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THE SENATE COMMITTEE ON APPROPRIATIONS

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON DEFENSE

OF THE

SENATE COMMITTEE ON APPROPRIATIONS

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DEFENSE HEALTH PROGRAM

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Chairman Shelby, Vice Chairman Durbin, distinguished Members of the Subcommittee, thank you for the opportunity to update you on Navy Medicine. America's Navy and Marine Corps are busy – deployed and operating forward around the world. I can assure you that the men and women of Navy Medicine are serving with them and providing world-class care, anytime, anywhere. On behalf of the Navy Medicine team, we remain grateful to you for the strong support and confidence you have placed in us.

Strategic Construct

Navy Medicine is fully aligned with the strategic imperatives set out by the Chief of Naval Operations (CNO) in his *Design for Maintaining Maritime Superiority* and by the Commandant of the Marine Corps (CMC) in his *Planning Guidance*. Our priorities are built on this framework and we are focused on ensuring Navy Medicine is that ready, rapidly responsive medical force that our Navy, Marine Corps, and Joint Forces need and expect to support them and their demanding operational missions. We protect the health and readiness of Sailors and Marines so they are medically ready to meet their missions. Given the current operational tempo of the Navy and Marine Corps, all of us in Navy Medicine understand the significance of these responsibilities and we will never waiver from our commitment to those entrusted to our care. We must do this within a culture of constructive self-assessment, improvement and innovation. My guiding principles to the men and women of Navy Medicine remain consistent: (1) Honor the trust placed in our hands to care for America's sons and daughters; (2) Honor the uniform we wear; and (3) Honor the privilege of leadership.

The Department of Defense (DoD), Joint Staff and Services continue to focus on the congressionally-directed changes to the Military Health System (MHS) contained in the National Defense Authorization Act (NDAA) for Fiscal Year 2017 (FY2017). Careful and deliberate progress is being made in the ongoing transition. With any transition of this significance,

foremost must be the opportunities that will allow the Services to more efficiently and effectively execute their respective readiness missions. Readiness and combat support remain our number one priority and mission. This is especially relevant for the maritime forces as we prepare for future conflicts that will be very different, and contested in various environments, than the Operation Iraqi Freedom and Operation Enduring Freedom ground war.

The military treatment facility (MTF) has been the epicenter of readiness for decades. As we move forward to realize the many opportunities possible under NDAA FY2017, we must be mindful of our core responsibilities of readiness, fleet support and operational response and preserve those Service tenets necessary to meet mission including: command and control responsibilities of their uniformed personnel must be in place to ensure that our medical personnel are trained and organized to execute their readiness mission; oversight and control of the resources necessary to do those missions; providing operationally relevant training; and, ensuring we have the agility to get to our military personnel quickly.

You expect our Nation's armed forces to be ready to fight tonight. That means being able to save lives tonight with medical forces that are ready, prepared, and present. You rightly hold me, CNO, CMC and the Secretary of the Navy accountable for this responsibility. Department of Navy (DON) leadership is fully engaged in developing an organizational construct that is responsive to Congressional intent, while maintaining critical capabilities and framework to support the Fleet and Fleet Marine Forces and, if needed, to be where it counts, when it counts to save lives.

I fully support the President's Budget for FY2019 and the resources it provides to fulfill the medical mission of the Navy and Marine Corps. I assure you that we will continue to apply sound fiscal stewardship at all levels throughout Navy Medicine and derive best value from resources provided to us.

Preparing Navy Medicine for the Future Fight

Navy Medicine is preparing our personnel to meet the demands of combat casualty care in the maritime environment and we must leverage current and new critical training and skills sustainment opportunities. Much of the success that we saw in saving lives on the battlefield during our most recent conflicts can be directly attributable to the heroic work of our first responders – Hospital Corpsmen. The Corpsman is the most important member of the medical team for combat survival. While building upon this success, we recognize the rapidly changing security environment dictates that we adapt and update our training at all levels to meet the demands of future conflicts. To address these emerging challenges, Navy Medicine launched a series of comprehensive programs targeted at preparing our Corpsmen to meet their lifesaving missions whether at sea aboard a destroyer or embedded with Marines operating forward. These efforts include:

