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UNTIL RELEASED BY HOUSE
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON DEFENSE

OF THE

HOUSE APPROPRIATIONS COMMITTEE

SUBJECT:

DEFENSE HEALTH PROGRAM

MARCH 5, 2020

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Chairman Visclosky, Ranking Member Calvert, distinguished Members of the Subcommittee, on behalf of the mission-ready Navy Medicine team, I want to thank you for continued confidence and support. As we move forward, I want to assure you that the foundation of Navy Medicine is readiness. We will not waiver from our highest priority of keeping our Sailors and Marines healthy and ready to deploy; and, ensuring that when they are wounded or injured they get the best care possible from trained and confident providers.

Strategic Alignment and Priorities

The mission of Navy Medicine is inextricably linked to those we serve – the United States Navy and the United State Marine Corps. The Navy-Marine Corps team’s ability to prevail across the range of military operations depends on their medical readiness and our capability to enhance their survival in the high end fight. At its core, survivability is Navy Medicine’s contribution to lethality.

Our mission is to project medical power in support of integrated Naval superiority. These responsibilities require Navy Medicine to be fully synchronized with the strategic direction of both the Chief of Naval Operations (CNO), in his updated order to *A Design for Maintaining Maritime Superiority 2.0*, and the Commandant of the Marine Corps (CMC) in his *Planning Guidance*. To this end, our One Navy Medicine priorities of People, Platforms, Performance and Power are aligned to meet these strategic imperatives:

Well-trained People, working as cohesive teams on optimized Platforms, demonstrating high velocity Performance that will project medical Power in support of Naval superiority.

In January 2020, I issued my operation order (OPORD) to the men and women of Navy Medicine which indicates that we will pursue these priorities with a sense of urgency at all levels of Navy Medicine. Moving forward, they will guide our lines of effort and resource investments

to meet our commitment to provide medical forces that are manned, trained and equipped to support current and future operations of the Naval force.

I support the President's Budget for FY2021 and the resources it provides us to fulfill the medical missions of the Navy and Marine Corps. An important component is for us to ensure that Navy Medicine is resourced to meet our Services' (Navy and Marine Corps) readiness mission. I want to assure you that throughout Navy Medicine we will continue to apply sound fiscal stewardship in managing the resources provided to us.

Medical Power for Naval Superiority

Military Health System (MHS) transformation has provided Navy Medicine an unmatched opportunity to refocus on our true mission – the reason why we have uniformed medical personnel – which is achieving maximum future life-saving capabilities and survivability along the continuum of care. When a Sailor or Marine goes into harm's way, Navy Medicine is with them. The CNO and CMC have expressed a sense of urgency for Navy Medicine to meet the demands of the rapidly changing security environment. Our commitment: Optimizing Navy Medicine for the warfighter.

People: The epicenter of everything we do is our people – dedicated active and reserve component personnel and Navy civilians – serving around the world in support of our mission. As our greatest strength, we must continue to build and sustain our military and civilian workforce, as well as ensure that our force structure is appropriately sized to meet our operational requirements. These efforts require us to be innovative in recruiting the best and brightest particularly for high demand health care specialties. While the overall manning of the Navy Medicine Department active component is good, we must ensure we have the proper specialty mix within each officer Corps (Medical Corps, Dental Corps, Medical Service Corps,

Nurse Corps) and for our enlisted Hospital Corps. Navy Medicine continues to focus on several key areas in both our officer and enlisted communities including critical wartime and operational specialties as well as mental health care providers. This attention is particularly important in the reserve component, where recruiting and retaining Medical Corps officers is especially challenging. Navy Medicine works closely with Navy Recruiting Command to attract candidates, recognizing that the health care marketplace is very competitive. Our student accession programs are vital, considering Navy relies on the Uniformed Services University of the Health Sciences and the Health Professions Scholarship Program for the vast majority of new Medical Corps accessions each year. I am grateful for your continued support of accession and retention incentives which have enabled us to sustain consistent overall manning levels.

Within our civilian workforce, recruiting and retaining top quality personnel is imperative. We remain keenly aware of the competition for talent in the private sector and we are continuing to leverage authorized flexibilities and hiring authorities to help meet our requirements. During this period of MHS transition during which some Navy civilians will be transitioning to the Defense Health Agency (DHA), Navy Medicine leadership, led by our Civilian Corps Chief, continues to actively communicate with our personnel to ensure they have the most current information.

