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THE HOUSE COMMITTEE ON APPROPRIATIONS

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON DEFENSE

OF THE

HOUSE COMMITTEE ON APPROPRIATIONS

SUBJECT:

DEFENSE HEALTH PROGRAM

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Chairman Frelinghuysen, Ranking Member Visclosky, distinguished Members of the Subcommittee, I am grateful for the opportunity to appear before you today and update you on Navy Medicine, including our priorities, opportunities and challenges. On behalf of the 63,000 dedicated men and women of Navy Medicine, we want to thank the Committee for your outstanding support and confidence. I can report to you that the Navy Medicine team is mission-ready and delivering world-class care, anytime, anywhere.

Strategic Priorities, Alignment and Optimization

Navy Medicine is an integral part of the Navy-Marine Corps team, protecting, promoting and restoring the health of Sailors and Marines around the world – ashore and afloat – in all warfare domains. We exist to support the operational missions and core capabilities of both the United States Navy and the United States Marine Corps. These responsibilities require us to be an agile, expeditionary medical force capable of meeting the demands of crisis response and global maritime security. In this regard, the Chief of Navy Operations has articulated, directly and succinctly, his "Sailing Directions" tenets - ***Warfighting First, Operate Forward and Be Ready***. These tenets are particularly relevant as we navigate current and emerging challenges. Navy Medicine stands ready as we move forward at this pivotal time in our history.

Within Navy Medicine, our strategic planning efforts are synchronized with the Navy and Marine Corps. The Navy Medicine 2014 Charted Course reflects purpose and commitment to build on the work and investments we made last year. Our overarching strategic goals are:

Readiness: We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations with maritime and other domains in support of the national defense strategy.

Value: We will provide exceptional value to those we serve by ensuring highest quality through best health care practices, full and efficient utilization of our services, and lower care costs.

Jointness: We lead Navy Medicine to jointness and improved interoperability by pursuing the most efficient ways of mission accomplishment.

The goals are critical to sustaining our readiness mission, remaining flexible in the face of changing operational requirements and soundly managing our resources. They also leverage the use of technology and telehealth, help standardize clinical and business processes and improve alignment. We are ensuring that our investments and objectives are targeted to support these strategic goals and serve as a foundation for our initiatives. Throughout Navy Medicine, our leaders are achieving measureable progress and I am encouraged that these priorities are taking hold throughout our system.

In this fiscal environment, we understand the demands facing all of us and we remain committed to deriving best value from the resources provided to us. We are working diligently to optimize our system, implement efficiencies and reduce purchased care expenditures for our enrolled patients. I continue to make recapturing private sector health care a priority for our military treatment facility (MTF) commanders and commanding officers. We are carefully tracking metrics that give us insight into our purchased care expenditures to help us manage and

optimize our system. Navy Medicine is moving more workload into our MTFs, growing our enrollment and reducing the overall purchased care expenditures. I am encouraged by the progress we are making in this important area and will continue to address this issue as a key strategic initiative throughout 2014.

We are grateful to the Committee for continued support of our resource requirements especially given the overarching fiscal uncertainties. The passage of the Consolidated Appropriations Act of 2014 provides us with stability for planning and execution of our requirements for this fiscal year. The President's Budget for FY2015 continues to adequately fund Navy Medicine to meet its medical mission for the Navy and Marine Corps. We also support the changes to TRICARE contained in the President's Budget, including initiatives to simplify and modernize the program through the Consolidated Health Plan, and update beneficiary out-of-pocket costs with modest increases. These changes to the program are important to ensuring the delivery of sustainable and equitable health care benefits.

Nonetheless, we did face the uncertainties and associated challenges with sequestration during the past year. We remained committed to delivering the health care services to our beneficiaries. We worked to channel the required sequester cuts in FY2013 to facilities sustainment and modernization, equipment purchases, contracts and travel. However, the cumulative effects of these reductions must be carefully assessed as we look to recapture workload and make needed investments in our facilities. In addition, we are carefully watching the impact on recruiting, retention and morale of our civilian personnel following the furlough and government shutdown in 2013.

Navy Medicine is committed to achieving the Department of Defense (DoD) objective of preparing auditable financial statements and reports. Becoming audit ready will demonstrate to our stakeholders that Navy Medicine is an accountable steward of the resources we receive and help support our decision makers with ready, accurate and timely information. We developed, refined and deployed our standard operating procedures for multiple business processes and initiated corrective actions when indicated. This strategy of process documentation and remediation has strengthened internal controls and improved resource management. Although we have made substantial progress, much work still remains to achieve audit readiness and to sustain improvements.