- **Hospital Corps “A” School Curriculum:** Implemented a modernized and expanded Hospital Corps “A” School curriculum focused on casualty care sustainment in sea-based and expeditionary environments.
- **Hospital Corpsmen Personnel Qualification Standards (PQS):** Developed a new PQS program that targets the knowledge, skills and abilities required for all Corpsmen to perform across the spectrum of operations. Their clinical experience is vital to their performance, and combat survival, on the battlefield.
- **Trauma Training Pilot:** Initiated the Hospital Corpsmen Clinical Trauma Experience Proof of Concept – a trauma training partnership between Navy Medicine, the James H. Stroger Jr. Hospital of Cook County (a Level 1 trauma center) and the Department of Veterans Affairs. Our first cohort of 30 Corpsmen completed training earlier this year and we are assessing expansion opportunities with additional trauma centers throughout the United States.
- **Connected Corpsmen in the Community:** To save lives, a Corpsman must have the confidence in themselves and their abilities. Nothing provides confidence better than caring for patients. We established a pilot program in Pensacola to increase confidence, clinical experience and core competencies by allowing Corpsmen to deliver care, with appropriate supervision and guidelines, to active duty service members outside the MTF and beyond normal working hours. In addition, Corpsmen provide care using

telemedicine capabilities with oversight provided by licensed providers. Beyond helping Corpsmen, this initiative is also keeping aviation students in class, not at the hospital. Later this year, we will be implementing this program aboard Marine Corps Base Camp Pendleton.

In addition to our partnership with Cook County Trauma and Burn Unit, the Navy Trauma Training Center (NTTC) is a collaboration with the Los Angeles County + University of Southern California (LAC+USC) Medical Center where our teams are embedded in a high volume trauma environment. NTTC trained 266 Navy Medicine and Special Operations personnel in FY2017 and over 3,300 providers since 2002.

We have also identified an opportunity to expand capabilities within Navy Medicine as the Naval Medical Center Camp Lejeune is actively pursuing designation as a Level III trauma center. This effort will result in increased readiness and skills sustainment for all our providers – particularly our trauma teams – while providing a valuable trauma response for Marine Corps Base Camp Lejeune and the local community.

Importantly, graduate medical education programs in place at our teaching facilities remain critical to preparing Navy physicians to meet Combatant Commander requirements for full spectrum operations including combat casualty care and humanitarian assistance/disaster relief. We run some of the top programs in the country, allowing us to look into the eyes of America's moms and dads and confidently assure them that the men and women caring for their sons and daughters have the best training and preparation our Nation can provide. They are also our steady source of trained physicians to meet the needs of the Fleet and Fleet Marine Force during the vicissitudes of recruiting and retention.

As part of our modernization efforts, we continue to address requirements for modular, scalable and adaptable expeditionary medical capabilities – both ashore and afloat – to reduce time/distance to care in distributed operations. This priority is evident in Navy Medicine's

accelerated fielding (manned, trained and equipped) seven-person Role 2 Light Maneuver (R2LM) capability which was recently tested in the amphibious exercise Dawn Blitz 2017. Smaller and more mobile, the R2LM capability is designed to provide advanced resuscitation and damage control surgery far forward ashore in support of conventional or special operations forces and afloat on any surface vessel. We achieved R2LM initial operating capability at the end FY2017, in just seven months. In addition, we are developing a provisional containerized Role 2 Enhanced capability for further testing and evaluation. This will provide the increased adaptability for primary surgery, intensive care, and acute care ward beds afloat on almost any cargo ship or ashore. Along with other important lines of effort, this work is focused on improving our expeditionary medical capabilities to meet warfighter requirements. We are taking and applying the lessons from Iraq and Afghanistan to the maritime domain.

In addition, both Pacific Partnership 2017 and Continuing Promise 2017, major humanitarian civic assistance (HCA) missions in the Pacific and Central/South America, respectively, utilized expeditionary fast transport vessels to move personnel and equipment ashore to provide medical support. Hospital ship, USNS MERCY (T-AH 19), is currently underway and participating in Pacific Partnership 2018. These HCA missions are an integral component of the global health engagement strategy, providing unmatched training and international exchange opportunities for Navy Medicine personnel as well as building local partner capacity.

