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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

SUBJECT:

DEFENSE HEALTH PROGRAM

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Chairman Shelby, Vice Chairman Durbin, distinguished Members of the Subcommittee, it is my honor to be with you today to provide an update on Navy Medicine including our strategic priorities, key transformation efforts, accomplishments and challenges. We are guided by our unwavering commitment to those entrusted to our care. I can assure you that the Navy Medicine team is working tirelessly to protect the health and improve the readiness of Sailors and Marines so they can expertly perform the demanding responsibilities around the world our Navy, Marine Corps and nation need them to do. On behalf of these dedicated women and men, I want to thank you for your confidence and support of our resource requirements to keep them healthy and on the job.

Strategic Priorities – Alignment and Transformation

Navy Medicine continues to be guided by the Chief of Naval Operations' *Design for Maintaining Maritime Strategy*, initially released in 2016 and updated in December 2018. His direction is clear: The current security environment demands that the Navy must be prepared at all levels for decentralized operations. To be successful, we must remain committed to our core attributes: integrity; accountability; initiative; and toughness. We are aligned with these tenets along with the Secretary of the Navy's priorities of People, Capabilities and Processes as the foundation of readiness in the Department of the Navy (DON).

Our mission is to keep the Navy and Marine Corps ready, healthy, and on the job. We follow and adhere to important and enduring guiding principles in meeting these responsibilities: Honor the trust to care for America's sons and daughters; Honor the uniform we wear; and, Honor the privilege of leadership. Our strategic goals continue to provide us an important framework to build upon our success, adapt rapidly to changing operational demands and fully support and realize benefit from the transformation underway in the Military Health System (MHS). They

are also pivotal to aligning our strategy and execution, as well as targeting level of effort to best support our readiness investments. Our goals include:

Readiness: Navy Medicine provides a medically ready force and operational medical capabilities, at and from the sea, to support ready naval forces.

High Velocity Organization: Relentlessly pursue high reliabilities and a high velocity learning culture, in all Navy Medicine environments to accelerate Fleet and Marine Corps performance.

Human Capital: Strengthen our team through a readiness-focused human capital strategy to ensure a highly skilled, integrated workforce.

Partnerships: Enhance our operational capability and meet mission through partnership with the Defense Health Agency (DHA), the other Services, federal/public agencies and the private sector.

We continue to make progress and recognize the work ahead to realize our vision to provide the Navy and Marine Corps family with the best readiness and health in the world.

Reform efforts continue within the Military Health System (MHS). The Department of the Navy is in full support of the transfer of administration and management of military treatment facilities (MTFs) to the DHA as required by the FY2017 National Defense Authorization Act (NDAA). This legislation catalyzed the reshaping of military medicine to best support the warfighter while improving the health care delivery system with greater standardization and consistency. Our leadership recognizes that both the Services and the DHA must be successful in executing their responsibilities so, collectively, we can effectively optimize the MHS as an integrated system of readiness and health. For us, this transition represents an opportunity to focus exclusively on the readiness of Sailors and Marines – a medically ready force as well as a ready medical force. This is especially critical as we return to competition between Great Powers and the reality that future conflicts will present challenges to combat casualty care and survival not seen in recent past conflicts. These reforms are allowing us to establish our organizational constructs to support readiness requirements while sustaining the critical Services' responsibilities to man, train and equip our forces.

The phased transition to DHA administration and management of MTFs began on October 1, 2018. Our first MTF, Naval Hospital Jacksonville, officially transitioned on this date to become a field activity of the Defense Health Agency. To preserve critical command and control responsibilities to meet Navy and Marine Corps mission, in parallel we established a new organizational construct, the Navy Medicine Readiness Training Command (NMRTC). The NMRTC is part of an integrated system of health that supports the Fleet and Fleet Marine Force. It has specific responsibilities to maintain the readiness of our assigned medical forces, support installation and operational commanders' requirements and provide a Navy command structure essential for proper execution of Service-specific requirements. Given the Services' will retain command and control of their uniformed medical forces, we must have a structure in place to meet these responsibilities and NMRTCs will provide this throughout our enterprise. Moving forward, additional NMTRCs will be established in association with the transition of our MTFs. There will be no organizational growth associated with these commands as existing functions and personnel have been aligned within the NMRTC to support our readiness mission, allowing us to better consolidate or coordinate readiness and fleet support functions already in existence.

