RECORD VERSION

STATEMENT BY

BRIGADIER GENERAL ROBERT D. TENHET

DEPUTY SURGEON GENERAL AND

DEPUTY COMMANDING GENERAL FOR SUPPORT

UNITED STATES ARMY MEDICAL COMMAND

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE

MILITARY PERSONNEL SUBCOMMITTEE

SECOND SESSION, 114TH CONGRESS

ON ENSURING MEDICAL READINESS IN THE FUTURE

JANUARY 27, 2016

NOT FOR PUBLICATION UNTIL RELEASED BY THE

HOUSE ARMED SERVICES COMMITTEE

Chairman Heck, Ranking Member Davis, and distinguished members of the subcommittee, thank you for this opportunity to provide the Army and Army Medicine's perspective on the steps we must take to ensure future medical readiness of the force.

Throughout my 32 years of service, I have personally witnessed the critical importance of Army Medicine, from supporting our paratroopers conducting airborne operations at Fort Bragg, to caring for the wounded in Baghdad. Army Medicine is absolutely essential to maintaining the health and readiness of our Soldiers who must be ready to deploy on a moment's notice. Our trained and ready medical providers have contributed to a survivability rate of 92%, the highest in the history of warfare, despite the increasing severity of today's complex battle injuries. These advances in combat casualty care are primarily due to an integrated system of health that extends from the battlefield through Landstuhl Regional Medical Center in Germany to our inpatient hospitals in the United States. The continued investment in our world-class research programs has advanced the technologies and training needed to save lives, and maximize quality of life.

The Army's number one priority is Readiness. Army Medicine has a two-fold readiness mission. We must ensure Soldiers are medically ready to deploy, and we must generate and maintain a ready medical force while supporting our Soldiers, Families, and Retirees at home.

Medical Readiness of the Force

The global security environment continues to degrade and to place high demands on the United States Army. Over the past year, the Army had as many as 190,000 Soldiers simultaneously deployed to over 140 countries around the world to advance our national security interests. The Army derives its power from the collective strength of its Soldiers rather than

advanced platforms. Our Soldiers are our weapon systems. Their health is an essential component of their readiness.

Since 2012, medical readiness of the force has increase from 73% to 83%. However, having 17% of the total force non-deployable for medical reasons is unacceptable. As I sit here today, we will see 31K Soldiers in our primary care clinics, 32K Soldiers in our specialty clinics, and 1K Soldiers for surgeries. Army Medicine is leading a Medical Readiness Transformation across the Army. This transformation will improve the access, visibility, and transparency of medical readiness information for commanders at all levels and streamline the processes by which they make deployability determinations.

The Army is simplifying the Medical Readiness Classification codes, which are used to identify Soldier deployability; making enhancements to the Commander's portal, MEDPROS, and eProfile; making revision to major medical and administrative policies and regulations; and conducting training across the force on the new policies and enhanced systems.

A new capability that is being implemented across the Army is the Medical Readiness Assessment Tool (MRAT). The MRAT is a predictive tool that identifies a Soldier's risk for becoming medically non-available during the next 12 months, and allows both Commanders and healthcare teams to proactively manage Soldiers' health, and therefore medical readiness, through early intervention.

The Medical Readiness Transformation will maximize the medical readiness of the force and maximize combat power to support ongoing and emerging requirements from Combatant Commanders.

Readiness of the Medical Force

Today's uncertain global environment demands the Army be prepared to confront near-peer competitors abroad, defend the Homeland, and respond to a wide range of crises, ranging from peacekeeping to disaster relief and humanitarian assistance. Army Medicine must maintain a ready and deployable medical force to respond to the full spectrum of these requirements.

During the past 14 years of combat operations, Army Medicine contributed to a survivability rate of 92%, the highest in the history of warfare, despite the increasing severity of battle injuries. While Army Medicine comprises 50% of DOD direct care in garrison during peacetime, the Army contributed approximately 80% of the effort in Iraq and Afghanistan. From point of injury to rehabilitative care, Army Medicine is poised and ready to respond.

However, it would be a mistake to focus exclusively on sustainment of combat trauma, surgery and burn capabilities. Our experience shows that the Army must maintain a broad range of medical capabilities to support the full range of military requirements. From 2001 to 2015, only 16% of those evacuated from Iraq and 21% of those evacuated from Afghanistan were injured in battle. The remaining Service members were evacuated for disease or non-battle injuries. Similarly, greater than 95% of those seen in theater were treated for disease and non-battle injuries rather than combat injuries.

The 2014 deployment of over 2,500 personnel to support Operation United Assistance in Liberia demonstrated the value of non-trauma related medical specialties and the importance of force health protection in deployed environments where the major threats to our Soldiers include infectious diseases rather than armed combatants. Some argue this is not part of our mission set, but invariably, when the task is unique and difficult, the nation leans on its military. In this most recent case in Liberia, Army Medicine was ready at a moment’s notice. The geographically endemic medical risks to our forces in support of the rebalance to Asia and continued operations

in Africa reinforce the continued need to remain ready to provide a broad range of health service support for globally integrated operations.