Our people must have the skill sets they need to succeed and we know that training is essential to building ready and confident provider teams. Future conflicts require investments to improve our health services capability to provide optimal combat casualty care, including specialized trauma care, to enhance survivability in dynamic warfighting environments. Our provider teams must be prepared to deliver 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. The establishment of the trauma center at Naval Medical Center Camp Lejeune, along with our long-standing partnership with Los Angeles County/ University of Southern California Medical Center and our new initiative with the University of Pennsylvania, allows our provider teams to get direct trauma care experience. As an orthopedic surgeon, I can attest to how vital these partnerships are and we will continue to look for opportunities to expand these relationships moving forward.

Our trauma strategy also impacts our Hospital Corpsmen, the Navy's largest enlisted rating. In FY2019, we graduated 3,432 new Hospital Corpsmen and trained over 3,500 in advanced schools. Corpsmen are vital to our medical mission and they are getting valuable experience through our trauma training course operating at three high-volume trauma centers, John H. Stroger Jr. Hospital in Chicago, Illinois and University of Florida Health Jacksonville, Florida and University Hospital Cleveland, Ohio. We have also established a new training partnership with the Cleveland Clinic, specifically for our Independent Duty Corpsmen (IDCs) to receive additional clinical experience prior to deploying with the Fleet or with Marine Forces.

These partnerships, along with readiness-centric work at military treatment facilities (MTFs), are key to ensuring our personnel have the knowledge, skills and abilities (KSAs) to develop and sustain operationally relevant skills for expeditionary combat casualty care. Many of these skill sets are perishable, requiring innovative approaches to sustain currency. This is a priority for us moving forward as we leverage our capabilities within military medicine, Department of Veterans Affairs, as well as partnerships and cooperative agreements with civilian health systems, to ensure our personnel have the skills and training to perform their demanding mission. Our graduate medical education programs, which rank among the country's best, are vital to

military medicine. I would assert that these programs form essentially an “industrial base” to sustain our capability to meet requirements.

Platforms: Well-trained providers and optimally prepared platforms are the foundation of our ability to project medical power. On any given day, Navy Medicine personnel are deployed and operating forward in the full range of diverse missions including: austere damage control resuscitation and surgery teams in U.S. Central Command and U.S. Africa Command, including our expeditionary medical facility forward deployed at Camp Lemonnier, Djibouti; trauma care at the NATO Role 3 Multinational Medical Unit in Kandahar Airfield, Afghanistan; humanitarian assistance onboard our hospital ships; and, expeditionary health services support and force health protection with Joint, Fleet and Fleet Marine Forces around the world.

Navy Medicine recognizes this mandate and our focus remains to provide a ready medical force and operational medical capabilities to save lives at sea and on the battlefield. Our manning, training and equipping for current and future missions must prepare our medical personnel to operate in varied operational environments including distributed maritime operations, which present unique challenges for damage control resuscitation / surgery and patient movement. Correspondingly, we need to continue to re-shape and modernize medical capabilities that are modular, scalable and distributable. Efforts are actively underway to address the validated requirements for Naval Expeditionary Health Service Support afloat and ashore. Given the importance of these efforts, we have assigned a Navy Medicine flag officer on the staff of the Deputy Chief of Naval Operations for Fleet Readiness and Logistics as the Director of Medical Systems Integration and Combat Survivability.

Performance: Our refocus on readiness also affords us the opportunity to apply the principles of a high reliability organization (HRO) – leadership, culture of safety and robust

performance improvement – in the operational medical forces. We have made solid progress in our MTFs in improving clinical outcomes and coordination of care, enhancing access, leveraging technology and improving patient safety. We will continue to bring that same commitment to our warfighters in the operational environments. Our priority moving forward is to ensure we have an integrated system of capabilities that optimizes our ability to proactively communicate, anticipate, identify, resolve and share to solve problems that threaten warfighter readiness and battlefield survivability. HRO, along with high velocity learning, are important components in driving these changes.

Another priority is ensuring that our Sailors and Marines have ready access to behavioral health support, where and when they need it. We reinforce a “no wrong door” approach to delivering prevention, early identification and evidence-based treatment in multiple settings including mental health clinics, primary care, installation counseling centers and with the operational forces. As part of our embedded mental health program, Navy Medicine providers – psychiatrists, clinical psychologists, behavioral health nurse practitioners, clinical social workers as well as enlisted behavioral health technicians – are assigned directly in Fleet and Marine Forces units. We now have 29 percent of active duty mental health providers serving in embedded mental health billets. Embedding our personnel with the operational forces improves access to care, reduces stigma in reaching out for help, and supports commanding officers in strengthening resiliency and mental health fitness. This focus also extends to training commands including Naval Service Training Command, Marine Corps Recruit Depot and Nuclear Power Training commands.