We will also be restructuring our headquarters in alignment with our readiness-centric responsibilities. The Navy and Marine Corps are forward deployed, expeditionary forces and Navy Medicine must be organized to support their missions. While we proceed with our own transformation, the Navy continues to support the DHA with their manpower requests. As of March 1, 2019, we have detailed the 143 military and civilian personnel requested to date to support them as they assume their MTF administration and management responsibilities. We continue to work with the DHA on the transfer of 325 personnel as outlined in Section 702 due by October 1, 2019. We continue to work together to best support their requirements while moving forward to transform Navy Medicine to meet our readiness mission.

Major organizational changes in large health care enterprises like the MHS are inherently complex. Deliberate planning, careful assessment and agile decision-making (and, to course correct as needed) are crucial to our success. A key component will be to ensure that Navy Medicine be resourced to meet our Services' – Navy and Marine Corps – authorities and readiness functions. Progress continues but there remains significant work ahead as we fully implement the congressional requirements contained in NDAAs FY2017 and FY2019.

Readiness Imperative – Now and Moving Forward

We have no greater responsibility than providing medical forces that are ready, prepared and present to save lives of the nation's armed forces. Every Sailor and Marine, and their families, are depending on us to do all in our power to provide the best care our nation can offer and return their loved ones home safely and alive. You rightly hold us accountable to meet this mission and we must continue to develop new and improved capabilities to support the full range of operations in multiple domains and in varied operational environments. Maritime and land-based disaggregated operations pose unique challenges for damage control resuscitation/surgery (DCR/DCS) and patient movement through the continuum of care. As part of the CNO-directed Naval Expeditionary Health Service Support Requirements Evaluation Team (RET), Navy Medicine, in partnership with Deputy Chief of Naval Operations for Naval Warfare (N9) conducted an assessment of how to optimize medical support to Fleet Design, Distributed Maritime Operations (DMO) and Littoral Operations in a distributed contested environment. A significant number of gaps were identified and the results demonstrate how ensuring Naval Health Service Support afloat and ashore can provide integrated solutions supporting the DMO concept. Through the development of modernized medical capabilities that are modular, scalable and distributable, we will improve patient outcomes meeting the Fleet and Fleet Marine Force's current and future needs.

Key assessments in this area identify the need for small teams equipped with DCR/DCS capabilities as well as small container-based forward resuscitative care/primary surgery capabilities as a medical payload on a number of combat logistics/support platforms. With the additional congressional resources provided to us, we made system upgrades and safety improvements to include transitioning dated legacy systems to rapidly erectable hospital infrastructure that enhances unit deployment capability in our expeditionary medical facilities (EMFs).

Knowledge Skills and Abilities (KSA) efforts are focused on sustainment of clinical readiness skill sets for the entire expeditionary combat casualty care team and supporting specialties. To meet the challenge of future warfighter requirements, clinical and non-clinical currency must be maintained through robust readiness-centric work at MTFs, and augmented by partnerships with civilian health systems, when applicable. A seminal component of our efforts is the Navy Medicine Trauma Strategy. Our provider teams must be prepared to provide trauma care across the full range of military operations and it is incumbent on us to ensure they have access to this clinical experience either in our facilities or with civilian partners. Key initiatives include:

- Naval Medical Center Camp Lejeune (NMCCL) received Level III American College of Surgeons (ACS) accreditation in July 2018. The trauma center was developed in partnership with the state of North Carolina and provides trauma care to our beneficiaries and other patients in the area. Our personnel are getting valuable experience in treating traumatic injuries from motor vehicle accidents, gunshot wounds, burns and falls. Key partnerships are in place with local civilian medical centers.
- Hospital Corpsman Trauma Training Course (HMTT) provides our junior Corpsmen with first-hand trauma training at the James H. Stroger Jr. Hospital of Cook County, a level I trauma center in Chicago, Illinois. This pilot project was successful and has been expanded to a second site, the University of Florida Health Jacksonville. Additional sites are currently under evaluation.
- Navy Trauma Training Center (NTTC) at the Los Angeles County/University of Southern California Medical Center continues to support trauma training for our provider teams. Over 232 personnel participated in NTTC training in FY2018 and over 3,500 since its inception in 2002. In addition, NTTC implemented the Navy Surgical Team Trauma and Resuscitation (NSTTAR) course utilizing validated curriculum such as Emergency War

Surgery, Fundamentals of Critical Care and Advanced Surgical Skills for Exposure of Trauma.