The establishment of the Defense Health Agency (DHA) on October 1, 2013 is an important milestone for military medicine and our collective efforts to realize potential efficiencies and savings throughout the Military Health System (MHS). All of us recognize the opportunity this represents to standardize our practices and drive out complex variation, while maintaining clear lines of authority necessary to support each Service's operational requirements. Efforts to improve integration of MTFs and purchased care networks (TRICARE) continue with implementation of six enhanced multi-service markets (eMSMs). Navy Medicine is working with the DHA, in conjunction with the Army and Air Force, to ensure that rigorous business case analyses are conducted and validated for the shared services while we continue to focus on refining five-year business plans and improved integration of health care benefits and services in the six eMSMs. Our collective efforts should culminate on generating efficiencies and savings

within the MHS through continued health plan integration and the development of the next TRICARE contract.

Looking to FY2015, the standup of the DHA included assumptions about workload and cost savings. While the dollar reductions were largely in the private sector account, the assumption of increased workload was placed on MTFs with the expectation of no increased resource demands. As described above, we are hard at work to do everything possible to ensure that the Navy MTFs improve production and reduce cost.

Integrated and comprehensive primary care delivery is foundational to a quality health system. It is also critical to our efforts in improving the health and wellness of our beneficiaries, and achieving best health outcomes at the lowest cost. Medical Home Port (MHP) transforms the delivery of primary care to an integrated, team-based approach offering same day access, proactive prevention services and standardized clinical processes. It also includes expanded health care teams including behavioral health providers and access to pain management specialists. Nearly all of Navy Medicine's 780,000 total MTF enrollees are now receiving care in a MHP. In addition to primary care, Navy Medicine is expanding patient-centered, integrated care to the specialty and inpatient areas through Medical Neighborhoods. All of our MHP practices have applied for National Commission for Quality Assurance (NCQA) recognition. To date, 80 percent have been reviewed by NCQA and obtained recognition, while the remaining practices are currently awaiting results. Of those to receive recognition, 93 percent have received NCQA's highest level of recognition. These results are a full 10 percent higher than the average scores for civilian practices.

We tailored the MHP model for the operational community so that all Sailors and Marines receive the same patient-centered benefits. There are nine demonstration project sites - six for Marine-Centered Medical Home (MCMH) and three for Fleet-Centered Medical Home (FCMH) - all of which will enhance access between patients and their health care team. The teams also integrate behavioral and psychological health care providers to improve medical readiness. In 2014, we plan on expanding MCMH to 16 additional sites and FCMH to 15 additional sites.

We are employing key information technology tools to improve the efficiency of health care delivery. Every MHP team can communicate with their patients through interactive and secure electronic messaging. This capability improves communication, access to care, continuity and patient satisfaction while reducing in-office visits. In addition, we collaborated with the other Services to create and deploy standardized Tri-Service work flow templates to enhance clinical operations and care documentation aligned with evidence-based guidelines.

As our MHP practices continued to mature over the past year, we have seen favorable trends in key metrics including:

- Navy Medical Readiness Indeterminate status decreased 14 percent;
- Access to acute appointments improved 19 percent as Primary Care Manager (PCM) continuity increased 12 percent, to an all-time high of 65 percent;
- Emergency Department utilization decreased by 12 percent;

- The number of beneficiaries utilizing secure messaging increased 50 percent and now exceeds 200,000 patients sending over 20,000 messages per month.

In order to leverage our MHP capabilities and support our strategic priorities, we implemented the Navy CONUS Hospital Optimization Plan that will impact nine of our hospitals in the United States. These proactive efforts are directly focused on improving readiness and value, as well as enhancing our graduate medical education (GME) programs. Changes in medical practice, including the migration to more outpatient care and shifts in populations, required us to carefully examine how health care was delivered and resourced. We used a population-based approach to establish targeted MTF enrollment and realignment of inpatient capabilities consistent with higher concentrations of our beneficiaries and greater patient acuity. After the realignment is completed, it will allow us to expand MHP enrollment, optimize inpatient capacity, recapture workload and ensure that our training programs remain second to none and our provider teams sustain the clinical currency to always be battlefield ready.

