

**RECORD VERSION**

**STATEMENT BY**

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**BEFORE THE**

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HOUSE ARMED SERVICES COMMITTEE**

Chairwoman Speier, Ranking Member Kelly, distinguished members of the subcommittee, it is an honor to speak before you today, representing the collective voices of the more than one hundred and thirty thousand Soldiers and civilians serving in the United States Army Medical Department, as the 45<sup>th</sup> Army Surgeon General. It has been my privilege to serve over thirty years with this incredible group of Americans dedicated to the health and readiness of our Soldiers and beneficiaries, from the battlefield to our medical treatment facilities around the world. I also would like to thank my colleagues on the panel with me today. We share a common commitment to ensuring our military health system is manned, organized, trained and equipped to meet the needs of our Services and the Joint Force.

Our Nation trusts us with the sacred duty to care for their sons and daughters. They do so with the belief that the care we provide in the military health system is second to none. I do not take this responsibility lightly. As the Army Surgeon General, I am responsible to ensure our Soldiers are healthy and medically ready to deploy anywhere in the world at any time. Working with the Army's Training and Doctrine Command, Army Futures Command, Army Materiel Command and Forces Command, I am responsible for ensuring we field a trained and ready operational medical force to ensure health service support in any operational environment. Our ability to transform the military health care system is vital to the life and wellbeing of someone's child, spouse, mother or father. We owe it to our military today and to future generations to ensure we meet this sacred duty.

The Chief of Staff of the Army says, “Winning Matters” and “People are our number one priority.” General McConville’s vision drives every action within the Army Medical Department. Even as Army Medicine continues to support ongoing operations around the world, including relatively small-scale combat operations, we must refocus our efforts to prepare to support large-scale combat operations and meet the challenges we would face in a near-peer or peer-to-peer fight as described in the National Defense Strategy. Our Chief of Staff of the Army intends for our Army never to be out-gunned, out-ranged, or over-matched. Our medical force must be agile and adaptive – ready to fight and win in the multi-domain battlespace because “Winning Matters.”

Over the past eighteen years of sustained combat operations, Army Medicine has evolved and adapted to the nature of warfare seen in Iraq and Afghanistan. We have observed the threat, implemented lessons learned, and implemented advanced training while rapidly fielding enhanced equipment to empower our medical forces to take every action necessary to return our Soldiers, Sailors, Airmen and Marines home to their Families – and once home, we provide care that enables them to remain healthy and ready as they serve our Nation. Over the past two decades, our military achieved a survivability rate greater than 90% for Soldiers wounded in combat – an unprecedented achievement in the history of warfare. This did not happen by accident, but instead by remaining an agile, adaptive medical force that continuously learned and evolved to save lives on the battlefield. It was the result of a holistic system of health services capable of deploying to remote, austere locations and establishing a system to care for our wounded from point of injury to rehabilitative care in our stateside medical treatment

facilities. These successes can be attributed to many factors – the advanced training of our medical personnel, the rapid fielding of equipment such as Combat Application Tourniquets, the implementation of policies to ensure our Soldiers received surgical care within the “Golden Hour.” In the current fight, our medical evacuation helicopters were often able to fly directly to the point of injury, evacuate our wounded and fly directly to our Combat Support Hospitals – providing life-sustaining en route care. Our medics carried blood and blood products far forward to sustain life as the wounded were evacuated. We trained non-medical personnel to provide immediate, first-responder medical care at the point of injury. These actions, which coupled with the unfailing commitment and bravery of our Army medical personnel to Conserve the Fighting Strength, ensured our Soldiers entering into combat knew that if wounded, they would receive life-saving care in a timely manner.

We cannot and will not rest on the successes we achieved during the recent fights. Instead, we must take those lessons learned, study evolving threats and train and equip our Army medical forces to sustain the quality of care that our Nation expects for its Soldiers sent into harm’s way. Our expertise today does not guarantee success tomorrow, but can shape our efforts to prepare for the future.

Next month is the seventy-fifth anniversary of the Battle of the Bulge. Army historians recount that during eighteen days of fighting, severe weather conditions impacted our ability to provide air support, conduct ground movements and protect Soldiers from the harsh environments of that cold winter. Exhausted Soldiers waded through the snowdrifts and many of our wounded, already in a state of shock from the

intense stress of combat, died from exposure to the harsh elements. Our Army suffered over four thousand combat fatalities in those eighteen days from December 1944 to January 1945 – a number roughly equivalent to the number killed in action during a decade in Iraq. Another forty thousand soldiers suffered various wounds, most from high explosive munitions. It is estimated that up to sixty percent of the total wounded during the Battle of the Bulge resulted from artillery, mortar shell, bombs, and landmines. Our medical force has not experienced casualties of this magnitude in decades.

