



# **Chairman Rodney Frelinghuysen**

*Subcommittee on Defense, House Committee on Appropriations*

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**Fiscal Year 2017 Defense Health Program  
Budget Hearing  
March 22, 2016  
Opening Statement As Prepared**

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The Committee will come to order.

This morning, the Committee will hold an open hearing on the fiscal year 2017 budget request for the Defense Health Program.

I would like to welcome the Director of the Defense Health Agency (DHA), Vice Admiral Raquel Bono, who was named as the Director last autumn. Admiral Bono, this is your first time testifying before the Committee and we are looking forward to hearing how the relatively new Defense Health Agency is operating under your leadership.

I would also like to welcome the three Service Surgeons General: Lieutenant General Nadja West of the Army, Vice Admiral Clinton Faison III of the Navy, and Lieutenant General Mark Ediger of the Air Force.

All three of you are also joining us for the first time, which will provide us with a fresh perspective on how the Services are managing the resources of the Military Health System and how the Army, Navy, and Air Force medical needs, at home and abroad.

Our nation's ability to respond to global emergencies is impacted greatly by our military's medical readiness. We must ensure that our soldiers, sailors, marines, and airmen have access to top quality medical care, including education and prevention programs which will allow them to be ready to fight.

At the same time, we also must provide their families the peace of mind that they will be cared for while their loved ones are protecting our country.

The Committee would like to congratulate all of our services for the remarkable improvement in the survival rate of our troops on the battlefield.

Your commitment to medical care in theater, as well as research and treatment back home, has substantially improved the chances that our warfighters will actually get better.

This Committee always supports a robust funding level for the Defense Health Program to meet the commitment to provide the very best in medical care to the servicemen and women who defend our country on a daily basis.

We are particularly interested to hear what you have been doing for women in uniform, as they now make up over 15% of our active duty members.

Of course, today's conflicts produce "invisible wounds". We look forward to hearing about recent efforts to address suicide prevention, PTSD, TBI and mental health issues, in general. However, as has been the case for the last decade, the Department faces a challenge with the growing cost and long term sustainability of the Military Health System (MHS). The fiscal year 2017 budget request for the MHS is approximately \$48.8 billion, nearly ten percent of the entire Defense budget request.

And once again, this budget request assumes savings associated with several TRICARE proposals - proposals that must be approved by Congress and have been rejected for the past several years. We are interested to hear how your current proposal has been improved from previous budgets to obtain the needed support of Congress.

The Committee also remains keenly interested in the progress of electronic health records and the level of interoperability between the Departments of Defense and Veterans Affairs.

Last year, DOD awarded a \$4.3 billion contract to improve interoperability but I want to be clear: this Committee considers interoperability between the two Departments a top priority and is exceedingly frustrated with the lack of progress after several years and the expenditure of several billions of taxpayer dollars!

I thank you again for appearing before the Committee to discuss these important programs. I look forward to your testimony and to an informative question and answer session on other topics including the Congressionally-directed medical research program and the health effects of potential contamination at various U.S. installations.

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