Telehealth capabilities will continue to be important in employing the power of health information technology in delivering outstanding care, without the barriers of time and distance. To ensure that we are taking advantage of telehealth opportunities throughout Navy Medicine and within the Military Health System, I established a program management office within the Bureau of Medicine and Surgery, along with two regional project offices at Navy Medicine East (Portsmouth, VA) and Navy Medicine West (San Diego, CA). Naval Hospital Camp Lejeune initiated programs to support a broad spectrum of clinical services including pediatric subspecialty consultation, tele-ICU, tele-behavioral health, tele-insomnia, tele-neurology, orthopedic consult service, tele-pain, and Battalion Aid Station consultative service. Navy Medicine East is also initiating a large tele-radiology program to provide after-hours and subspecialty coverage throughout the region focused on improving the quality of care and saving resources. In addition, a Memorandum of Agreement was signed between Navy Medicine West and the Army's Pacific Regional Medical Command (PRMC) regarding collaboration on telehealth initiatives in the Pacific. WESTPAC Medical Alliance MTFs on Guam, Okinawa, and Yokosuka receive tele-critical care, tele-behavioral health, and provider-to-provider tele-consultations from PRMC. Moving forward, we will continue to identify telehealth opportunities for improving the health and readiness of our Sailors, Marines and families.

In addition to utilizing the most current technology, we know how important our facilities are to both patients and staff and we are grateful to you for your funding of our military medical construction requirements. In December 2013, a state-of-the art replacement hospital was opened onboard Marine Corps Base Camp Pendleton. Naval Hospital Camp Pendleton is responsible for providing health care to Marines, Sailors, their families and all our beneficiaries in their catchment area as well as patients from six large branch medical clinics and seven active-duty Regimental Aid Stations. Our newest Navy MTF has 42 staffed inpatient beds and an efficient ambulatory outpatient treatment capacity to serve our patients. Our Naval Medical Logistics Command (NMLC) played an integral role in outfitting this new facility with a state-of-the-art automated supply replenishment system using a 2-bin radio frequency-identification (RFID)-enabled supply system designed to minimize clinical involvement in supply chain

activities, reduce waste and streamline replenishment actions. Due to the hard work of a dedicated team, I am proud that Naval Hospital Camp Pendleton was delivered under budget and ahead of schedule.

Focus on Health

Force health protection is the core mission of Navy Medicine. We execute these responsibilities from the battlefield to the bedside, and in all domains in which Sailors and Marines operate. Despite the drawdown of forces in Afghanistan, our operational tempo remains high as Navy and Marine Corps forces operate forward throughout the world.

We continue to lead the NATO Multinational Medical Unit (MMU), operating at Kandahar Airfield in Afghanistan. During its mission, this unit provided world-class combat casualty care to our warfighters. While the number of active and reserve personnel serving at the MMU has been reduced to approximately 133 from 250 last year, they are continuing to execute their demanding responsibilities with skill and dedication. It serves as the primary trauma receiving and referral center for all combat casualties in Southern Afghanistan and has 12 trauma bays, four operating rooms, eight intensive care beds and ten intermediate care beds. The MMU's partnership with the Joint Combat Casualty Research Team provides the platform for the advancement of military medical research in the areas of pre-hospital enroute care, traumatic brain injury, hemorrhage acute care, as well as prevention, recovery and resiliency.

Our operational commanders rely on Navy Medicine for rapid assessment and identification of hazards presenting potential health threats to our deployed personnel and recommendations for protective or control measures. The four Navy Environmental and Preventive Medicine Units (NEPMUs), often the first responders, are important to these efforts as they provide Navy and Marine Corps forces with specialized public health services including disease surveillance, environmental health, entomology, industrial hygiene, and audiology. The NEPMUs maximize the readiness of operational forces worldwide by identifying and assessing health stressors to our personnel created by their work and their deployment settings. Additionally, the physicians, scientists, and corpsmen at the NEPMUs can advise commanders on proper controls that should be implemented to maintain the health and well-being of service members.

Psychological health is an important component of force health protection. We recognize that prolonged operational stress can have significant and potentially debilitating consequences. The Navy's Combat and Operational Stress Control programs promote psychological health and advance the quality and delivery of mental health care. Our emphasis is on fostering resilience, providing aggressive prevention programs, reducing stigma and targeting early recognition of stress problems. We are also working with our Navy and Marine Corps line counterparts in ensuring that combat and operational stress control concepts are being taught throughout the leadership training continuum.

We continue to embed mental health capabilities in primary care settings and operational units in order to identify and manage issues before they manifest as psychological problems. We have mental health providers assigned to a variety of operational units including aircraft carriers, Marine Corps infantry regiments, special operations commands and in a variety of other settings

including deployed Amphibious Readiness Groups. The Behavioral Health Integration Program (BHIP) in our Medical Home Port continues its implementation. Currently, 43 BHIP sites are established with the remaining 36 scheduled to be implemented by the end of FY2014. This initiative integrates behavioral health into primary care and can help improve access and reduce the stigma of seeking help.

