

RECORD VERSION

STATEMENT BY

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Chairman Visclosky, Ranking Member Calvert, distinguished members of the subcommittee, thank you for this opportunity to speak on behalf of United States Army Medical Department (AMEDD). It is my pleasure to come before this committee to address you as The 44th Army Surgeon General and Commanding General of U.S. Army Medical Command. I have been honored to serve with and lead our talented and dedicated Soldiers and Army Civilians for more than 30 years. They are our most valuable asset. It has also been my honor to work with the distinguished members of this committee and your staff. Your enduring support of Army Medicine has enabled the readiness of our Army and Soldiers to respond to the demands of the global security environment. On behalf of my Soldiers, their Families, and Army Civilians I would like to sincerely thank you for your steadfast support.

I would also like to thank my colleagues serving on the panel today. Together with the Defense Health Agency and our sister services, the Army has provided medical support to globally dispersed forces while concurrently responding to natural disasters and other complex contingency operations. It has been an honor to serve with each of you and with the military medicine team.

America's Army stands ready today to deploy, fight, and win our Nation's wars. As our Army Chief of Staff continually emphasizes, readiness is number one and there is no other number one. In order to sustain readiness, we must ensure our people are ready. We must provide Soldiers who are medically ready to deploy, and we must generate and maintain a rapidly responsive and broad spectrum of medical capabilities that include properly trained and equipped individuals and units. Army Medicine, as an integrated part of the Joint Health Services Enterprise (JHSE) and an essential part of a lethal and rapidly deployable Army, is ready for all operations. We support Combatant Commanders in 140 locations across five continents. As of February 2019, the Army has more than 180,000 Soldiers assigned or allocated to our Combatant Commanders in support of ten named contingency operations, various exercises, and theater security cooperation activities.

We continue to focus efforts on the Army's priorities of readiness, modernization, and people, in concert with reform, to ensure that America's Army is always ready - today and into the future. This requires our Soldiers to be manned, trained, and equipped through timely, predictable, and sustained funding. At the same time, as part of the Joint Health Services Enterprise, Army Medicine continues to drive efforts to make significant improvements in healthcare as we implement the National Defense Authorization Acts (NDAA) for Fiscal Year 2017 (FY17) and Fiscal Year 2019 (FY19), which will influence how we sustain readiness. We are working closely with the Defense Health Agency (DHA) and the rest of the JHSE to implement these legislative changes, with thorough analysis, deliberate planning, and ongoing coordination. I want to thank this committee and Congress for its steadfast support, which has improved our Army's warfighting and lifesaving capability. Our enduring priorities, people and values, remind us that as we build the requisite readiness to succeed in combat we must take care of our Soldiers and their Families, and remain true to the principles of our Army values and warrior ethos.

Soldier Readiness

Readiness begins with a fit and healthy fighting force and is the foundation of a strong national defense. With that foremost in our minds, the Army is improving personnel readiness and deployability by strengthening Soldiers, improving resilience, implementing the new Army Combat Fitness Test (ACFT), new deployability and fitness standards, and providing tools to fully inform command decisions.

To further increase the quality of the Army force, the Secretary of the Army set a non-deployable goal in September 2018 of under 5% by the end of FY19. The Army has reduced the number of non-deployable Soldiers making thousands of additional Soldiers ready to deploy in support of contingency operations around the world. Medical issues account for 3.7% of Soldier non-deployability with temporary profiles over 30 days (1.5%), pregnancies (0.6%) permanent profiles facing medical board processing (1.0%), and other permanent profiles (0.6%). Army Medicine has

begun a full revision of the standards of medical fitness and medical readiness regulations and guidance to inform future policy direction. Beyond reducing the number of non-deployable personnel, the published policies are establishing a culture of readiness. While the Army continues to monitor the impact of recent policy revisions and established initiatives, we are confident we are trending in the right direction, as evidenced by the increased readiness in our Brigade Combat Teams.

Medical readiness is a shared Soldier and command team responsibility. Army Medicine plays a decisive role; however, in monitoring, assessing, and identifying key health-related indicators and outcomes; enabling command teams to understand the health of their formations; and providing recommendations to mitigate risks. While policy revisions have aided in increasing deployability and lethality, Army Medicine's support of additional Army initiatives continues to provide positive results. The establishment of the Commander's Portal for Medical Protection System integrated crucial medical readiness information into one easy-to-use application, giving Commanders (or a designee) the ability to review Soldiers' deployability status quickly. In short, the Commander's Portal significantly increased visibility of factors influencing Soldier medical readiness.