We have also established a new walk-in mental health clinic, the Mental Health Operational Outreach Division, at Naval Station San Diego, California. Sailors benefit by the clinic's co-

location with other psychological support resources such as Fleet and Family Support Center as well as waterfront embedded mental health providers. Onboard Marine Corps Air Station Cherry Point, North Carolina, we opened a new behavioral health Intensive Outpatient Program specifically targeted for Marines and Sailors – allowing for more efficient and patient-centric treatment. In addition, our Psychological Health Outreach Program operates to help address the unique needs of our reserve component service members and their families.

Late last year, two Navy Special Psychiatric Rapid Intervention Teams (SPRINTs) were deployed to Joint Base Pearl Harbor-Hickam, Hawaii and Naval Air Station Pensacola, Florida in response to the December 2019 mass casualty incidents. SPRINTs are activated to provide on-site, short-term mental health support to requesting commands immediately after operational mishaps and critical events involving loss of lives when local mental health resources are overwhelmed or do not exist. In calendar year 2019, we deployed this capability 26 times. We are keenly focused on suicide prevention efforts in partnership with our Navy and Marine Corps line leadership. All of us have a responsibility to do everything possible to reduce the incidence of suicide. Its impact is devastating and affects families, shipmates and commands.

Care for our Sailors and Marines with traumatic brain injuries (TBI) is provided through a network of TBI clinics with a range of care levels, including two Intrepid Spirit Centers, onboard Marine Corps Bases Camp Lejeune and Camp Pendleton as well as larger multi-disciplinary programs at Naval Medical Centers Portsmouth and San Diego. These programs are specifically tailored toward front line warfighters, such as Naval Special Warfare, with an emphasis on expedited return to duty.

Our Navy Comprehensive Pain Management Program continues to demonstrate solid results as we reflect a 28 percent decrease in the number of Sailors and Marines prescribed opioids from

FY2014 – FY2019, as well as a 46 percent reduction in the total number of opioid prescriptions written to them over that same period. Through the use of Complementary Integrative Medicine, we are also working to ensure that our Navy clinicians have access to a range of alternative non-pharmacological approaches to pain management. Navy Medicine employs a comprehensive and interdisciplinary care model that balances primary care, specialty care, self-care and medication (when deemed necessary) for pain management. We are leaning forward in this important area to support the readiness, deployability and quality of life of our warfighters.

We are also working to optimize the readiness of female Sailors and Marines through our Female Force Readiness Clinical Community which works collaboratively with Navy and Marine line counterparts to improve health outcomes. Specific efforts are underway in several key areas including mental health, neuro-musculoskeletal and family planning. Additionally, we expanded the number of our full-scope walk-in contraception clinics to improve access for our service women. Our Comprehensive Multi-disciplinary Women's Health Clinic onboard Naval Training Center, San Diego, California continues to address the unique needs of female Sailors and Marines.

Sexual assault is a traumatic event which can have long-lasting impact for the individual including career, personal, and health-related concerns. While we work on transitioning the MTF sexual assault forensic examination program to the DHA, our commitment in Navy Medicine is to provide patients who disclose a sexual assault the best trauma-related health care and forensic evidence collection, performed by our 211 skilled sexual assault medical forensic examination (SAMFE) providers serving around the world. Navy Medicine ensures every sexual assault patient is afforded an opportunity to reintegrate back into the warfighting force by addressing both physical and behavioral health care needs. Additionally, by creating

opportunities for training enhancements and new SAMFE training initiatives, Navy Medicine ensures these efforts will result in increased provider readiness and skill sustainment.

Power: Projecting medical power in all aspects of our enterprise will help us improve force medical readiness and medical force readiness, with the ultimate goal of increased survivability. These efforts are evident in several different areas including our Global Health Engagement (GHE) which continues to focus efforts to support operational readiness and force health protection as well as strengthen strategic partnerships and alliances. GHE activities are valued assets in supporting Combatant Commander's priorities, including security cooperation with partner nations.

From June – November 2019, hospital ship USNS COMFORT (T-AH 20) deployed to Central America, South America and the Caribbean in support of U.S. Southern Command's mission, Enduring Promise. The crew provided medical assistance in support of regional partners as well as responding to impacts of the Venezuela political and economic crisis. This mission, along with Pacific Partnership 2019 during which USNS MERCY (T-AH 19) deployed, enhances regional stability, exercises humanitarian assistance / disaster response capabilities and improves the clinical and operational skills of our medical personnel.

