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THE HOUSE ARMED SERVICES COMMITTEE

**STATEMENT OF**

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MEDICAL CORPS, UNITED STATES NAVY**

**SURGEON GENERAL OF THE NAVY**

**BEFORE THE**

**SUBCOMMITTEE ON MILITARY PERSONNEL**

**OF THE**

**HOUSE ARMED SERVICES COMMITTEE**

**SUBJECT:**

**MILITARY HEALTH SYSTEM REFORM**

**DECEMBER 5, 2019**

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Chairwoman Speier, Ranking Member Kelly, distinguished Members of the Subcommittee, on behalf of our mission-ready Navy Medicine team which keeps Sailors and Marines healthy and ready around the world, I want to thank you for continued confidence and support. I am honored to be here with my colleagues to provide you an update on an important issue for all of us - Military Health System (MHS) transformation.

As we move forward with important changes in the MHS, I want to assure you that the foundation of Navy Medicine is readiness. We will not waiver from our highest priority of keeping our service members healthy and ready to deploy and ensuring they get the best care possible from trained and confident providers when they are wounded or injured.

### **Building an Integrated System of Health and Readiness**

The imperative to implement substantive 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 – the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps – recognizes the tremendous opportunity we have to refocus our efforts on medical readiness while transitioning health care benefit administration to the Defense Health Agency (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. With our collective transformation goal foremost in mind, we must continue to drive change and approach these reform efforts with deliberate planning, solid analytics and sound decision-making.

Integral to system-wide organizational transformation is the transfer of the military treatment facilities (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 mitigate risk, the Bureau of Medicine and Surgery (BUMED) established a memorandum of agreement with the DHA which delineates our direct support role as they move 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 Department of Defense-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). We understand that the Report to Congress will be provided in the near future.

Associated with the transition of MTFs to the DHA and Navy Medicine's refocus on readiness, Navy is establishing 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.

There will be no organizational growth associated with these commands as existing functions and personnel will be aligned within the NMRTC to support our readiness mission. 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 NMRTCs, as well as our Naval Medical Forces Support Command which will have oversight of our education and training commands. We will be

streamlining activities that directly impact our capabilities to support our operational requirements and ensure we have a trained and ready medical force.

### **Optimizing Navy Medicine for the Warfighter**

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 Chief of Naval Operations and Commandant of the Marine Corps have expressed a sense of urgency for Navy Medicine to meet the demands of the rapidly changing security environment.

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 now have 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.

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; trauma care at the NATO Role 3

Multinational Medical Unit in Kandahar Airfield, Afghanistan; humanitarian assistance onboard hospital ship USNS COMFORT (T-AH 20) in the Caribbean, Central America and South America; and, expeditionary health services support and force health protection with Joint, Fleet and Fleet Marine Forces around the world. Well-trained providers and optimally prepared platforms are the foundation of our ability to project medical power.

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, allows our provider teams to get direct trauma care experience. Our Hospital Corpsmen, who are so vital to our medical mission, are getting valuable experience through our trauma training course operating at two high-volume trauma centers, John H. Stronger Jr. Hospital in Chicago, Illinois and University of Florida Health Jacksonville, Florida. We are currently assessing the expansion of these important initiatives to other locations.

These partnerships, along with readiness-centric work at MTFs, are imperative 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, partnerships and cooperative agreements with civilian health systems, to ensure our personnel have the skills and training to perform their demanding mission.

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 force. 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 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. As part of our embedded mental health program, Navy Medicine providers – psychiatrists, clinical psychologists, behavioral health nurse practitioners, clinical social workers and behavioral health technicians – are assigned directly in Fleet and Marine Forces units. 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. In addition, 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.

The success of Navy Medicine is inextricably linked to a dedicated, well-trained and mission-ready workforce. We continue to emphasize recruiting and retaining personnel with the proper skill sets, particularly those with critical wartime specialties, to care for Sailors and Marines. We are grateful for your support, both in resources and authorities, to help us maintain our most important asset – the Navy Medicine team. We are continuing to work with the DHA regarding currently programmed medical manpower divestitures to mitigate impact to health benefit delivery.

### **Moving Forward**

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 health and readiness. A key component will be to ensure that Navy Medicine is resourced to meet our Services' (Navy and Marine Corps) readiness mission. We remain concerned about the challenges and uncertainties presented by the current Continuing Resolution and appreciate your support in timely enactment of the FY2020 Defense Appropriations Act.

For Navy Medicine, 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 medical personnel. To meet our responsibilities to optimize Navy Medicine for the warfighter, our way ahead remains: To provide world-class care, anytime, anywhere and relentlessly pursue

high reliability and a high velocity learning culture in all environments to accelerate Fleet and Marine Corps performance.

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