- Integrated Trauma and Medical Readiness Exchange (ITMRE) with the Vietnam People's Armed Forces provided Navy Medicine personnel with the opportunity to work at the host nation's medical treatment facility. Clinical work for the team focused on emergency medicine, surgery and orthopedics. This initiative aligns with U.S. Indo-Pacific Command theatre security priorities.
- Hospital Corpsmen Personnel Qualification System: A successful trauma response is built on core knowledge and experience in complex patient care. We implemented a new Corpsman Personnel Qualification Standards program last year to ensure all Corpsmen gain and maintain important clinical proficiencies in patient care as a foundation for successful trauma and combat resuscitation response.

Supporting Combatant Commands' humanitarian assistance / disaster response missions provide our personnel with unmatched readiness training. These deployments are professionally challenging and personally rewarding. From October to December 2018, USNS COMFORT (T-AH 20) deployed in support of U.S. Southern Command's Enduring Promise (EP2018). EP2018 was successful in demonstrating U.S. commitment to the people of Central and South America – and strengthening strategic alliances and regional partnerships. Navy Medicine personnel, working with personnel from the other Services, partner nations and non-governmental organizations, provided medical care during a time of unprecedented movements of migrants and stress on host nation health services. Medical personnel treated over 26,000 patients and performed about 600 surgeries aboard the ship and in land-based clinics in Ecuador, Peru, Colombia and Honduras. The crew built trust and, in many cases, changed lives. We used valuable information from the KSA Combat Casualty Care Team (CCCT) analysis for required surgery and anesthesia proficiencies to improve provider currency with the case load presented during this mission. This approach adds significant value to future missions by the MERCY Class hospital ships that will ensure clinical skills are sustained. This marked COMFORT's sixth deployment to the region since 2007. I know these missions, along with those of USNS MERCY (T-AH 19) in support of Pacific Partnership, are instrumental in making our providers

better prepared, particularly in the maritime environment. Drawing on the success of EP2018, the Commander, U.S. Southern Command indicated that the medical force is returning more ready, and capable of providing critical care to our warfighters.

Each year, we train approximately 3,700 new Hospital Corpsmen. We work hard to prepare them for their demanding responsibilities and never let them forget that they are part of a Corps rich in tradition for bravery, skill and service. Their exemplary performance was instrumental in the unprecedented combat survivability rates during our most recent conflicts; however, we must continually adapt and reinforce training at all levels to meet the demands of future contingencies. It begins at Hospital Corps “A” School and continues with that rigorous Hospital Corpsmen Personnel Qualifications Standards and operationally-relevant skills experience at MTFs and civilian partners. I want our Corpsmen clinically competent and professionally confident when they arrive at their first ship or deploy with their Marines. This priority is the same for all our uniform medical personnel which is why our nationally-recognized graduate medical education programs remain so important to preparing our officers to meet the needs of the Fleet and Fleet Marine Force.

Optimizing Health – Medically Ready Sailors and Marines

Force health protection is foundational to Navy Medicine and we target all aspects from operationally-focused preventive medicine to life-saving combat casualty care at sea and on the battlefield. We ask a lot of our Sailors and Marines, and in turn, they can rightly expect to be cared for by Navy Medicine with the best care our nation can offer – anytime, anywhere.

Navy Medicine continues targeted efforts in the area of traumatic brain injury (TBI), particularly in support of our Special Warfare communities. We provide services through a network of TBI clinics, including our two Intrepid Spirit Centers at Marine Corps Bases Camp Lejeune and Camp Pendleton, as well as Naval Medical Centers San Diego and Portsmouth.

Programs are in place to support the demanding training and deployment cycles of these personnel with an emphasis on identification of potential injury followed by rapid intervention, treatment and recovery. In addition, we are actively engaged with public and private entities on our research priorities, identifying knowledge gaps and working together to improve diagnosis and treatment protocols.