As we approach the conclusion of America's longest conflict, we must remain vigilant to the psychological health issues that will continue to emerge. Navy Medicine is at the forefront in identifying and implementing best practices and is actively engaged in research efforts to better understand, diagnose and treat injuries related to combat and operational stress. Our Psychological Health Pathways (PHP) pilot program, an initiative to standardize clinical care and assessment practices in tandem with a web-based registry, is collecting outcome measures at 21 clinics across the Navy and Marine Corps. Over two million data points have been collected in this registry and are being used to provide critical patient information to providers, as well as aggregated data for leaders. In the coming months, the lessons learned from PHP will be employed to roll-out a similar system for tracking behavioral health treatment outcomes. The Navy will join the other Services in implementing the Behavioral Health Data Portal (BHDP), which will provide standardization in our attempts to supply behavioral health providers with real-time outcome data to better inform treatment and tailor interventions to the individual patient.

We also recognize the challenges that our service members face as they transition from the military. Our Navy Medicine case management team is comprised of 235 nurses, social workers, and support staff who work diligently to assist our beneficiaries to achieve wellness and autonomy through advocacy, communication, education, and identification of service resources.

Family support programs are important to our efforts in building resiliency, developing sound coping skills and managing stress. One of our most successful continuing efforts is the Families Over Coming Under Stress (FOCUS) program which has reached over 435,325 service members, family members, and providers since its inception in 2008. Through program briefings and outreach presentations, consultation, skill-building groups, and family resiliency training, FOCUS has enhanced resilience and decreased stress levels for active duty members and their families. Outcomes have shown improvements in parent and child psychological health (including reductions in depressive and anxiety symptoms over time), improved family adjustment, and improved quality of marriage.

The Navy and Marine Corps Reserve Psychological Health Outreach Program (P-HOP) provided over 13,000 outreach contacts to returning service members and provided behavioral health screenings for approximately 3,300 reservists in FY2013. They also made over 700 visits to reserve units and provided presentations to approximately 72,000 reservists, family members and commands. Similarly, over 1,800 service members and their loved ones participated in Returning Warrior Workshops (RWWs). RWWs assist demobilized service members and their families in identifying immediate and potential issues that often arise during post-deployment reintegration.

Navy behavioral health providers are trained in evidence-based treatment for trauma-related disorders, including PTSD. This trauma may result from combat, sexual assault, or other events. Our mental health providers must be trained and ready to support whenever they are called upon. In the wake of the tragic mass shootings at the Washington Navy Yard on September 16, 2013, Navy Medicine activated our Special Psychiatric Rapid Intervention Team (SPRINT). The team was on site the day of the shooting and provided behavioral and emotional support services to the victims over the next 12 days.

In 2013, Navy Medicine initiated a standardized process to assess traumatic brain injury (TBI) programs and care at all Navy MTFs. The overarching goal of this initiative is to ensure that the care provided to all patients is standardized, consistent and appropriate. This initiative will also ensure that those involved in the provision of care adhere to identified best practice standards. We also developed four clinical algorithms for use in non-deployed settings which mirror the in-theatre TBI care system.

The TBI program at Naval Hospital Camp Lejeune (NHCL) became operational in August 2013 as one of nine proposed National Intrepid Center of Excellence (NICoE) satellites (two Navy sites and seven Army sites). Naval Hospital Camp Pendleton's TBI program also has an identified building site for their NICoE satellite in close proximity to the newly opened hospital. The NICoE satellites are designed to provide advanced evaluation and care for service members with acute and persistent clinical symptoms following a TBI. The satellites use a core Concept of Care - including a standardized staffing and treatment model - that was drafted jointly by all the Services, as well as the NICoE, the Defense Centers of Excellence for Psychological Health and TBI (DCoE), and the Defense and Veterans Brain Injury Center (DVBIC).

In theatre, the Navy continues to provide concussion care at the Concussion Restoration Care Center (CRCC) at Camp Leatherneck, Afghanistan. Since August of 2010, the CRCC has treated nearly 1,300 service members with concussion. CRCC patients have a 98 percent return to duty rate in an average of 9 days. All Sailors and Marines deployed "boots on the ground" are also required to complete post-deployment health assessments. Those who endorse any TBI-related symptoms are flagged to receive follow-up evaluation and, if necessary, treatment. Navy Medicine supplements the Post-deployment Health Assessment (PDHA) with an event-driven process, utilizing the TBI exposure tracking list generated from the DoDI 6490.11 (DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting) to identify Sailors and Marines for additional follow-up.