Army readiness is strengthened across the force through the Warrior Care and Transition Program (WCTP). Army Warrior Care and Transition embodies the Army's enduring commitment to care for our wounded, ill and injured. Warrior Transition Units (WTU) provide an environment in which our Soldiers recover from wounds, injuries and illnesses, with the confidence that they, their families and caregivers will receive support. The program greatly benefits Army readiness through its high success rate in returning Soldiers to the force. Since the inception of the WCTP, over 82,000 Soldiers have entered the program with 42% returning to the force. As a result, nearly 33,000 Soldiers were able to return to their units, including senior noncommissioned officers (NCOs) and officers whose experience and knowledge would have taken years to replace. This is roughly equivalent to six Brigade Combat Teams. Our WTUs have

assisted in increasing readiness and provided retention cost savings for the Army. The Army will continue to maintain a level of scalability and flexibility within the WCTP to meet the future needs for our Soldiers.

Behavioral Health (BH)

Mental resilience is essential to Soldier health and readiness. Suicide continues to be an issue for our Nation and Army. We will continue to use all available assets to address the problem. The Army anticipates continued growth in the demand for BH care, even as overseas contingency operations decrease, due to the cumulative strain of over 17 years of sustained combat operations on Soldiers and Families, the unique stressors of military service, and the Army's continued emphasis on seeking help.

An October 2017 Harvard Business Review article highlighted the best practices captured in the transformation of the BH System of Care. As of November 2018, sixty-one Embedded Behavioral Health (EBH) Teams support all operational units, including thirty-one Brigade Combat Teams (BCT) and an additional 156 battalion and brigade-sized units. Today, embedded behavioral health consists of 691 Medical Command (MEDCOM) dedicated staff members including Active Duty, Civilian, and contract providers – psychiatrists, psychiatric nurse practitioners, licensed clinical social workers, clinical psychologists, and other fields.

The Army is continuing to work to decrease the stigma associated with seeking behavioral health care. The Behavioral Health System of Care (BHSOC) supports readiness by promoting health, identifying behavioral health issues early in the course of the illness, and delivering evidence-based treatment. Massachusetts Institute of Technology, Yale School of Management, RAND reports, and ongoing Army Public Health Center evaluations have validated the Army's approach.

Soldiers have shown a willingness to use behavioral health care. Encounters (or visits) have increased from 900,000 in FY07 at the height of combat operations in Iraq and Afghanistan to over 2.25 million in FY17. To improve access and reduce stigma, many of our programs are available to Soldiers and Families in their communities and

workplace. There are eleven at the Training and Doctrine Command (TRADOC) Centers of Excellence and fourteen installations with Brigade Combat Teams (BCTs) which host embedded BH specialists, to include twenty in Alaska, fifty-three in Europe, 119 at Fort Bragg, and 106 at Fort Hood to list a few. We have also embedded our Behavioral Health Specialists within operational Brigades and Special Forces Groups.

In FY19, the Army resourced approximately \$455 million to support BH and sustain implementation of behavioral healthcare initiatives. These funds specifically support the eleven recognized enterprise Behavioral Health Service Line clinical programs under each Medical Treatment Facility's standardized Department of Behavioral Health. The Army estimates a requirement of approximately \$462 million to support the same level of effort in FY20.

What is the effect of our BH programs? Accessible and effective behavioral health care has led to 65,975 fewer inpatient bed days for all types of behavioral health and Substance Use Disorder (SUD) conditions in 2017, a 41% decrease from 2012.

The Army continues to lead the expansion of substance treatment that allows Soldiers meeting prescribed criteria to receive treatment and aftercare voluntarily for alcohol-related SUDs. Additionally, Soldiers can proactively re-enter Substance Use Disorder Clinical Care (SUDCC) without mandatory enrollment in a treatment program. This voluntary care process often fosters early intervention prior to an alcohol-related incident. Of note, 10,779 (62%) active duty Soldiers self-referred for voluntary care vs. mandatory enrollment in formal SUD treatment in FY17. This significant increase of 22% from the previous year indicates the recognized benefit of early intervention through voluntary care in support of individual readiness.