Having a relevant and ready medical force doesn't happen overnight. Our Army Graduate Medical Education (GME) programs, which take 5 to 7 years to stand up, are critical to develop trained and ready military medical personnel. Army GME is the largest GME platform in the DoD and supplies more than 90% of all military physicians for the Army. GME programs are vital to our ability to recruit and retain highly skilled medical providers. Our GME programs have nearly 1,500 trainees in 149 programs located across 10 of our military treatment facilities (MTFs). Civilian GME programs do not have the capacity to absorb our interns, residents, and fellows, and do not have curricula to train the military unique knowledge and attributes, such as writing profiles or understanding military organization and operations, that are critical for success in the military health system. Our GME programs continue to lead the nation in training. The first time board certification pass rate of 95% across Army GME exceeds the 87% national rate. More importantly, Army GME programs develop the providers which directly or indirectly support the broad range of COCOM requirements, ranging from combat operations to humanitarian assistance to building host nation capacity. Agile GME program management assures ongoing alignment of training slots with deployment requirements.

Our medical centers, hospitals, and clinics serve as critical readiness and training platforms for military medical personnel. Our medical centers serve as specialized training centers for medical teams to provide care of wounded, ill and injured Soldiers as well as conduct clinical research for complex battle injury and illness. These medical centers are complemented across the United States and overseas by military treatment facilities that vary in size from ambulatory clinics to community hospitals. The entire system ensures our medical force is

trained, ready, and relevant to provide primary and specialty care in the myriad of settings and conditions faced around the world.

While we cannot replicate the extreme trauma cases seen overseas in combat environment, the knowledge, skills, behavior and judgment obtained in our MTFs with complex patients is transferable to deployment critical thinking and judgment. A varied and complex mix of patients is essential to train, challenge, and to hone the skills of our entire medical team. The active duty population at most Army installations, comprised mostly of healthy young adults, is insufficient to either maintain an inpatient hospital, or to provide the full scope of practice required for board certification of our military providers.

Of the current 1.3 million beneficiaries enrolled to Army Medicine, 67% are non-Active Duty Service Members (ADSMs). Excluding behavioral healthcare, 83% of our total inpatient workload and 79% of our high-acuity inpatient workload is for Family members, Retirees and other non-ADSMs. Additionally, non-ADSMs comprise 42% of total outpatient care, 50% of our outpatient general surgery workload, and 90% of complex surgical cases. Our inpatient MTFs are critical to the sustainment of our GME programs and to maintaining the readiness of the entire medical team. Reducing our beneficiary population to only active-duty will result in an inability to sustain our GME programs due to lack of teaching cases and exposure to the wide breadth of disease within each specialty necessary to support any residency training program. Further it would degrade our ability to maintain the medical skills of our entire team. Beyond trained physicians, our deployable Combat Support Hospitals and Forward Surgical Teams require trained allied health professionals, nurses, OR techs, Lab techs, and other specialties that operate as teams and maintain their skills in our MTFs. The loss of inpatient capability would pose significant risk to the maintenance of their skills and directly impact the readiness of our

operating force medical units.

Maintaining Critical Medical Capabilities for the Next Conflict

The Army recognizes the need to maintain the skills learned over 14 years of war to ensure these capabilities do not atrophy, while also ensuring that we maintain the full scope of medical capabilities needed to be flexible and adaptable to all future globally integrated operations.

In October 2015, the Joint Staff published the first ever Joint Concept for Health Services (JCHS). This sentinel document describes, in broad terms, the capabilities required by the joint medical force to support Globally Integrated Operations.

The Army is collaborating with the other Services and the Joint Staff to participate in the Joint Essential Medical Capabilities (JEMC) Working Group. The JEMC WG is identifying, categorizing and prioritizing a set of Essential Medical Capabilities derived from the Joint Concept for Health Services. As part of this effort, the Services will measure and report how they will deliver required capabilities in a Service-specific manner.

Army Medicine is conducting analysis of the required knowledge, training and clinical experience needed of providers by specialty in a deployed environment. The Army Medical Department Center and School and RAND are conducting a gap analysis using inpatient and outpatient data (e.g. diagnoses, procedures, injury severity) from Iraq, Afghanistan, Liberia and other operations to determine additional clinical education, training and experience requirements beyond those provided at the Military Treatment Facilities.

The Army Medical Department Center and School is developing standardized Mission Essential Task Lists (METL) for each medical operational force type unit which will include

individual and collective training tasks by role. These essential tasks will be integrated into standardized reporting systems, and will include the identified critical medical operational skills to ensure individual and unit readiness. Readiness measures will be developed and reported in systems of record, such as the Digital Training Management System (DTMS) and the Defense Readiness Reporting System-Army (DRRS-A).

.

Conclusion

Since the inception of our Army, Army Medicine has continually served as an integral part of the battlefield and remains an essential combat multiplier. No other health care organization in the world, military or civilian, could have accomplished what Army Medicine has since 2001, supporting the full spectrum of combat operations in multiple Theaters. Over the past 14 years we have stood shoulder -to - shoulder with our Soldiers in Iraq and Afghanistan, responded to humanitarian crises and natural disasters and provided high quality health care to our beneficiaries at home. During my second deployment to the Middle East, my Brigade and two of our four Combat Support Hospitals deployed to theater; shortly thereafter, one of the remaining two Hospitals deployed in support of Hurricane Katrina. As always, Army Medicine is there when the Nation calls, relevant and ready.

I am committed to improving the readiness of our Soldiers and the readiness of our medical force. I look forward to working with Congress in this endeavor.

I want to thank my partners in the DoD, the VA, my colleagues here on the panel and the Congress for your continued support.