Every suicide is a tragedy. It is a loss of a valued shipmate that impacts command cohesiveness – a loss the Navy and Marine Corps are determined not to accept. Preventing suicide is a command-led effort that leverages a comprehensive array of outreach and educational services. The number of active duty suicides in the Navy fell from 59 in calendar year 2012 to 44 in 2013; while USMC suicides declined from 48 to 45 for the same period. We remain cautiously optimistic as we combat this difficult problem. Preventing suicide requires each of us to actively participate and be in engaged in the lives of our shipmates and colleagues. Education and prevention initiatives train Sailors to recognize operational stress and use tools to manage and reduce its effects. Mobile Training Teams teach Sailors resiliency and provide them

with tools to navigate stress and interrupt the path to suicidal behaviors. A-C-T (Ask – Care – Treat) - a bystander intervention tool - remains an important framework of response.

During FY2013, we completed an in depth review of Navy Medicine suicides that occurred during the previous two calendar years. This review was precipitated by a significant increase in the proportion of Navy suicides that were occurring within the medical community. Data from this review suggested that individuals who were in the midst of personal or professional transitions were particularly vulnerable to suicide. This finding prompted a renewed emphasis by Navy Medicine leadership on ensuring that we focus on every Sailor, every day, particularly those in transition or facing adversity. An increasing sense of community and purpose is an important protective factor in preventing suicide and we must remain ready and accessible to those who need help.

The Department of the Navy (DON) does not tolerate sexual assault and implemented comprehensive programs that reinforce a culture of prevention, response, and accountability for the safety, dignity, and well-being of Sailors and Marines. Navy Medicine provides compassionate, competent, medical care that is victim-centered, gender-sensitive and takes into account the reporting preferences of the individual. In support, Navy Medicine is committed to the success of the Sexual Assault Prevention and Response Program and to ensuring the availability of sexual assault forensic exams (SAFE) at shore and in afloat settings. SAFE providers are trained and available to ensure timely and appropriate medical care for sexual assault victims in all military platforms served by Navy Medicine. We established a comprehensive program to provide victims of sexual assault access to SAFE at both 24/7 MTFs and non-24/7 MTFs. The scope of this program extended to the operating forces at U.S. Fleet Forces and U.S. Pacific Fleet to provide the same level of training and care in maritime and expeditionary environments for victims of sexual assault. As of February of this year, 917 providers at our MTFs and operational platforms (surface, air, expeditionary and submarine) have been SAFE trained.

The 21st Century Sailor and Marine initiative is an important effort designed to maximize readiness, maintain resiliency and hone the most combat effective force possible. Included in this program are the following areas: readiness; safety; physical fitness; inclusion; and, continuum of service. This program provides alignment and unity of effort in several critical areas including suicide prevention, intolerance for sexual assault and harassment, and promotion of healthy lifestyles and work-life balance. Navy Medicine's programs on health promotion and education, tobacco-free living, excessive alcohol use prevention and nutrition directly support these important priorities.

Mission-Focused: The Navy Medicine Team

The fabric of Navy Medicine is our people – a team of over 63,000 men and women serving around the world in support of our mission. We are officers, enlisted personnel, government civilian employees, contract workers and volunteers working together in a vibrant health care community. We value the skill, experience and contributions of our personnel - all are vital to Navy Medicine's success in delivering world-class care around the globe.

We continue to focus on ensuring we have the proper workforce, aligned with the appropriate mix of recruiting, retention, as well as education and training incentives. We are grateful for your support of our special pays and bonus programs. I believe these incentives, along with a robust student pipeline, are important in sustaining our recruiting successes, ensuring healthy manning and retention levels and mitigating the risk associated with an improving civilian labor market for health care professionals.

In FY2013 Navy Recruiting attained 100 percent of the active component (AC) Medical Department officer goal and our overall active component officer manning is 99 percent, a ten-year high. Some shortfalls do exist, mainly due to billet growth and primarily in the mental health specialties. However, mental health provider manning continues to improve with psychiatry, clinical psychology and social work manned at 90 percent, 88 percent, and 58 percent, respectively. We project our social work manning to be over 80 percent by the end of FY2014.

Within the Navy Medicine reserve component (RC), we attained 75 percent of our officer goal. Recruiting RC Medical Corps officers remains a challenge. Given the higher retention rates in the AC, we rely more heavily on the challenging Direct Commission Officer market for our reserve physicians. While overall RC Medical Department manning stands at 91 percent, manning within the Medical Corps is 67 percent, with specialty shortfalls persisting in orthopedic surgery, general surgery and anesthesiology. Within the RC Nurse Corps, our stipend program as well as recruiting and retention bonuses have had a significant impact in improving manning for certified registered nurse anesthetists and mental health nurse practitioners.