The Battle of the Bulge is but one example of the type of large-scale combat operations our Army may again face in the future. In the multi-domain battlespace, we must be ready for the reality of treating massive numbers of casualties in the most austere environments. Airspace will almost certainly be contested, limiting our ability to rapidly evacuate casualties to higher echelons of care by air. Our field hospitals may be further from the front lines due to the threat of precision, long-range fires. We must be prepared for the reality of treating casualties in forward, austere environments not just for hours but for days.

The recent National Defense Authorization Acts along with the National Defense Strategy provide guidance to prepare for the potential nature of future combat. Just as our Army and sister Services are doing, Army Medicine will reform and reorganize to achieve readiness and efficiencies necessary to fight and win in large-scale combat operations.

As required by the National Defense Authorization Act, the Army has transitioned authority, direction and control of our Medical Treatment Facilities to the Defense Health Agency. This transfer has been transparent to our Soldiers, civilians and beneficiaries. Partnering with the Defense Health Agency, Army Medicine will continue to deliver high-quality, safe care in our medical treatment facilities and is prepared to provide direct support to ensure we do not fail in this mission. This partnership allows the services to focus efforts on ensuring the readiness of our force – from the medical readiness of the individual Soldier to the ability to project trained and ready medical forces to support the Combatant Commanders.

Army Medical Department personnel continue to serve within medical treatment facilities, providing the same quality healthcare our beneficiaries deserve. Throughout this transition period, our Army Senior Leaders are united in ensuring the quality and continuity of care to those entrusted to our care as we align administrative oversight to the Defense Health Agency.

As The Surgeon General, it is my duty and responsibility to provide expert medical advice to the Secretary of the Army and the Chief of Staff of the Army relating to the organizing, training and equipping of the medical force. We continuously assess risks to the force and missions associated with changes to medical end strength. The Department of the Army, in coordination with the Office Secretary of Defense, Joint Staff, Services and the Defense Health Agency, review all medical manpower transitions to minimize impact on healthcare delivery and to ensure any adjustments to

medical force structure are the result of an informed process that addresses risk and ensures support to the operational force.

Personnel changes currently under review are a necessary part of force shaping. We routinely adjust the medical force to ensure we have the appropriate combination of medical wartime specialties. Still in the planning process, we analyze the impact of personnel adjustments within Army Medicine, we must be mindful to incorporate the requirements of the Services and the Defense Health Agency prior to making future manpower decisions.

As Army Medicine reforms and reorganizes to support our current mission and prepares for future requirements, we remain committed to providing our Army and the Joint Force ready and responsive health services and force health protection. I have established my priorities to ensure we remain ready, reformed, reorganized, responsive and relevant.

Ready – Taking care of people – our Soldiers and our families is at the core of our readiness. Army Medicine will maintain individual, unit and equipment readiness. Our medical units will conduct high-intensity, mission-focused training, maintain capable and reliable equipment and develop competent leaders of character. We cannot sacrifice readiness today for readiness tomorrow. We must prioritize preparedness for war to enable a more lethal force.

Reformed – Army Medicine reforms as mandated by Congress in the National Defense Authorization Act of 2017 and as part of the larger military health system transition.

Reorganized – Army Medicine must effectively reorganize in accordance with the reform requirements and Army Senior Leader directives in order to remain nested with Army Campaign Plan and the Army transformation strategy.

Responsive – Army Medicine must become a more tailored and expeditionary force in order to support multi-domain operations, with Army Health Systems synchronized across the battlefield as part of the Joint Health Service Enterprise.

Relevant – Army Medicine must change at the speed of relevance. This includes modernization of key capabilities, innovation in our operational concepts, advancement of diagnostic, treatment, and patient information technologies and integration with the Joint and Interagency community. Expanded alliances and partnerships with deepened integration are necessary to meet the shared challenges of our time.

I am fully committed to meeting Congressional intent and sustaining the readiness of the medical force. Further, I am committed to fulfilling my statutory responsibilities in support of the Secretary of the Army and as the chief advisor to the Defense Health Agency for the Army. We will keep the committee informed as we make strides to reform the military health system and Army Medicine.

In closing, I want to thank the committee for their long-standing support to Army and Military Medicine. Let me emphasize that the service and sacrifice of our Soldiers and their families demands that we get this right. Today's transformation does not replace the traditions of the past. We are respectfully building upon the legacy of over two centuries of Army Medicine. This is our solemn obligation to our Nation; we will assure our readiness to support our Nation's Army.