Integral to our capability to project medical power is the Navy Medical Research and Development enterprise which provides cutting-edge solutions and knowledge products to enhance the readiness and health of Navy and Marine Corps warfighters. Naval Medical Research Center (NMRC), and its laboratories conduct basic research, applied research, advanced development as well as testing and evaluation. Due to the strategic location of these assets world-wide, many projects involve infectious disease surveillance and international

outbreak response, enabling better understanding of emerging global health threats to military readiness.

Similarly, the important work done by the Navy and Marine Corps Public Health Center (NMCPHC) and its field activities are directly supporting Combatant Commanders and Naval component commands domestically and internationally. Among their many important force health protection capabilities are four Navy Environmental Preventive Medicine Units which are strategically positioned to provide rapid operational services around the globe in industrial hygiene, entomology and environmental and occupational health in ashore, afloat and expeditionary environments. Their work – identifying, evaluating and monitoring diseases, injuries and hazards in environments – is critical to protecting the health of our deployed Naval forces.

In conjunction with Department of Defense (DoD) and interagency partners, our public health professionals, along with Navy Medicine researchers, emergency preparedness experts, and many others, represent a One Navy Medicine approach to helping confront some of our most challenging issues, including the recent global health threats presented by the 2019 novel coronavirus (COVID-19).

Physiological events in tactical jet aircraft continues to be an important focus for Navy Medicine. In support of our Navy and Marine Corps aviation community, our Navy aerospace medical community is involved in all aspects of research, mitigation and treatment of physiological events. Our efforts focus on addressing key aspects of cause, prevention, evaluation and treatment. Navy Medicine has developed a standardized clinical practice guidelines for use by flight surgeons in the evaluation and treatment of our aviators involved in physiological events. In addition, NMCPHC, along with the Navy Medical Research Unit

Dayton support Naval Aviation's top safety priority by conducting important epidemiological work and research, respectively, focused on understanding and mitigating physiological events.

As an expeditionary medical force, leveraging technology will continue to be important in caring for Sailors and Marines, particularly at sea or deployed to geographically isolated areas. Many of our virtual health programs, including Tele-Critical Care, Health Experts Online Portal, and Connected Corpsmen in the Community, continue to expand in providing provider to patient and provider to provider support, irrespective of time or distance. Later this year, we will be conducting specific operational virtual health exercises during Trident Warrior 2020 to assess capabilities of connecting providers under different scenarios, including ship to ship. Our goal is to accelerate the use of virtual health so we can provide care, where and when it's needed.

Collectively, everything we do is targeted at optimizing the readiness and health of our Sailors and Marines so we maximize their deployability. To this end, each health care encounter is an opportunity to assess a service member's deployability. We are continuing to enhance our tracking systems and processes, including: LIMDU SMART (Limited Duty Sailor and Marine Readiness Tracking System), a web-based system that automates the processing of personnel on medically restricted duty; and, TEMPO (Temporary Limited Duty Operations) which ensures that every Sailor or Marine on limited duty receives a monthly multi-disciplinary review to ensure accuracy and optimization of diagnosis, treatment plan and duty disposition. Results show TEMPO has led to a significant reduction in the number of expired cases which helps us return warfighters back to duty more quickly. We see more opportunities to further refine our processes as we apply predictive analytic models, along with rapid cycle feedback, to better identify indicators of potential deployment limiting or temporary non-deployable condition.

Building an Integrated System of Readiness and Health

The direction to implement reforms within the MHS is reflected in several key provisions contained in the Fiscal Years (FY) 2017 and 2019 National Defense Authorization Acts (NDAAs). Collectively, this legislation represents an important inflection point for military medicine and catalyzed our efforts to strengthen our integrated system of health and readiness. Within the Department of the Navy, our leadership recognizes the tremendous opportunity we have to refocus our efforts on medical readiness while transitioning health care benefit administration to the DHA. While significant organizational change in health care is inherently complex, all of us know we have shared responsibilities to ensure that both the Services and the DHA are successful, and our efforts continue to reflect this overarching tenet as we move forward.