Increasing access and decreasing stigma are vital to connecting our Sailors and Marines to mental health and substance use services. Our embedded mental health (EMH) program is focused directly on supporting the Fleet and Marine Forces by placing mental health providers – psychiatrists, psychologists, clinical social workers, mental health nurse practitioners and behavioral health technicians – as close to our Sailors and Marines as possible to increase utilization and decrease stigma. Twenty-five percent of our active duty mental health providers are currently assigned to EMH billets, and this will continue to expand. EMH increases trust with commanders and connectedness with service members, leading to increased willingness to seek help early after the onset of combat or operational stress. In addition to reducing medical evacuations and unplanned losses, EMH also helps improve personnel readiness. Following USS FITZGERALD (DDG 62) and USS JOHN S. MCCAIN (DDG 56) collisions at sea in 2017, Navy Medicine developed the Organizational Incident Operational Nexus (ORION) Trauma Tracking system to provide long-term tracking of Sailors and Marines involved in unit level traumas and to target outreach to service members at elevated risk for psychological injury, as well as providing priority access to care when needed and regardless of location or future assignment.

These initiatives target providing care and support where and when they are needed most. All of us recognize that resiliency, toughness and mental health fitness are essential for operational effectiveness. We continue to partner with the Navy and Marine Corps line leadership in suicide

prevention efforts. Every suicide is a tragedy and devastates families, shipmates and commands. All service members are screened annually for mental health concerns, including potential suicide risk, during the required Periodic Health Assessment. In addition, we have specific programs including Psychological Health Outreach Program (PHOP) and Returning Warriors Workshops to address the needs of our reserve component Sailors and Marines.

The Navy Comprehensive Pain Management Program continues to advance an integrated, patient-centered approach to pain management and restoration of function. We are leveraging best practices and empowering clinicians through education and evidence-based preventive strategies. To minimize opioid use and impact on deployability, Navy Medicine's policy – Long-term Opioid Therapy Safety (LOTS) – established LOT committees at every MTF, along with clinical guidelines, training requirements and compliance reporting for patient management and safety. We are seeing solid results: From 2013 – 2018, we saw a 44 percent reduction in the number of opioid prescriptions written for Sailors and Marines along with 30 percent fewer personnel receiving these prescriptions. Correspondingly, we continue to expand access to alternative pain management methods including the use of Complementary and Integrative Medicine (CIM) therapies.

When our Navy and Marine Corps personnel do have deployment limiting medical conditions, we are continuing to improve clinical and administrative interfaces that impact readiness, deployability, and the tracking of each. Deployability of service members is considered at all health care encounters and any changes are communicated to the member's command and to Service headquarters through Limited Duty Sailor and Marine Readiness Tracking (LIMDU SMART) or the Veterans Tracking Application for permanent conditions requiring Disability Evaluation System (DES) processing. We are expanding access to LIMDU SMART to include all our operational providers so they can initiate appropriate actions and fully

participate in active management of Sailors and Marines in a limited duty status to get those we can back to duty as quickly as possible.

These efforts are important since we know that last year (2017-2018), about 64 percent of the Navy and Marine Corps limited duty cases were related to musculoskeletal conditions. Building on the success of our Value-Based Care pilot project at Naval Hospital Jacksonville (which is currently presented as a best practice case study at the Harvard Business School) we created integrated practice units for lower back pain and osteoarthritis and broadened the focus to include musculoskeletal conditions, expanding this initiative to Naval Hospital Camp Pendleton. We recognize that coordination of care is critical in the prevention, treatment and recovery of these injuries so our efforts target multidisciplinary, integrated musculoskeletal care so our Sailors and Marines are ready to deploy. We are seeing solid gains from this approach.

