associated biofilms. Microbion has developed Pravibismane, a novel antibiotic topical suspension with broad-spectrum antimicrobial/antibiofilm activity against MDR bacterial and fungal pathogens, as well as wound healing and anti-inflammatory properties. This NMRC-managed study is testing Pravibismane in a proof-of-concept Phase 2 clinical trial for treating chronic wounds in patients with moderate to severe DFI. The trial objectives are to: (1) assess the safety and tolerability of topical Pravibismane as an adjunct to standard wound care in subjects with moderate DFI; and (2) assess Pravibismane's effect on the target infected ulcer by measuring the incidence of complete wound closure, infection resolution, related lower extremity amputations, and patient-reported outcomes. DoW Benefit: Pravibismane has the potential to prevent combat injury-related infections; reduce reinfections and lower limb amputations; and decrease subject treatment costs, hospitalizations, long-term care costs, and the need for extended courses of systemic antibiotics. This therapeutic has the potential to improve Warfighter health and long-term quality of life following injury or illness, thereby enhancing resiliency.	(Sent to the NMRC to add to an existing contract for this effort).
10.	Ruggedized Diver Physiological Monitoring Platform	NIRSense, Inc. Richmond, VA	Project Description: *Advanced Development*/The Naval Advanced Medical Development Integrative Monitoring System program aims to provide a wearable biomedical monitor for divers that securely collects, stores, and/or transmits quality quantitative physiological metrics and location data tailored for	$1,055,000 (Sent to the NMRC to add to an existing contract for this effort which was

			complex operational settings. NIRSense, Inc. is developing a cerebral oximeter for physiological monitoring of aircrew that entails adaptation of their technology to create a generalized, ruggedized tissue oximeter to maximize its operational use and benefit and applicability to civilian healthcare. This adaptation supports guiding human performance training, musculoskeletal injury rehabilitation, and medical care in combat environments, and may be adapted for Navy-relevant underwater applications to monitor Warfighter physiological and cognitive performance. This study aims to: 1) include requirements refinement and prototype down-selection; independent Government laboratory testing; matured prototype development, testing, and validation to integrate modular systems and accessories; and 2) obtain relevant required certifications. DoW Benefit: The mission-specific health data collected by this physiological monitor will inform decision-making by the wearer, support personnel, and higher echelons during specialized Naval diving training and operations, thus providing overall improvement to performance and readiness. Civilians and healthcare professionals could also use the general-purpose ruggedized tissue oximeter.	also supported with FY 2023 JWMRP funds).
11.	Phase 1 Clinical Trial Utilizing SN514 for Enzymatic Debridement of Burns	Metis Foundation San Antonio, TX	Project Description: *Advanced Development*/Limited non-surgical options exist for debriding burns and other wounds that generate necrotic tissue. SN514 is a novel enzymatic debrider that offers an easy-to-use topical hydrogel formulation, room temperature storage with long-term stability, and faster, more comprehensive wound eschar reduction compared to the only enzymatic debrider on the U.S. market. Preclinical toxicity studies show an appropriate safety profile. The objective of this DHA OPMED-managed	$1,823,478* (Sent to the DHA OPMED to add to an existing contract for this effort).

			effort is to conduct a Phase 1 study assessing the safety and tolerability of SN514 in burn patients at the U.S. Army Institute for Surgical Research (USAISR) at Fort Sam Houston, TX, in collaboration with SERDA bv, in the Netherlands, which holds an exclusive license for SN514. FY 2024 JWMRP funds specifically support DoW clinical study site initiation at the USAISR Burn Center and patient enrollment, now possible after successful IND review by the FDA. DoW Benefit: Successful progression of SN514 through subsequent required Phase 2 and Phase 3 trials in support of FDA approval would greatly benefit battlefield-injured military personnel by enabling early burn wound care, even in in prolonged field care settings. Due to its ease of application, untrained providers could use this agent in mass casualty burn events. Non-operative burn wound management will reduce morbidity associated with burn injury and need for surgical intervention.	

*These projects, initially awarded JWMRP funding prior to FY 2024, have intramural prime recipients or sub-awardees with approved out-year funding commitments. Amounts shown reflect current-year obligations. Out-year funding is dependent on JWMRP receiving appropriated funding.

SUMMARY

Congressional appropriations for the FY 2024 JWMRP totaled $20M. The JWMRP invested approximately $18.63M in research, after CDMRP management costs, MRDC withholds, and SBIR/STTR withholds. The FY 2024 JWMRP funded 11 projects. These projects, each aligned under the Science and Technology or Advanced Development project domain, collectively address medical research areas aligned with DHP core programs. This diverse set of JWMRP projects enhances and accelerates high-priority DoW and Service medical requirements and has the potential to provide significant benefits to military medicine.