Our AC and RC Hospital Corps enlisted recruiting attained 100 percent of goal for FY2013. Our AC enlisted manning is 100 percent, despite some shortages in key Navy Enlisted Classification Codes (NECs). Surface and submarine independent duty corpsmen (IDCs) are both manned at 90 percent, with our dive IDC manning currently at 86 percent. Fleet Marine Force reconnaissance corpsmen manning is 58 percent. Manning levels in this community are a direct result of special operations growth. We are utilizing special and incentive pays, along with increased recruiting efforts, to improve manning in this critical skill set. At the end of FY2013, our RC enlisted manning was 101 percent.

Navy Medicine's federal civilian workforce provides stability and continuity within our system, particularly as their uniformed colleagues deploy, change duty stations or transition from the military. Throughout our system, they provide patient care and deliver important services in our MTFs, research commands, and support activities as well as serve as experienced educators and mentors – particularly for our junior military personnel. As of the end of FY2013 our civilian end strength was 12,246, which is in line with our overall requirements.

Navy Medicine's Reintegrate, Educate and Advance Combatants in Healthcare (REACH) Program is an important initiative that provides wounded warriors with career and educational guidance from career coaches, mentoring from medical providers and hands-on training and experiences in our MTFs. We are committed to helping our service members with their recovery and transition and I am particularly encouraged by the opportunities that REACH provides for

careers in health care. REACH is now available at Naval Medical Center Portsmouth, Naval Medical Center San Diego, Naval Hospital Camp Lejeune, Naval Hospital Camp Pendleton, Walter Reed National Military Medical Center and Naval Health Clinic Annapolis. We have successfully transitioned eight wounded warriors into part-time positions at our MTFs and 70 recovering service members have enrolled in health care-focused college degree programs.

Navy Medicine is stronger as a result of our diversity and inclusion. We are a diverse, robust and dedicated health care workforce, and this diversity also reflects the people for whom we provide care. We take great pride in promoting our message that we are the employer of choice for individuals committed to a culturally competent work-life environment; one where our shipmates proudly see themselves represented at all levels of leadership. We will continue to expand our outreach to attract and retain diverse talent, ideas and experiences in order sustain our mission success.

Innovative Research and Development

Navy Medicine Research, Development, Testing, and Evaluation (RDT&E) is inextricably linked to our force health protection mission. Navy Medicine RDT&E priorities are operationally focused and include: traumatic brain injury and psychological health; medical systems support for maritime and expeditionary operations; wound management throughout the continuum of care; hearing restoration and protection; and, undersea medicine. In addition, these priorities fully support Navy Medicine's strategic goals of readiness, value, and jointness by developing products that preserve, protect, treat, or enhance the health and performance of Sailors and Marines. RDT&E efforts represent cost-effective, value-based solutions, and align with efforts from the others Services to avoid unnecessary duplication.

The Naval Medical Research Center (NMRC) and its seven subordinate laboratories (Naval Health Research Center, San Diego, CA; Naval Medical Research Unit-SA, San Antonio, TX; Naval Medical Research Unit-D, Dayton, OH; Naval Submarine Medical Research Laboratory, Groton, CT; Naval Medical Research Unit Two, Singapore; Naval Medical Research Unit Three, Cairo, and Naval Medical Research Unit Six, Lima) collectively form an RDT&E enterprise that is the Navy's and Marine Corps' premier biomedical research, surveillance/response, and public health capacity building organization.

Our researchers continue to make progress with some of our most challenging health issues including malaria. Experts from NMRC and other federal and industry partners published the results of a successful clinical trial of a new malaria vaccine. This is the first time 100 percent protective efficacy has been achieved in any clinical test of a candidate malaria vaccine. Malaria continues to present a major challenge to force health protection during operations in any environment where malaria is endemic. The results of these clinical trials offer significant promise for protecting the health our deployed service members and the world's population.