The evolving and expanding roles for women in the Navy and Marine Corps has catalyzed the need for a new focus on comprehensive women's health. Women's health services, though historically focused on obstetric and reproductive care, have expanded to incorporate gender-specific needs in areas including mental health, musculoskeletal injuries, and female health care needs in a deployment setting to ensure women have the care they need and are mission ready at all times. In November 2018, Navy Medicine opened a Comprehensive Women's Health Clinic in San Diego, California. This pilot program is aimed at serving the unique health needs of active duty female Sailors and Marines. In addition, family planning services are a critical component of women's health with key implications for readiness and retention. Through our Operation PINC (Process Improvement for Non-delayed Contraception), we have expanded full-scope contraceptive walk-in clinics to 16 Navy MTFs world-wide. These clinics allow for same day access to the full range of DoD-approved contraceptive options, thus reducing barriers to contraceptive care such as referral requirements and time delays. The high utilization of long

acting reversible contraceptives (LARCs) provided in these clinics has significant implications for improved readiness for female Sailors and Marines, particularly those forward-deployed.

Navy Medicine continues to be a leader in providing trauma-informed compassionate and gender-responsive sexual assault medical response around the world. We have over 240 providers trained to conduct sexual assault medical forensic examinations (SAMFE) at our MTFs, aboard our large deck aircraft carriers, amphibious assault ships, and remote operational environments. In addition, we have 33 memoranda of understanding in place with civilian partners to ensure that our service members have ready access to these critical services when they are needed.

Research and development is inextricably linked to our readiness mission. The Naval Medical Research Center (NMRC) enterprise is the Navy and Marine Corps' premier institution for biomedical research, infectious disease surveillance and response, and international public health research. Work done in our eight overseas and domestic laboratories by our scientists – in partnership with Army, Air Force and other government, academic, and private collaborators – have a direct impact on protecting the health of Sailors and Marines. Examples include the detection and constant surveillance and reporting of infectious pathogens including Ebola, influenza, dengue, malaria, antibiotic-resistant bacteria, drug-resistant parasites, and other militarily-relevant pathogens which regularly affect deployed service members. We see innovations in a full range of operationally-focused research such as the evaluation of blood substitutes, optimizing resuscitation strategies, guidelines for standoff distance from underwater blasts, and testing on a patient warming system for injured warfighters in isolated environments. Given their international scope, our research activities are integral components of our global health engagement and Fleet support efforts while this work with host nations helps build and

sustain public health capacity. Our investments in their work help ensure we have the capability to respond to current challenges as well as those that present in the future.

One area on which we are keenly focused in our operational labs is physiological episodes in tactical jet aircraft. Navy flight surgeons, aerospace/operational physiologists, and researchers are involved in all aspects of response, diagnosis, treatment, mitigation and research of physiological episodes. Navy Medicine developed and, continually updates, standardized clinical practice guidelines to ensure rapid and consistent evaluation wherever and whenever a physiological episode occurs. At Naval Medical Centers San Diego and Portsmouth, we established referral centers to rapidly assess and treat complicated physiological episode cases with a multi-disciplinary team approach providing immediate access to subspecialists and fast-track innovative treatment on both coasts. Earlier this year, Navy Medicine conducted a full day, world-wide Navy – USMC aeromedical synchronization teleconference to ensure that all our personnel are prepared with the most comprehensive information, tools and lessons learned to keep our aircrews healthy and safe. In addition, given their co-location onboard Wright Patterson Air Force Base, our researchers at the Naval Medical Research Unit – Dayton are working closely with their Air Force counterparts at the United States Air Force 711th Human Performance Wing on relevant hypoxia and physiological episode research. Diligent efforts to address this problem are also ongoing at the Navy and Marine Corps Public Health Center (NMCPHC), Navy Experimental Dive Unit (NEDU) and the Navy Aeromedical Institute (NAMI), among many entities.

Active expansion of virtual health (VH) capabilities is important to caring for Sailors and Marines in all environments and mitigating the limitations of time, distance and access to specialists. Initiatives such as Health Experts online Portal (HELP) at Naval Medical Center Portsmouth continue to demonstrate high value in supporting U.S. and overseas commands,

including helping to avoid medical evacuations. We have established Naval Medical Center San Diego as our first virtual medical center, and their work will capitalize on the availability of medical specialty expertise with an emphasis on Tele-Critical Care (TCC) and Operational Virtual Health (OVH). We are also using VH technology to keep our Corpsmen skills sharp. We expanded our Corpsmen in the Community initiative to three sites allowing our personnel to provide active duty Sailors and Marines care at convenient times outside normal clinic hours so there is reduced impact on training and work schedules. Corpsmen provide hands-on patient care outside the MTF and closer to our service members while connected virtually to providers at the local MTF. This allows for virtual reviews of the assessment and treatment plans and helps sustain Corpsmen skills sets.

