HOUSE ARMED SERVICES COMMITTEE, MILITARY PERSONNEL SUBCOMMITTEE

STATEMENT OF

BRIGADIER GENERAL PAUL FRIEDRICHS, US AIR FORCE

JOINT STAFF SURGEON

OFFICE OF THE JOINT STAFF SURGEON / THE JOINT STAFF

BEFORE THE MILITARY PERSONNEL SUBCOMMITTEE

ON ENSURING MEDICAL READINESS FOR THE FUTURE

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Chairwoman Speier, Congressman Kelly, and members of the Military Personnel Subcommittee, thank you for this opportunity to provide the Joint Staff perspective on the Military Health System Transformation and its impact on operational medical readiness of the Joint Force. It is a privilege to serve as the 15th Joint Staff Surgeon and to have this opportunity to meet with you. On behalf of Chairman Milley and all uniformed service members, thank you for the strong support you provide to our women and men in uniform who volunteer to protect and defend our great nation. I would also like to thank you and your predecessors for making it possible for me to be here today. As a result of the GI Bill, my father, who grew up during the depression on a farm in southern Louisiana and who was enlisted in the US Navy at the end of World War II was able to attend college. Years later, he met my mother, who was a Freedom Fighter in the 1956 Revolution in Hungary, then was imprisoned by the KGB before escaping and eventually coming to the US as a teacher and becoming a US citizen. Both taught me the value of the freedoms we enjoy and the high price that some have paid to preserve those freedoms. Thank you also for the continued support of the Reserve Officer Training Program, which enabled me to attend Louisiana State University and then Tulane University, as well as for the continued support of the Uniformed Service University, which provided an exceptional medical education. I am grateful that whether I was operating on a patient in Iraq, coordinating humanitarian assistance to the survivors of a natural disaster, or arranging the aeromedical evacuation of an ill or injured Service member, I have always been able to provide high quality, state-of-the-art medical care. I am also grateful to your long-standing and evolving commitment to joint medical support, as I met my wife, who was an Army physician at the time, when we were residents in San Antonio. Although no longer in uniform, she has continued to serve Veterans as a physician and clinical leader in the Veterans Health Administration and regularly

reminds me of the need for joint, interagency collaboration. Through these experiences and many others, I have developed a firm commitment to sustain and enhance this remarkable military medical system, which serves America's uniformed service members, as well as their families and those who have served in the past.

As Chairman Milley recently noted before this Committee, we are living in a period of great power competition within a very complex and dynamic security environment, and the fundamental character of war is changing rapidly. The employment of precision weapons and military operations in highly dense urban areas requires increasingly dispersed and decentralized operations. American's 21st-century military medics must build on our proud legacy of outstanding care for our nation's Soldiers, Sailors, Airmen and Marines and innovatively adapt and evolve our current capabilities to ensure that Service members are medically ready before the next contingency and, when the next contingency occurs, that we military medics are again ready to provide outstanding care, anytime and anywhere, to those who depend on us.

The National Defense Strategy (NDS) and National Military Strategy continue to inform our efforts to design and develop the military medical force our nation needs today and in the years to come. As directed in the National Defense Authorization Acts (NDAA) of 2017 and 2019, the Office of the Joint Staff Surgeon is working closely with the Combatant Commands, the Services, the Defense Health Agency and other stakeholders to leverage the Capstone Concept for Joint Operations, which is the Joint Chiefs of Staff's vision for a globally integrated and partnered Joint Force, in order to clearly define operational medical requirements, identify gaps and provide threat-informed risk assessments to shape resourcing decisions.

Joint Medical Estimate

Section 732 of NDAA 2019 states, "the Secretary of Defense shall, in coordination with the Secretaries of the military departments and the Chairman of the Joint Chiefs of Staff, develop a process to establish required joint force medical capabilities for members of the Armed Forces that meet the operational planning requirements of the combatant commands." One of the associated requirements was the development of a Joint Medical Estimate (JME) "to determine the medical requirements for treating members of the Armed Forces who are wounded, ill, or injured during military operations, including with respect to environmental health and force health protection." I am grateful to the Committee for the clear direction to begin providing an annual report similar to that provided by other functional communities. Additionally, I am also grateful for my staff, who will complete the JME in time to inform the Fiscal Year 2022-2026 Integrated Program/Budget Review. The JME will leverage recent readiness reviews and evolving Globally Integrated Base Plans, which integrate operational requirements across the Combatant Commands, to further define and integrate medical requirements from a global perspective. The Services, Combatant Commands, OASD Chem, Bio Defense, the Defense Threat Reduction Agency, Defense Logistics Agency and the Defense Health Agency are all contributing to this effort to ensure it provides an objective, threat-informed assessment of risks to mission and risks to force.

