

RECORD VERSION

STATEMENT BY

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BEFORE THE

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INTRODUCTION

Chairman Visclosky, Ranking Member Calvert, and distinguished members of the subcommittee, thank you for the opportunity to speak to you on behalf of our Soldiers, Civilians, and Families about the state of Army Medicine. Your continued support enables us to remain ready and responsive in our demanding global security environment.

Today, over 190,900 Soldiers are engaged across the world in support of ten named contingency operations, multiple exercises and theater security cooperation activities. For 19 years, United States Army Soldiers and Civilians have served in Afghanistan, Iraq, Syria and many other locations performing our mission as part of the Joint Force. As the 45th Army Surgeon General and on behalf of the Army's health professionals who conserve the fighting strength in support of our Army, I thank you for your faithful support.

The Chief of Staff of the Army says, "People First - Winning Matters". With this foundational pillar, Army leadership priorities remain consistent: build and sustain strategic readiness; modernize the Army thereby maintaining our competitive edge; reform; protect our resources; and make better decisions. None of these priorities can be accomplished without our people. They are central to everything we do to reorganize the military health system. People also enable us to respond to worldwide contingencies with modern capabilities, operational concepts and advanced technologies, making us relevant.

As The Surgeon General, my top priority is the health, welfare and readiness of our Soldiers, their Families, our Civilians and our Soldiers for Life especially after 19 years on the battlefield. This is what we must discuss here today.

ARMY MEDICINE 2028

In my Army Medicine 2028 vision, we are operationalizing our plan to meet our strategic readiness priorities along five key objectives – Ready, Reformed, Reorganized, Responsive, and Relevant.

READY – taking care of people, our Soldiers, and our Families is paramount to readiness. We will build and sustain strategic readiness to ensure the operational force can win across all domains – land, air, sea, space and cyber, by embracing modernization efforts through emerging technologies, synthetic training and partnerships.

Army Medicine is inherently about People. Going forward we must ensure a healthy, fit force ready to deploy and fight in any environment. Once deployed, we must maintain the ability to protect the health of our people, provide life-saving care at the point of injury and throughout the evacuation process. We will accomplish this through initiatives that sustain Soldier and clinical readiness skills and for the first time, provide a system of measuring and accessing individual readiness.

As part of the Army Medical Skills Sustainment Program, Army Medicine established two programs; the Army Medicine Military-Civilian Trauma Team Training (AMCT3) and the Strategic Medical Asset Readiness Training (SMART), to allow our officers and enlisted surgical personnel to train at civilian Level 1 trauma centers. We currently have three full agreements with Camden University Health System in New Jersey, the Oregon Health and Science University, and the Medical College of Wisconsin. We expanded such partnership efforts through agreements with Vanderbilt University Hospital, Harborview Medical Center, and University of Chicago Medical College.

The Strategic Medical Asset Readiness Training (SMART) is similarly designed to build and manage skills sustainment partnerships with civilian Level 1 trauma centers. In SMART, currently in Ohio and New Jersey, our enlisted medics and medical specialists receive practical training along with their civilian healthcare counterparts in premier trauma centers and hospitals throughout the United States. We anticipate expanding this program to Oklahoma, Hawaii and Illinois.

To ensure readiness, we continue to seek out and support multiple training venues for our operational medical forces. Recently, we conducted a no-notice emergency deployment readiness exercise (EDRE) for one of the newly designed Field Hospitals.

These exercises demonstrate the strategic and operational readiness of the military medical force to deploy, operate and survive on the battlefield. Additionally we support numerous Medical Readiness Training Exercises (MEDRETES) and theater engagement programs in support of Combatant Commands. In 2019, 313 medical professionals supported readiness exercises, including 44 Army Humanitarian/Civil Assistance missions and Global Health Engagements across the globe.

Army Medicine continues to strengthen Army readiness by investing in modernization. We are reducing our reliance on legacy technologies as we develop future systems to train to fight in the multi-domain battlespace. Working closely with Army Futures Command and Army Materiel Command, we continuously assess our ability to remain agile and adaptable across the medical force. We recently conducted a force development update to our legacy Combat Support Hospital and Forward Surgical Team. The newly designed Field Hospital (32 beds, which can expand to a 240 bed Hospital Center) and Forward Resuscitative Surgical Team (2 surgical beds capable of 10 surgeries in 24 hours) bring improved capability to the mission. Army Medicine continues to develop wartime medical doctrine and equipment to support extended patient hold times. We are investing in new technology and processes to extend lifesaving capabilities in support of the warfighter, to include innovative training for our combat medics.

Last year, we transferred over sixteen hundred medical authorizations from Army Generating Force organizations to our operating force. Assigned to the units they deploy with, these Soldiers serve with “duty at” their medical treatment facilities – a partnership between the operational and generating force that builds relationships and training readiness while sustaining clinical skills. This new approach to organizational and individual readiness is an example of innovation to ensure we are trained and mission ready. We continue to work with the Services to determine future operational medical force readiness requirements.

