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THE HOUSE ARMED SERVICES COMMITTEE

STATEMENT OF

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BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

SUBJECT:

ENSURING MEDICAL READINESS IN THE FUTURE

February 26, 2016

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Chairman Heck, Ranking Member Davis, distinguished Members of the Committee, thank you for providing me the opportunity to share some perspectives on Navy Medicine and our most important strategic priority, medical readiness. We remain grateful to the Committee for your leadership and strong support of military medicine.

The core mission of the Navy Medicine is inextricably linked with those we serve, the United States Navy and United States Marine Corps. We must be fully engaged with supporting our maritime strategy: *A Cooperative Strategy for the 21st Century Seapower: Forward, Engaged, Ready*. It requires us to be fully synchronized with the Chief of Naval Operations and the Commandant of the Marine Corps as they expect us to keep their Sailors and Marines healthy and ready to deploy, as well as deliver world-class care, anytime, anywhere.

Force Health Protection is the bedrock of Navy Medicine. It is what we do and why we exist. It is our duty – our obligation and our privilege – to promote, protect and restore the health of our Sailors and Marines. This mission spans the full spectrum of health care, from optimizing the health and fitness of the force, to maintaining robust disease surveillance and prevention programs, to saving lives on the battlefield. When Marines and Sailors go into harm's way, Navy Medicine is with them. On any given day, Navy Medicine is underway and forward deployed with the Fleet and Marine Forces, around the globe.

Medical Readiness Requirements and Reporting

Our personnel are critical to delivering rapidly deployable, fully integrated, operational support to the Combatant Command (CCMD); both organic and surge forces. The organic forces include personnel assigned to an operational commander and routinely deployed as part of operations, exercises, and theatre engagements. Our surge forces are designated for the augmentation stage and are ready and capable of deploying in support of contingency and sustained combat operations.

The modeling and projections for our uniformed providers are derived from their Operational Plans (OPLANS) coupled with our Medical Manpower All Corps Requirements Estimator (MedMACRE). The OPLANS outline the capabilities required to prosecute various wartime scenarios based on the Secretary of Defense's Defense Planning Guidance. There are three major tenets to the strategy for quantifying Navy medical manpower requirements:

(1) operational medicine, (2) developing medical capability, and (3) honing and sustaining medical capability.

- Operational medicine includes non-BSO 18 (outside of the Navy Bureau of Medicine and Surgery (BUMED)) billets such as the Fleet and Fleet Marine Force billets, individual augmentation requirements generated by Joint or Combatant Commanders to support functions and operations beyond the purview of the Department of the Navy (DON). In addition, it includes surge forces deployed in support of the Defense Department's Steady State Security Posture (SSSP).
- Developing medical capability is based on calculating the requirement to recruit and train personnel to support the operational mission. The size and shape of this structure is driven by requirements and guidance provided by medical certification boards, education accreditation committees, and other organizations external to the Department of Defense (DoD).
- Honing and sustaining is to ensure the professional qualification and proficiency of medical personnel. These are required to support day-to-day operational commitments and major contingencies and drive the requirement for staffing the Navy's military treatment facilities (MTFs), as well as provide the rotation base generated to support operational requirements.

In order to ensure that Navy Medicine's readiness reporting systems provide both individual and platform data that are aligned to best support Service-level and DoD requirements, Navy Medicine utilizes the Expeditionary Medicine Platform Augmentation, Readiness, and Training System (EMPARTS); Navy Medicine's official readiness tracking and reporting system for sourcing platforms. EMPARTS is a web-based automated information management system that monitors and reports readiness of personnel designated to support Navy Expeditionary Health Service Support (NEHSS) platforms in support of contingency operations and humanitarian missions. EMPARTS provides Medical Department member status to

individual unit commanders and higher headquarters, tracks medical conditions, legal documents and administrative requirements, monitor unit readiness, tracks individual deployment and other unique information (i.e., administrative, personnel training and overall).

In addition to EMPARTS, Navy Medicine utilizes the Fleet-approved Readiness Cost and Reporting Program (RCRP). RCRP is also a web-based system developed and tailored to BUMED requirements to serve as a bridge to bring authoritative data from disparate DoD and Navy data sources and bridge the gap between EMPARTS, and Defense Medical Human Resource System internet (DMHRSi). RCRP will allow Navy Medicine to report readiness for three major platforms: Forward Deployed Medical Unit (FDPMU), Hospital Ship (T-AH) and Expeditionary Medical Facility (EMF). Data fed by EMPARTS will then be used to report the readiness of Navy Medicine operational capabilities into the Defense Readiness Reporting System - Navy (DRRS-N) that will ultimately report to DRRS - Strategic (DRRS-S).

