

**HOUSE ARMED SERVICES COMMITTEE, MILITARY PERSONNEL
SUBCOMMITTEE**

STATEMENT OF
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BEFORE THE MILITARY PERSONNEL SUBCOMMITTEE
ON ENSURING MEDICAL READINESS FOR THE FUTURE

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Chairman Heck, Congresswoman Davis, and members of the Subcommittee, thank you for this opportunity to provide the Joint Staff perspective on medical readiness.

The Joint Force performed magnificently for well over a decade of major combat operations in Iraq and Afghanistan, as well as in numerous other military operations across the globe. As has been well publicized, survival rates among battle-injured warfighters have far surpassed that seen in any previous conflict in US history.

Many of the conflicts' military medical lessons learned have already been incorporated into civilian care: Early use of tourniquets and blood products in the field are just two examples of widely accepted changes in civilian clinical practice.

In the recent past, the Congressionally-mandated Military Compensation and Retirement Modernization Commission asked the Department of Defense to ensure its medical force is prepared and ready to perform at a high level immediately upon its next called to action. I am certain Military Medicine's incredible successes these past 14 years across the spectrum of military operations will continue well into the future, despite new and evolving medical requirements in complex security environments. However—to the Commission's point—I also believe the Department will more clearly view its medical readiness posture when Military Medicine makes full use of the enterprise-wide reporting system.

Joint Concept for Health Services

The Chairman of the Joint Chiefs of Staff recently approved publication of the Joint Concept for Health Services, under which all healthcare-related operations are aligned. This document describes in broad terms the Chairman's vision for what the future Joint Force will need from the medical enterprise to support Globally Integrated Operations in uncertain and complicated future security environments. It encompasses the global employment of joint

operational health services and the idea of interoperable Service capabilities guided by common standards and procedures, with the ability to tailor support to meet a wide variety of operational and strategic requirements. It incorporates the utilization of global health networks and partnerships. Finally, it establishes a joint healthcare perspective to guide Combatant Commands, Services, Defense Health Agency, and Joint Staff to achieve unity of effort for joint health service operations.

The Joint Concept transition plan uses the proven Joint Capabilities Integration and Development System (JCIDS) to identify critical operational gaps, validate requirements and initiate disciplined approaches to both materiel and non-materiel solutions. This includes the Capabilities Based Assessments currently underway, such as for bio-surveillance. The JCIDS process also affords the Military Health System opportunities to formally and comprehensively assess existing capabilities developed during the expediency of recent military operations—such as the Joint Trauma System—to ensure they will meet the needs of future globally integrated operations.

Individual Readiness of the Medical Force

By virtue of civilian healthcare industry standards used to monitor and document competency among licensed independent practitioners, many of the hospital-based healthcare providers have been presumed to be fully trained to operate in any deployed operational setting. Specifically, medical credentialing offices use prime-source verification, peer-reviews and supervisor endorsements to validate and document healthcare providers' certifications, currency and proficiency to practice medicine independently.

First of all, this presumption can be mistaken, not only because of the wide spectrum of military operations that one could be asked to support, but also because a provider may be

functioning well, but wholly outside of his or her prescribed deployment specialty. An example of the latter is a trained general surgeon who practices solely in his or her secondary specialty of plastic surgery. Secondly, while absolutely acceptable throughout the civilian healthcare arena, the provider credentialing process resides outside the Department's established reporting system.

The Department recently directed the Services to identify, define and establish a list of joint essential medical capabilities required in operational settings that could be used to assess medical readiness. I have actively participated in this ongoing endeavor.

Once the essential capabilities are approved, the Services will collaborate further to define individual skillsets that would be required across the spectrum of joint military operations, as well as the metrics against which their individual readiness can be assessed, monitored and reported. The Services will report medical readiness in a transparent joint enterprise-wide fashion. The Department will report medical readiness regularly to the Deputy Secretary of Defense and Vice Chairman of the Joint Chiefs of Staff.

Although within the Service lanes of responsibilities, I see these initiatives as important in providing globally integrated health services to the deployed Joint Force.

Increasing Demand for Small-Capacity Joint Medical Forces

As envisioned by the Chairman's Capstone Concept for Joint Operations: Joint Force 2020, we have seen changes recently in the number and size of medical forces requested for employment across the globe. Combatant Command requests reflect the specific military operations being undertaken within their respective areas of responsibility, but, in general, I am seeing an increasing number of validated medical force requests to support smaller, more dispersed units operating across great expanses of land. These tailored medical forces will

require more planning and employment flexibility for operational support as part of the overall Global Force Management effort.

These multiple small-teams have already begun to stress the Joint Force's ability to provide health services for deployed forces and mission partners. In particular, the Joint Force is faced with an increasing demand for individually responsive medical nodes, although the capacity needed at each contingency site remains minimal. I expect this trend to continue, with the increasing number of regional conflicts across the globe.

Globally Integrated Health Services

The ultimate goal is for Globally Integrated Health Services to provide the strategic management and global synchronization of joint operational health services that are sufficiently modular, interoperable, and networked to enable the Joint Force Commander to quickly and efficiently combine and synchronize capabilities. These future health services will be characterized by interoperable Service capabilities guided by common standards and procedures, with the ability to tailor support to meet a wide variety of operational and strategic requirements.

Neither a Joint Readiness Command nor a unified Medical Command would contribute added effectiveness or efficiency to what is already included in the Chairman's JCHS. In particular, the JCHS supports the Chairman's vision, while its implementation plan will provide a clear path forward for the Services and Defense Health Agency to support Globally Integrated Operations. I can exercise my role as global medical synchronizer to work with other Joint Staff Directorates, the Service Surgeons and the Assistant Secretary of Defense (Health Affairs) to meet the Chairman's intent in the delivery of health services to the Combatant Commanders.

Conclusion

Our Service Members and their Families deserve world-class healthcare by extraordinarily trained, equipped and led medical warfighters, from home station to operational deployments to post-deployment and evacuation settings. The Joint Concept for Health Services provides the overarching construct through which Military Medicine will focus its efforts, assess its performance and operate to defined standards in support of the Chairman's vision for the Joint Force.

In essence, the Military Medical community has but one mission, and that is to support the Joint Force with Globally Integrated Health Services. In this regard, medical readiness is Military Medicine's top priority.