Optimizing Navy Medicine for the Warfighter

Our mission is to keep the Navy and Marine Corps family ready, healthy and on the job. Sailors and Marines must be physically and mentally capable to meet their demanding mission and we want them to deploy confident that their families are well-cared for during their absence. One of CNO's guiding principles is toughness and the need to tap all sources of strength to succeed and win. Health is vital to building and sustaining this resiliency.

We continue to leverage the success of our embedded mental health program. Embedding mental health assets directly within line units decreases the distance between providers and those seeking help, fostering improved support for Sailors and Marines while decreasing stigma. Embedded mental health providers now represent 25 percent of our mental health officer billets and roughly the same percentage for all enlisted behavioral health technician billets. These mental health providers are now permanently assigned throughout Fleet and Marine units and complemented by additional mental health providers in primary care settings and the expanded use of telebehavioral health.

We are keenly focused on the importance of providing immediate support to psychological traumatic events that occur in the operational environments. We deployed our Special Psychiatric Rapid Intervention Teams (SPRINT) to support the crews and families following the ship collisions in the Pacific last year. Mental health issues after complex or catastrophic events frequently do not appear until later, sometimes much later. To address this, we have also implemented tracking registries for survivors to ensure that, as they continue to serve, they have rapid and ready access to mental health services when and where needed. In addition, we continue to work collaboratively within the Navy and Marine Corps on suicide prevention efforts. All active and reserve component Sailors and Marines are now screened for mental health concerns via the annual Periodic Health Assessment (PHA). In addition, our Psychological Health Outreach Program (PHOP) provides specific and valued access to important behavioral health services for reserve Sailors and Marines.

Prevention, treatment and research of traumatic brain injury (TBI) are critical to keeping warfighters healthy. TBI programs throughout Navy Medicine, including those at the Intrepid Spirit Centers onboard Marine Corps Bases Camp Lejeune and Camp Pendleton, provide comprehensive treatment to Sailors and Marines impacted by TBI. The return to duty rate

continues to be over 85 percent. Programs have been developed at Camp Lejeune and Camp Pendleton, along with Naval Medical Centers Portsmouth and San Diego, to address specific needs of special operators, including condensed comprehensive assessment, cohort treatment plans, and shortened treatment duration to expedite return to the unit. We continue to make progress while recognizing the importance of robust research collaborations with leading academic institutions and private sector partners in furthering our understanding of TBI and ways to improve exposure monitoring, diagnosis and treatment.

I also want to highlight the Navy Comprehensive Pain Management Program (NCPMP) and our continued focus on enhancing the safety of opioid therapy for the treatment of pain. Earlier this year, we issued a comprehensive Long-term Opioid Therapy Safety Program policy that directs specific actions throughout Navy Medicine and emphasizes safe opioid prescribing practices including provider training requirements, patient screening, and surveillance protocols. Over the last four years (FY2013 - FY2017), we saw a 35 percent decline in the number of opioid prescriptions for active duty Navy and Marine Corps personnel and a 30 percent decline in the number of personnel receiving those prescriptions as part of their treatment. We have also expanded the scope of this program with continued incorporation of complementary and integrative medicine modalities.

The Navy Medicine Research and Development (R&D) enterprise is comprised of eight laboratories that conduct world-wide, operationally-focused research in support of our warfighters and their deployment readiness. Key areas include infectious diseases, biological defense, combat casualty care, environmental health as well as undersea medicine and several other important and relevant areas. At all labs, researchers are confronting some of our most significant challenges that impact the health and readiness of our globally deployed service members. Emerging infectious diseases require constant attention throughout our R&D

enterprise to protect the readiness of our forces. These efforts range from closing in on the development of a malaria vaccine to assessing the threat of newly discovered viruses in far reaching corners of the world. Researchers, led by the Navy Medical Research Unit - Dayton, are directly engaged with the Naval Aviation community in conducting vital research aimed at understanding and mitigating physiological episodes (PEs) affecting aircrew in tactical jet aircraft. In addition, our Navy Medicine flight surgeons and aerospace/operational physiologists are involved in all aspects of PE research, mitigation and treatment.