Investments in education and training are critical for meeting our current requirements and preparing for future challenges. Navy Medicine core training requirements for phased medical platform readiness training exist above the common minimum requirements for all platforms. The core training applies to Navy Medicine personnel assigned to or deploying with a medical operational platform or sourced globally for missions across all operational theaters. Training requirements are coordinated and conducted in three phases: Phase I includes individual medical and trauma skills training that can be met through attending formal courses, completing computer based courses, or participating in clinical cross training. Phase II is training that occurs in the environment, on the equipment, and with the unit construct similar to what the member is expected to encounter when deployed on that platform (i.e., Expeditionary Medical Facility Training at Naval Expeditionary Medical Training Institute or simulated operational surgical team training). Phase III training is mission specific training as defined by the Combatant

Command (CCMD). This training is provided whenever possible, and usually just in time, to those individuals deploying to an identified area of responsibility (AOR) or for a specific mission or as an adaptive force package. Phased medical readiness training requirements also include Reserve Component (RC) medical personnel assigned to operational platforms.

Operating Forward

Navy Medicine is a rapidly-deployable, fully integrated health care system. Our mission requires the agility to support the full range of operations and readiness to respond where and when called upon. Navy Medicine operates underway in all warfare domains in all environments. In addition to providing organic medical support to Navy and Marine Corps operational units, we must also deliver important specialized capabilities to the warfighters including: surface medicine; undersea medicine; nuclear medicine; aerospace medicine; and field medicine. Our personnel – whether an independent duty corpsman, flight surgeon, undersea medical officer serving aboard a submarine, ship or squadron, or a Fleet Marine Force corpsman in the field with a Marine unit – must be trained and equipped to execute their specific mission.

Our readiness posture also requires us to be capable of meeting critical surge requirements in support of contingencies and combat operations. Navy Medicine’s expeditionary capabilities include: damage control surgery; forward resuscitative care; advanced stabilization; theatre hospitalization; and en-route care. Each of these capabilities is important as we provide care through all the echelons of care – from the battlefield to the bedside.

This is clearly evident as Navy Medicine continues to sustain unparalleled levels of mission success, competency and professionalism while providing world-class trauma care and expeditionary force health protection to U.S. and coalition forces in the southern Afghanistan in support of Operations RESOLUTE SUPPORT and FREEDOM’S SENTINEL. As troop levels in Afghanistan remain constant, the forward-deployed NATO Role 3 Multinational Medical Unit

continues to provide high-level evaluation, resuscitation, surgical intervention, post-operative care, physical therapy, behavioral health, and patient movement services expected of Navy Medicine by the CCMD.

The Defense Strategic Guidance and Quadrennial Defense Review (2014) identified Humanitarian Assistance / Disaster Relief (HA/DR) as one of the primary missions of the U.S. Armed Forces. Navy Medicine is uniquely positioned to support HA/DR missions. Our Hospital Ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20), have the capability to provide relief in the wake of catastrophic events like tsunamis or earthquakes, offering a full range of medical skills which include trauma care and post-operative care, primary care, disease management, public health and theater security operations that include transition to non-government organizations and host nations. These missions not only provide national resolve but are a vital component to enhancing provider skills in unique and rapidly changing environments which complements routine training experiences.

An important training component for meeting these demands is participation in Humanitarian Civic Assistance (HCA) missions such as Pacific Partnership and Continuing Promise which foster relationships with partner and host nations in the Pacific Rim/East Asia and South Asia/Caribbean, respectively. Each of our hospital ships deployed in support of these missions in FY2015. In addition, our global health engagement (GHE) strategy requires us to be ready to support diverse missions around the globe. These missions include the full range of skills sets and platforms from deploying personnel and mobile labs to Liberia in response to the Ebola Virus Disease (EVD) outbreak during Operation UNITED ASSISTANCE to establishing a FDPMU to meet the operational public health capabilities.