Integral to system-wide organizational transformation is the transfer of the MTFs to the DHA. In October 2018, Navy Medicine transitioned Naval Hospital Jacksonville to the DHA, at which point they assumed administration and management of this MTF. The following year, in October 2019, our MTFs in the continental United States (as well as Alaska and Hawaii) transitioned to the DHA as directed by the Deputy Secretary of Defense. In order to support this significant transition and to mitigate risk, the Bureau of Medicine and Surgery (BUMED) established a memorandum of agreement with the DHA, which delineates a direct support role as DHA moves to full operating capability. This memorandum of agreement was preceded by a period during which Navy Medicine detailed both military and civilian personnel to the DHA headquarters to directly assist their organizational transition. Similarly, the direct support relationship between BUMED and the DHA provides a bridge as the DHA establishes the MHS-

wide organizational structure and acquires the necessary personnel and expertise to accomplish the mission of directly administering and managing the MTFs.

In addition, Department of Navy personnel participated in the DoD-led efforts regarding the assessments and recommendations of health services and infrastructure within the MHS as required by FY2017 NDAA, section 703 (Military Medical Treatment Facilities).

Associated with the transition of MTFs to the DHA and Navy Medicine's refocus on readiness, Navy established 28 Navy Medicine Readiness and Training Commands (NMRTCs) which will provide critical command and control structures to meet Navy and Marine Corps missions. This organizational construct will – at the local MTF level – facilitate and reinforce the mutually supportive relationship between Navy Medicine and the DHA.

NMRTCs have mission responsibilities to maintain the readiness of our assigned medical forces, support installation and operational commanders' requirements and provide a structure to execute Service requirements and programs. Since we must have the agility to rapidly deploy our Navy Medicine expeditionary medical force, NMRTCs will ensure the medical force has the clinical and operational currency and competency to support Fleet and Fleet Marine Forces missions and platforms, including expeditionary medical facilities and units, hospital ships, and casualty receiving and treatment ships. To this end, MTFs remain important training platforms for our medical personnel to gain and maintain clinical experience.

An important tool for our NMRTCs will be the Readiness Performance Plans (RPPs) which capture key operational requirements, including medical training and readiness training support. These plans are essential to meeting individual, unit and platform readiness metrics across Navy Medicine. RPPs will also support the Quadruple-Aim Performance Process (QPP) between NMRTCs and MTFs to clearly identify readiness requirements, as well as provide a mechanism

for analysis and performance improvement initiatives. We anticipate that NMRTCs will reach full operating capability by October 2020.

Consistent with our refocus on readiness, we are restructuring our BUMED headquarters to better align roles and responsibilities in providing health services support across the full spectrum of Navy, Marine Corps, and Joint operations. These efforts also extend to our three Echelon III commands; Naval Medical Forces Atlantic and Naval Medical Forces Pacific, which will have command and control of the NRMTCs, as well as our Naval Medical Forces Support Command which will have oversight of our education and training commands. This new construct provides important alignment with our Navy and Marine Corps operational forces – United States Fleet Forces and United State Pacific Fleet as well as Marine Forces Atlantic and Pacific. We are streamlining activities that directly impact our capabilities to support our operational requirements and ensure we have a trained and ready medical force.

For all of us in military medicine, an important component of transformation is the successful deployment of MHS GENESIS, DoD’s modernized electronic health record. MHS GENESIS will largely replace our legacy electronic health record systems and enable the application of standardized workflows, as well as improved sharing of data. It is also integral to patient safety, will help support better outcomes and assist in our efforts towards achieving high reliability. It is important to recognize that MHS GENESIS, when fully deployed, will be used not only in MTFs but operational medical settings as well, replacing the Theater Medical Information Program-Joint (TMIP-J) portfolio. For Navy, this is particularly important in areas of Fleet and Fleet Marine Force concentration such as Southern California which will begin rollout later this year. To this end, the Services continue to work with the Program Executive Office, Defense

Healthcare Management System (PEO DHMS) and the DHA in addressing important aspects related to implementation and optimization efforts.

Moving Forward

We are strategically aligned with the Navy and Marine Corps to provide the force medical readiness for our Sailors and Marines and medical force readiness for our Navy Medicine personnel. To meet our responsibilities to optimize Navy Medicine for the warfighter, our way ahead remains: To provide well-trained medical experts, operating as high performance teams, to project medical power in support of Naval superiority.

MHS reform presents us with both challenges and opportunities. We can point to progress made to date; however, all of us recognize there is much work ahead. Change of this scale requires careful and deliberate planning, along with ongoing assessment from our stakeholders, to ensure we are meeting the objectives to build an integrated system of readiness and health.

Once again, thank you for your support and I look forward to your questions.