For injured Sailors and Marines, we continue to implement process improvements to accelerate the disability screening process, while maintaining outstanding medical care. We fully deployed the new Sailor and Marine Readiness Tracking (SMART) program to document and track all temporarily medically-restricted Sailors and Marines at Navy MTFs. To foster earlier outcomes, we implemented a Temporary Limited Duty Operations (TEMPO) process to ensure a multi-disciplinary team actively reviews and manages all Sailors and Marines identified in a medically-restricted status. An important developing component of the SMART portfolio is the Health Readiness Common Unfitting List Evaluation System (HERCULES) module which identifies Sailors and Marines with potentially deployment limiting medical conditions and supports providers as they assign the appropriate duty status. In addition, deployability will be a consideration at every encounter with Navy Medicine, particularly during the annual PHA. All these initiatives are making a difference in helping us get Sailors and Marines healthy and back on the job.

Health promotion and disease prevention are essential to sustaining a medically ready force which is why promoting tobacco free living is so important. Tobacco use affects the health, fitness and readiness of the force and that of their families. Navy Medicine providers

encourage all who use tobacco to quit, discourage others from starting and strive to protect everyone from the harmful effects of secondhand smoke. Navy MTFs and operational units provide counseling, a variety of FDA-approved medications, and assistance to those who want to quit. We have more work to do but I can assure you that we are committed to reducing the prevalence of all forms of tobacco use in the Department of the Navy.

Providing World-Class Care

The health care landscape is rapidly changing. Convenience and experience of care, along with connected technologies, are often the primary drivers in our patient's health care decisions, particularly for our active duty service members and their families. We recognize these dynamics as they are particularly relevant and impactful as we progress in transforming the MHS.

As part of these efforts moving forward, the DHA will assume administration, direction and control of the MTFs. In the meantime, in conjunction with the other Services and DHA, we are working to improve access to care for all beneficiaries to include reducing variability in appointing and scheduling processes across primary and specialty care to improve patient satisfaction and convenience of care. All of us recognize the importance of promoting additional options for accessing care and measuring our performance through a standardized set of metrics. These efforts are particularly important since we want Sailors and Marines to get the care they need when they need it so they are medically ready to deploy. We currently have 43 Marine-Centered Medical Home and Fleet-Centered Medical Homes in place to provide improved access for operational Marines and Sailors.

We are making sustained progress in improving patient safety, clinical quality and high reliability thereby improving the care provided to service members both at MTFs and in operational settings. Navy Medicine providers working in MTFs today could be deployed

tomorrow so our robust culture of patient safety remains foundational to the care we provide, anytime, anywhere. We recently created the position of Chief Medical Officer at all our MTFs. These are senior experienced physicians monitor quality and safety in all aspects of care delivery. They are led by the Navy Medicine Chief Quality Officer, a two-star admiral who meets with them monthly to review issues. That network also drives rapid dissemination of information about safety issues and risks to ensure information is quickly passed to all our MTFs worldwide for issues impacting patient safety or care quality. Correspondingly, we have established better analytics to link data and help improve risk identification, real-time decision-making and active surveillance at all levels. All of us in the MHS are committed to these efforts and will continue to build on the progress we are making to ensure our service members receive the safest and highest quality of care possible.

Another important component of optimizing our care is the continued implementation and expansion of virtual health capabilities. Leveraging telehealth technology allows us to eliminate geographical barriers in providing care to Sailors and Marines in all environments including challenging operational settings. Employing the capabilities of Health Experts on-Line and other systems is expanding the reach of specialists to operational units, effectively reducing the number of medical evacuations and referrals to the private sector network. Virtual health, including the expanded use of smartphone and tablet applications, continues to be an important component of our care model as we work to ensure Sailors and Marines have access to high quality care, where and when they want it.