Progress continues with the deployment of MHS GENESIS, with emphasis on aggressively addressing configuration challenges in the initial roll-out of implementation in the Pacific Northwest MTFs. Navy Medicine is fully engaged and supportive of the joint implementation and optimization of MHS GENESIS with the other Services, DHA, and the Defense Healthcare Management System (DHMS) Program Executive Office (PEO). All of us recognize the criticality of MHS GENESIS as it will significantly help drive standardization throughout the MHS while providing a single platform to access accurate health care data in our MTFs and operational settings. MHS GENESIS is active at Naval Hospital Bremerton and Naval Health Clinic Oak Harbor and is scheduled for implementation at Naval Hospital Lemoore in FY2019.

The Navy Medicine Team – A Ready Medical Force

Nothing is more critical to our mission readiness than the Navy Medicine team – dedicated and talented men and women serving world-wide. Individually and collectively, they form a ready medical force that supports and cares for Sailors, Marines and their families.

A key priority for us is our human capital strategy – for both military and civilian personnel – to ensure we have the proper mix of professionals that are trained, organized and equipped to execute their responsibilities. This focus requires an emphasis on talent management at all levels, as well as recruiting and retaining the best and brightest. We face formidable competition with the private health care sector and this trend is likely to continue. Navy Medicine is grateful for your support of our resources requirements needed for accession and retention incentives, particularly for many of our high demand wartime critical specialties. It is important to note that any significant changes in force structure, to include impact to medical personnel, requires us to assess risk and mitigate impact to our operational capabilities. We do this on an ongoing basis.

Overall, current Navy Medicine Department manning (officer and enlisted) is healthy. We recognize, however, that ensuring we have the proper skill mix to meet our wartime mission requires continued attention, particularly for surgical, critical care and mental health specialties that face manning shortfalls. Special and incentive pays, successful student recruiting initiatives and attractive graduate medical/dental education opportunities have been key factors for meeting these manning levels.

In FY2018, Navy Recruiting attained 96 percent of Navy Medicine’s overall direct accession active component officer goal and 71 percent for the reserve component. Recruiting reserve component Medical Corps officers remains a challenge and we continue to work on incentives to address these shortfalls. Our overall success in retaining active component medical officers leads to a smaller pool of officers available for affiliation with the reserves. This, in part, is impacting reserve officer recruiting. We had success in recruiting 100 percent of our enlisted personnel for both active and reserve components. Within the active component, we remain focused on the manning levels of our independent duty Corpsmen (surface, submarine, dive and reconnaissance) given their key roles in supporting operating Fleet and Marine Force

requirements. Importantly, Navy met 100 percent of our student accession program recruitment goals for all our officer Corps. These programs are critical to our overall accession pipeline.

Within Navy Medicine, we are fortunate to have a talented and diverse civilian personnel workforce that bring unmatched knowledge, skills and abilities to their important work around the world. They work along-side their uniformed colleagues, and in many cases, provide unmatched training and mentorship to our officers and Corpsmen. Navy civilians are integral to our readiness mission and important to the success of the MHS transition activities currently underway. Recruiting and retaining our civilians, particularly in high demand occupations or remote locations, can be challenging particularly given strong competition from the private sector. We are grateful for the flexibilities and authorities, including Expedited Hiring Authority and Direct Hire Authority, that help us attract these personnel. In FY2018, we accessed over 480 hard-to-fill health care providers using these combined authorities.

Way Ahead

In closing, I want to reiterate that Navy Medicine is laser focused on readiness – preparing our medical force to save lives at sea and on the battlefield and doing everything we can to ensure our Sailors and Marines are healthy and ready to perform their demanding missions. We will never waiver from this obligation: Readiness and being where it counts, when it counts, to save the lives of those entrusted to our care. I am proud of the Navy Medicine team beyond words and remain appreciative of your strong support. I look forward to your questions.