On September 20, 2013, Naval Medical Research Unit Two (NAMRU-2), Singapore, also designated Naval Medical Research Center – Asia (NMRC-A), officially opened its doors during a ribbon cutting ceremony at its new location at Navy Region Center, Singapore, inside the Port of Singapore Authority (PSA) Sembawang. This opening ended a lengthy transition that started

in June 2010 when the political situation in Indonesia forced NAMRU-2 out of Jakarta, Indonesia to become NAMRU-2 Pacific, at Joint Base Pearl Harbor-Hickam, Hawaii. In addition to the command, support and science operations now in Singapore, NAMRU-2 has a field activity in Phnom Penh, Cambodia that has grown from a small infectious disease surveillance operation in the mid-1990s to a full state of the art infectious diseases laboratory. NAMRU-2 supports its infectious disease surveillance, response, and capacity building efforts throughout Southeast Asia in cooperation with the Army's Armed Forces Research Institute for Infectious Diseases (AFRIMS) in Bangkok, Thailand. Last month, I had an opportunity to visit the NAMRU-2 and meet the outstanding staff as well as our military medical counterparts in Vietnam and Cambodia. I saw firsthand the outstanding international collaboration between our scientists and the high value infectious disease research being conducted. These efforts are important as we continue to develop partnerships and foster cooperation in the Asia – Pacific area.

Our Clinical Investigations Program (CIP) is an important component of the Navy Medicine research portfolio. Navy Medicine satisfies the requirements that exist for accreditation of post-graduate health care training programs through trainee participation in CIPs at our teaching MTFs. The clinical research is developed by our medical, dental, nursing and allied health sciences trainees. In FY2013, our MTFs conducted a total of 527 clinical research projects that resulted in 436 scientific publications. Our CIPs improve the quality of patient care and add to the global compendium of knowledge, as the findings were published in peer reviewed medical and scientific journals and presented at both national and international meetings.

Excellence in Health Education and Training

Education and training is critical to the future of Navy Medicine. We train our personnel to meet the current challenges of providing state-of-the-art health care and provide them with the skills sets to adapt and respond to ever-changing operational demands moving forward. In this regard, we advance the continuum of medical education, training and qualifications that enable health services and force health protection through innovative and cost-effective learning solutions.

Onboard the tri-service Medical Education and Training Campus (METC), the largest integrated medical training facility in DoD, Sailors are training side-by-side with Soldiers and Airmen. METC is impressive in scope and curricula as it now encompasies 51 programs of instruction, approximately 6,000 average daily student load, and over 21,000 graduates a year. With outstanding facilities, advanced educational technologies and a great faculty, METC is providing our corpsmen, and their Army and Air Force counterparts, with unmatched training opportunities. Last year, 4,392 corpsmen graduated from the METC Basic Medical Technician Corpsmen Program and 1,107 completed advanced training programs. Currently, approximately one-third of our hospital corpsmen are METC graduates.

Graduate Medical Education (GME) is critical to the Navy's ability to train board-certified physicians and meet the requirement to maintain a tactically proficient, combat-credible medical force. Robust, innovative GME programs continue to be the hallmark of Navy Medicine and I am pleased to report that despite the challenges presented by fiscal constraints and new accreditation requirements, our programs remain in excellent shape.

Our institutions and training programs continue to demonstrate outstanding performance under the Accreditation Council for Graduate Medical Education (ACGME). Board certification is a key metric of strong GME and the five year average first time board certification pass rate for our trainees is 93 percent. These results meet or exceed the national average in virtually all primary specialties and fellowships. We are watchful of developing trends over the next several years to include a highly visible institutional role in the accreditation process and oversight, increased emphasis on the ability to demonstrate a culture of safety and supervision in the accreditation of training programs and improved alignment between training and operational requirements.

Our education and training capabilities will continue to adapt and evolve to ensure we meet the demands of providing Navy Medicine personnel who are well-prepared and mission-ready.

Global Health Engagement

Navy Medicine is uniquely postured by our global health engagement (GHE) capabilities in security cooperation, health threat mitigation and force health protection to support the warfighter across the full range of military operations. These efforts are important in building relationships and increasing interoperability with our allies, international organizations, as well as inter-agency and non-governmental organization partners. They also improve readiness by providing unmatched training and experiential opportunities that will help assure our success in peace and at war.

We currently have Navy Medicine personnel dedicated to GHE activities across 90 countries in support of our Geographic Combatant Commanders and Naval Component Commands. In general, these personnel are engaged daily with host nation personnel and their counterparts throughout the country. This includes three primary overseas labs, two Health Affairs Attaché Offices in US Embassies, a comprehensive Defense HIV-AIDS prevention program working with 80 foreign militaries, and a network of ten liaison activities collaborating with international and inter-agency global health partners at home and abroad.

In addition, we are committed to providing humanitarian assistance and disaster relief (HA/DR) whenever and wherever needed. HA/DR is a core capability of Naval forces and enhances readiness across the full range of military operations. The Navy is well-suited for these missions because our expeditionary forces are on station and can quickly respond when crises arise.