Successful deployment of MHS GENESIS, DoD's new electronic health record, is critical for us all in military medicine. When fully implemented, MHS GENESIS will be transformative in that it will affect all aspects of how health care is delivered in our MTFs, as well as operational environments and well into the future. We must ensure that we get the deployment moving

forward safely and be relentless in rapidly implementing corrective actions and lessons learned. Two of our Navy Medicine commands, Naval Health Clinic Oak Harbor and Naval Hospital Bremerton, implemented MHS GENESIS in the fourth quarter FY2017 as part of initial operating capability site deployment in the Pacific Northwest. Both commands are encouraged by the potential of MHS GENESIS and are diligently working hard to address the initial implementation challenges that are associated with a new EHR deployment. The Services continue to collaborate closely with the Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) and the DHA in addressing important aspects related to MHS GENESIS deployment and the way forward.

Valuing an Outstanding Team of Professionals

CNO consistently emphasizes the strength of our one Navy team – our Sailors and Navy civilians – as a key line of effort in meeting mission. His message resonates with all of us in Navy Medicine as we are comprised of approximately 63,000 military and civilian personnel focused on caring for and protecting the health of Sailors, Marines and their families. Our success is based on these skilled and dedicated professionals and we appreciate your support in providing the special and incentive pays, authorities and resources needed to recruit and retain this talented workforce in a highly competitive marketplace.

Recruiting Navy Medicine Department officers, both active component (AC) and reserve component (RC), remains an essential priority. In FY2017, Navy Recruiting was successful in meeting goals for AC officer corps (Medical, Dental, Nurse and Medical Service Corps) while RC recruiting met 70 percent of goal. Our most significant challenges continue to be in RC Medical Corps (62 percent), Nurse Corps (73 percent) and Medical Service Corps (78 percent). We are not immune to the pressures of American health care which is making it difficult for providers, especially those in solo practice, to have the time for reserve service. While overall

manning in both the AC and RC is stable, we must remain focused on ensuring we have the proper specialty mix of personnel to meet operational missions, now and in the future. These efforts require us to be particularly attuned to increasing, and changing, requirements for both the Navy and Marine Corps, particularly in our critical wartime specialties. We are working hard to target these specialties in our training and accession plans while rigorously assessing our overall Medical Department manpower requirements to support our readiness mission. Importantly, this focus must also include our Hospital Corpsmen and we have identified several Independent Duty Corpsmen (IDC) Navy Enlisted Classification codes (NECs) for recruiting and retention incentives.

Navy civilians continue to demonstrate their importance to Navy Medicine, fulfilling diverse and essential roles. They contribute as providers, researchers, instructors, program managers and in countless other key positions throughout the Navy Medicine enterprise. They provide continuity and stability in our facilities as well as skillful mentorship and training to assigned military personnel. To recognize their contribution and ensure they continue to grow professionally, we established a new Civilian Corps Chief position, filled by a member of the Senior Executive Service, to provide career guidance and opportunities for them. Navy Medicine continues to leverage authorized flexibilities using several special hiring authorities. In addition to Expedited Hiring Authority (EHA) for Certain Health Care positions, the Office of Personnel Management (OPM) has delegated Direct Hire Authority (DHA) for hard-to-fill health care positions such as physicians, nurses and pharmacists. In FY2017, 470 positions were filled using EHA and DHA for hard-to-fill occupations; an improvement of almost 100 hires over FY2016.

Moving Forward

As the Navy Surgeon General, first and foremost, I am committed to ensuring that the Navy Medicine team is trained and equipped to keep Sailors and Marines healthy and on the job today, and, moving forward, that our personnel are ready with the skills and confidence necessary to meet the challenges of the next conflict. We do all in our power to return America's sons and daughters – who volunteer and sacrifice to defend us – home safely and alive. We are making solid progress on all fronts, from improving the training and preparation of our Hospital Corpsmen to save lives in combat, to force protection research initiatives around the world, to taking full advantage of MHS reform to refocus on our core mission and responsibility: Readiness and being where it counts, when it counts, to save lives wherever needed.

We are honoring that trust placed in our hands. We are not “Kaiser in uniform” or “the HMO that goes to war” but a strong, trained, ready and formidable medical force integrated with and integral to our Nation's fighting forces, going wherever and whenever needed to protect, support and those in harm's way. We are part of a military health system that delivered the highest combat survival in history in the previous conflict and are working hard to build on that track record for the next conflict and beyond.

Again, thank you for support and I look forward to working with you during this pivotal time in military medicine.