Military Treatment Facilities (MTFs): The Foundation of Readiness

The ability to deliver the full-range of ready medical capabilities to the operational commander is highly dependent on the training and clinical currency of our personnel. We ask a lot of our men and women and, as such, we owe them the training needed to execute their demanding responsibilities. Our MTFs are critical to providing these skills and competencies and must remain foundational to meeting our current and future operational requirements. From our junior corpsmen to the most experienced physicians and nurses, our clinics, hospitals and medical centers are the foundation for developing and sustaining clinical skills needed for the next deployment. As we look to ways to enhance our medical readiness skills, I believe MTFs throughout the Military Health System (MHS) must remain at the epicenter of our efforts. Beneficiary care in our MTFs is directly linked to clinical skills sustainment.

Recognizing the important role our MTFs have in sustaining skills and ensuring readiness, we have continued to invest in key areas including: increasing patient enrollment through our Medical Home Port; recapturing private sector care workload that can be performed in our facilities; and, realigning services, personnel and graduate medical education programs to maximize the training of our medical personnel and best support the needs of our patient population. Important initiatives like our Marine-Centered Medical Home and Fleet-Centered Medical Home, which also integrate psychological health providers, are helping to ensure that our Marines and Sailors have improved access to care, with the goal of keeping them healthy and deployment-ready.

It is also important to recognize that our graduate medical education (GME) programs, in place at our medical centers and family medicine teaching hospitals, support readiness by providing trained physicians to meet operational requirements. These programs rely on our MTFs having access to robust beneficiary populations to support case number and complexity. I

believe we must remain mindful of initiatives that would impact our MTFs by reducing patient volume and case mix since these would negatively impact the readiness skills of our personnel.

The Services, along with the Joint Staff and DoD, are working to identify, define, categorize and prioritize essential medical capabilities (EMCs). The Under Secretary of Defense (Personnel and Readiness) chartered the Joint EMC Working Group (JEMCWG) to use the Joint Capabilities Integration Development System (JCIDS) for a Capabilities Based Assessment (CBA) to complete a requirements analysis of common readiness elements. EMCs, as defined by the JEMCWG, refer to those health services that are required to deliver comprehensive health care in support of globally integrated operations. EMCs will provide the framework for the Services to prepare and sustain a medical ready force and to develop and maintain a ready medical force. We support establishing common joint and Service-specific EMCs, as they could be an effective means to monitor readiness and guide resourcing decisions. EMCs provide a framework to report comprehensive unit readiness using building blocks such as, team structure integration and surgical trauma skills. Military Medicine supports a wide range of missions, including treating disease and non-battle injuries during military operations and providing humanitarian assistance and disaster relief in response to crises. EMCs will be tracked through existing reporting systems and focus on unit/capability readiness.

In support of our strategic alignment with the operational commands, we established a headquarters-level program office, Naval Expeditionary Health Service Support (NEHSS) Capabilities Development and Integration (CD&I), to coordinate Navy Medicine's role in the continued development and delivery of expeditionary capabilities in support of the warfighter.

Our Way Forward

The last 14 years of war saw unprecedented advances in the military medicine – from the point of injury on the battlefield to comprehensive rehabilitative care. This progress was the result of a highly trained and well-equipped ready medical force dedicated to employing the most effective life-saving skills and techniques available. The rapid implementation of clinical practice guidelines, supported by timely data, research and training, provided our personnel tools to improve trauma care and patient outcomes. All of us in military medicine are committed to ensuring that lessons learned are effectively implemented throughout the Military Health System.

In working to sustain our medical readiness posture, we must continue to ensure (1) the training of our personnel to meet their operational missions remains at the forefront; (2) the reporting systems that provide both individual and platform data are aligned to best support Service-level and DoD requirements; and (3) there is an ongoing assessment of equipment and material requirements for future agile, adaptable and responsive capabilities. We are committed to continuous improvement, and these efforts require rigorous ongoing assessment of our capabilities, identification of any gaps, and implementation of sound solutions. All of us recognize the hard work ahead to ensure sustained medical readiness moving forward.

As I mentioned before, Navy Medicine exists to ensure that our Sailors and Marines are healthy and ready to execute their demanding responsibilities and to provide ready medical personnel to our operational commanders wherever and whenever needed. We will build on the strength and talents of our dedicated Navy Medicine team to ensure are mission-ready and providing world-class care, anytime, anywhere.