The JME will use the critical capabilities identified in the 2015 Joint Concept for Health Services, (JCHS), which I will describe later in the testimony, as well as requirements subsequently validated by the Joint Staff's Joint Requirements Oversight Council, in order to identify health services vulnerabilities and shortfalls that carry the greatest risk to globally integrated operations. It will focus on the challenges described in the National Defense Strategy,

and will highlight gaps and risks for intra-theater health services supporting geographic combatant commands, inter-theater patient movement for those ill and injured who cannot return to duty, and CONUS military medical operations. The NDS and the National Health Security Strategy (NHSS) describe multiple current and evolving threats to our nation's ability to sustain or surge healthcare capabilities in support of large numbers of casualties from overseas events or from natural disasters or other casualty-generating events at home.

With respect to CONUS military medical operations, we are very grateful to this committee, the Department of Health and Human Services (HHS), who is responsible for the National Disaster Medical System (NDMS), and to our interagency partners for their continued support of the NDMS. We are especially appreciative of HHS' Assistant Secretary for Preparedness and Readiness, who is developing much-needed proposals to enhance the NDMS for the 21st century. With the remarkable changes which have occurred over the past thirty years in the US healthcare system, as well as in the Department of Veterans Affairs and the Department of Defense healthcare systems, it is imperative that we objectively assess our nation's healthcare capabilities holistically, recognizing the interdependencies across the components of the US healthcare system.

The JME will also assess risk to our supply chain, including our growing reliance on equipment and pharmaceuticals critical to our operational medical capabilities, which either are no longer produced in the US, or rely on key components produced in other countries. In addition, we will address risks related to evolving naturally occurring infectious threats and rapid technological advancements in capabilities supporting evolving weapons of mass destruction.

The JME will serve as a strategic input to the development of the Chairman's Risk Assessment (CRA), Joint Military Net Assessment (JMNA), future Defense Planning Guidance (DPG), and Program Objective Memorandum (POM) development. After the JME is published, if helpful, it would be a privilege to return and brief you on our key findings.

Joint Concept for Health Services

The Joint Concept for Health Services (JCHS) describes in broad terms the Chairman's vision and intent for the health services capabilities required by the current and future Joint Force in order to execute Globally Integrated Operations on behalf of the Geographic and Functional Combatant Commands. The JCHS provides a framework of key capabilities to guide the provision of health services and to identify solutions to joint capability requirements that will enhance interoperability and global agility. The need for integrated medical support that keeps pace with the operational agility and organizational flexibility requirements supporting Globally Integrated Operations is clear. It is also clear that the JCHS, which was published in April 2015, needs to be updated to reflect the 2018 National Defense Strategy, the 2019 NHSS published by the Department of Health and Human Services, and similar documents. We will undertake a holistic review and will update the JCHS in 2020 in order to provide a more holistic and Globally Integrated Concept to inform future JMEs.

Joint Publication 4-02, Health Services Support

As part of the overarching commitment to inform the design, development and employment of military medical forces, we will also begin updating *Joint Publication 4-02, Joint Health Services* next year. This publication provides doctrine to plan, prepare, and execute joint and combined health services across the range of military operations. The revised JP 4-02, which was last updated in 2018, will be shaped by the Joint Medical Estimate and new Joint Concept of Health Service, as well as the annual Joint Staff Planning System and ongoing work on Dynamic Force Employment.

The current JP-4-02 groups joint medical capabilities under the joint functions of sustainment (health service support) and protection (force health protection). These capabilities form a network of prevention, protection, and treatment that create an integrated health support capability. There are currently five primary joint medical capabilities for our joint force health services, including first responder care, forward resuscitative care, en-route care, theater hospitalization, and definitive care. The updated JP 4-02 will more clearly describe global health engagement as an enabler of the Department's strategic priority to enhance alliances and partnerships.

Conclusion

Nearly two hundred years ago, military surgeons recognized the value of collaborating with the military logistics system to optimize healthcare by leveraging available logistic transport assets. Since then, our military medical predecessors have continued to innovate and adapt to ever-changing threats, resulting in the remarkably high survival rates for casualties in the recent and ongoing conflicts. Regardless of the concepts or technology employed by our warfighters,

there is always a human being somewhere in the process and our job as military medics remains unchanged: ensure the human weapon system is medically ready and ensure that our military medics are ready to provide high quality care, anytime and anywhere. The hallmark of an agile organization is to continually re-evaluate its performance and plan for the future. The topics I have laid out will help the thousands of joint military medics better understand and execute the Chairman's vison for the current and future Joint Force.