REFORMED AND REORGANIZED – Our Army remains committed to medical reform initiatives as mandated by the National Defense Authorization Act, shifting from an

industrial age to an information age organization. Similarly, Army Medicine must effectively reorganize in accordance with reform requirements and Army Senior Leader directives to remain nested with the Army Campaign Plan and the Army Modernization Strategy.

To ensure our readiness goals are nested with the Army's overall effort, Army Medicine reformed and reorganized our systems correspondingly. Last year, Army Medicine transitioned our medical treatment facilities in the United States to the Defense Health Agency as directed by the National Defense Authorization Act and at the direction of Army Senior Leaders. To ensure mission success, the Army remains in direct support of the Defense Health Agency as they continue to work towards achieving full operational capacity. During the process, we will review all medical manpower transitions to minimize impact on healthcare delivery and ensure any adjustments to medical force structure are the result of an informed process addressing risk and ensuring support to the operational force.

Army Medicine has been able to leverage public health and medical research and development capabilities in support of operating forces. Last year, our public health teams were routinely called upon for immediate response to Group A Streptococcus at training sites, mold in Army family housing, and consultations teams to mitigate hazards to the force. Our research and development assets in the United States and abroad have greatly increased the Army's ability to respond to emerging threats with solutions that protect detect and treat to preserve human life. These capabilities have been vital to sustaining the health and the welfare of Soldiers and to meeting the National Security and Defense Strategies.

RESPONSIVE – For over 245 years, Army Medicine has maintained a presence on the battlefield – from Saratoga to Syria. Army Medicine will tailor our expeditionary force to support the new paradigm of multi-domain operations, synchronized as part of the Joint Health Service Enterprise.

Medical research allows us to respond to the needs of the operational force. We are the largest sponsor of trauma and injury research and development in the Nation. Army medical research spearheaded the development of a first-of-its kind technique to control hemorrhaging from inside the blood vessel. Army infectious disease researchers played a role in development and marketing of every anti-malarial and additional drugs currently in clinical trials as part of a broader Defense Department malaria vaccine portfolio. Two years ago, Army Medicine reported to Congress that our medical research generated tremendous progress regarding traumatic brain injuries with a new blood test to evaluate brain injuries – the signature injury of our wars in Iraq and Afghanistan.

Similarly, protecting our People from infectious disease and environmental contaminants is essential to the readiness of the Army. Army public health capabilities respond to the needs of deployed forces while they support of our Soldiers and their Families at home. In previous years, the Nation has looked to Army public health to be responsive with our epidemiological consultation teams as we were responsive to a myriad of issues such as antimicrobial resistance, Zika, Ebola, and the housing and burn pit registries. Today, Army Public Health is ready to respond to the coronavirus epidemic, if needed.

The ability of Army Medicine to respond to global missions with innovative treatments and modern medical solutions ensures that we remain relevant to the needs of the Joint Force. Through continued investment, we sustain a capability that ensures strategic advantage in future and more complex operational scenarios. Without both research and public health resident in the Army, we incur substantial risk treating the injured and fielding equipping solutions and materiel to the force.

RELEVANT – Army Medicine must change at the speed of relevance. This includes modernization of key capabilities, technical innovations, and expanded alliances and partnerships to meet the shared challenges of our time.

Training the breadth of modern life saving and operational concepts keeps the medical force relevant for the global environment; this is true of all our healthcare professionals. To train the ready medical force, we host the largest graduate medical education platforms with the largest number of training institutions, programs, and officers in training. We currently have a first time medical board certification pass rate of 95%, well exceeding the 87% national average. Army Medicine is indeed attracting the best in the Nation.

Recruiting and retaining the appropriate number of critical wartime specialties however is a challenge to the future readiness of Army Medicine. It can take three years to have qualified nurses, eight years to have qualified psychiatrists and up to twelve years for qualified surgeons. Currently, the Army has shortages in several key surgical specialties such as orthopedic, thoracic, and general surgery across all components. We can only remain relevant to the Joint Force if we have the right people in place. The Army, like the nation, faces a shortage of healthcare providers and must compete with the civilian market to recruit medical students with the propensity and ability to be a Soldier. We are exploring increasing the number of scholarships and adjusting obligations of serving on Active Duty.

Finally, given the cost of medical education and licensure, we compete with the civilian market. There are fewer incentives to stay in service at middle and senior grades. Army bonuses remain steady over the past decade while the civilian market outpaced the Department of Defense in competitive compensation for the limited supply of medical professionals. The statutory limit established at the turn of the century prevents the Army from remaining on par with the civilian sector. The Army needs the authority to increase incentives for accession and retention bonuses for providers in critical specialties. The readiness of the force and our ability to be relevant to Combatant Commanders requires that we make a financial investment in our people as we explore retaining active component providers who wish to continue serving in the Reserves.

CONCLUSION

In closing, I want to thank the committee for their long standing support to Army and Military Medicine. Congressional support has enabled Army Medicine and advanced military medical care in support of our Nation, our Army, and the Joint Force. Your continued support ensures our Army that when a sick or wounded Soldier calls out for a medic, Army Medicine will be there to answer – just as we have for the past 245 years. Today’s modernization does not replace the traditions of the past. We are respectfully building upon the legacy of over two centuries of Army Medicine – saving lives and conserving the fighting strength.