Our hospital ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20), are executing our Global Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower partners around the world. MERCY and COMFORT are configured to deploy in support of missions globally including in Latin America and the Pacific. With each successful deployment, we increase our interoperability with host and partner nations, non-governmental organizations (NGOs) and our interagency partners.

As a result of sequestration, the Navy deferred Continuing Promise 2013, and the humanitarian deployment of COMFORT to Central and South America. However, since September 2013, Navy Medicine, in coordination with U.S. Pacific Fleet, has been supporting

the development of Pacific Partnership 2014. This year's mission is unique as the United States will be partnering with Australia and New Zealand aboard a Japanese ship to provide health assistance, subject matter expertise exchanges and other related activities

It is important to recognize that Navy Medicine personnel who participate in enduring humanitarian civic action (HCA) missions such as Pacific Partnership and Continuing Promise often describe them as life changing and I agree. Continued deployment of our hospital ships provide medical capacity building and care to thousands of people throughout the world. These experiences cannot be replicated and the benefits to our readiness and response capabilities are significant.

Collaborations

We are stronger as a result of our work with the other Services, interagency partners, leading academic and research institutions and other civilian experts. These collaborations are important as we leverage efficiencies in patient care, research, education and technology.

Navy Medicine has a long history of collaborating with the Department of Veterans Affairs (VA). We have unique collaborations and over 55 sharing agreements that benefit both Departments' beneficiaries, including the Captain James A. Lovell Federal Health Care Center (FHCC) in North Chicago. The FY2010 National Defense Authorization Act established a five-year demonstration project located at the FHCC which will be carefully assessed over the next year to support a report to Congress to help inform the future of this facility and the potential for similar ventures between DoD and VA. Our respective leadership teams are engaged at all levels and addressing important issues including health information technology interoperability, business and administrative processes, leadership opportunities and staff assignments. There is also an active FHCC Stakeholders Advisory Council comprised of local stakeholders from Veterans Service Organizations, community and university representatives, the managed care support contractor, and other key groups. Our priorities remain ensuring that our recruits, service members and beneficiaries have unimpeded access to high quality health care and in our staff maintaining their clinical skills in support of the readiness mission.

Another important collaboration with the VA is the Integrated Disability Evaluation System (IDES). IDES is in its fifth year as a service member-centric, DoD/VA program designed to transition wounded, ill, and injured service members to civilian life with no gaps in benefits or medical care between the DoD and VA. Navy Medicine has primary responsibility to oversee and implement the first 100 days of the IDES process, which includes both the Referral Phase and the Medical Evaluation Board (MEB) Phase. In collaboration with our VA counterparts, we met the 100-day MEB phase goal for 24 consecutive months for Navy service members, and 21 consecutive months for Marine Corps service members.

We established the Navy Medicine Records Activity (NMRA) on January 1, 2014, to collect and review all Service Treatment Records (STRs) of separating or retiring active and reserve component service members in the Navy and Marine Corps. Throughout our MTFs and operational commands, we are working together to ensure complete medical and dental documentation is included in the STR. NMRA ensures all STRs are complete by performing a

quality assurance check prior to being scanned into the Health Artifact and Image Management Solution (HAIMS) database for timely retrieval by the VA.

The Vision Center of Excellence (VCE) is a congressionally-directed DoD/VA Centers of Excellence. Navy Medicine is the Lead Component for the VCE and provides support operational support and oversight. The VCE continues to engage across the continuum of care in support of advances in vision rehabilitation through the development of recommendations for clinical assessment, management, rehabilitation, and referral of visual and oculomotor dysfunction, as well as visual field loss associated with TBI. The team is working to address the clinical challenges of visual dysfunction associated with TBI through various educational workshops and work groups. VCE experts have developed and implemented the Defense and Veterans Eye Injury and Vision Registry (DVEIVR) to combine DoD and VA clinical ocular information into a single centralized repository of data. DVEIVR will allow the VCE to provide longitudinal outcomes to enhance clinical best practices, guide research and inform policy.

Our Way Ahead

Navy Medicine remains fully engaged – at home and underway with the Fleet and Marine Forces. We are providing world-class care globally and operating across the entire dynamic – in the air, on and below the sea and on land. For us, this is a remarkable privilege and honor.

These are transformational times for military medicine. There is much work ahead as we navigate important challenges and seize opportunities to keep our Sailors and Marines healthy, maximize the value for all our patients and leverage joint opportunities. I am encouraged with the progress we are making but not satisfied so we continue to look for ways Navy Medicine can improve and remain on the forefront of delivering world-class care, anytime, anywhere.