Soldier Performance

A fit Soldier is a lethal Soldier. To further increase deployability, the Army established the Holistic Health and Fitness Program (H2F), which is a paradigm shift to a proactive injury prevention strategy. This program represents a comprehensive, integrated, and immersive health and fitness system of governance, personnel,

equipment, facilities, and leader education that maximizes readiness and deployability through the reduction of injuries, attrition, and associated costs. The program fosters resilient Soldiers who are better prepared to conduct their wartime mission.

Similar to professional athletes, Soldiers must train both mind and body for optimal performance. Since 2017, 71% of all Soldier injuries were cumulative micro-traumatic musculoskeletal (MSK) “overuse” injuries. The addition of physical and occupational therapists, strength and conditioning trainers, and dietitians to our units will improve our fitness culture and increase physical toughness across the Army, which will render a more lethal, ready, and deployable force.

I applaud the Army’s implementation of H2F in our combat formations. Army Medicine will continue to collaborate with TRADOC and Forces Command (FORSCOM) in support of the Army’s H2F Program. The Surgeon General’s Physical Performance Service Line (PPSL), a team of experts who focus on the leading cause of Soldiers seeking medical care - traumatic and overuse MSK injuries, studies soldier performance. Roughly 30% of all medical evacuations from Iraq or Afghanistan were for non-battle MSK conditions and injuries; most Soldiers did not return to theater. Early intervention of an acute injury prevents development of a chronic condition or disability. The work of our Physical Performance experts allows Army clinicians to address individual patient risk factors contributing to musculoskeletal injuries.

The Ready and Responsive Medical Force

The requirements established by the Army and the Joint Force set the bar for our ready and responsive medical force. The Army must maintain a rapidly responsive and broad spectrum of medical capabilities that can conduct rapid deployment in support of Combatant Commanders’ requirements. This drives how Army Medicine recruits, trains, and operates from expeditionary and pre-hospital emergency medicine to primary and tertiary care. Our medical capabilities must be prepared to support the full range of military operations with mission ready personnel able to rapidly transition from garrison to delivering the appropriate health service support in an area of operation. We maintain our skilled medical force through daily Medical Treatment Facility (MTF)

operations, medical training, and education programs. To make medical providers more readily available for training and contingency operations and to increase unit readiness, the Army has assigned healthcare providers to their operational unit with duty at the MTFs to maintain essential clinical competency. The assignment of deployable medical personnel to line units supports the operational commander's ability to evaluate and track the readiness of medical forces and establishes clear mission command of Army personnel working in MTFs.

To enable commanders' ability to better track the training and readiness of the medical provider force, the Army adopted Individual Critical Task Lists (ICTLs) in 2018. These are a combination of Army specific and joint development of knowledge, skills and attributes (or JKSA) task standards. Army Medicine developed ICTLs for ninety-eight AMEDD Officer Areas of Concentration and twenty-four enlisted military occupational specialties. All Army MTFs will use them to define readiness requirements at each facility and to evaluate the gaps in providing that readiness to the Army and DHA. Further, all Army medical personnel assigned or attached to a DHA facility will be required to use ICTLs as the Army's requirement for assessing readiness.

I am extremely proud of the world-class medical education and training we provide. Today, Army Medicine runs the largest Graduate Medical Education (GME) training program in the DoD. Annually, we train over 1,500 physicians in our MTFs. Our reputation for superior clinical training and leadership development boosts recruiting and retention efforts and our first time medical board certification pass rate of about 92% well exceeds the 86% national average in FY17. Our GME programs are vital force generation and retention tools. The reach of Army GME extends across all the DoD. Those leaving active duty service are a primary source of GME-trained physicians for the nation's civilian healthcare system, as well as the Army Reserves and National Guard, helping to bring experience and innovation to our Nation.

In addition to GME, the Army Medical Department Center and School (AMEDDC&S) located in San Antonio, Texas is the largest civilian-accredited service school and aligned under TRADOC. The Army trains more than 31,000 U.S. students

and 330 International students annually. This includes enlisted Soldiers, officers, warrant officers, and Army Civilians in diverse graduate, leadership, and technical programs. The AMEDDC&S has thirteen Master's Degree Programs and Doctoral Programs, which provide an advanced education in areas such as Public Health, Health Administration, Social Work, Nursing, and other critical health related fields. U.S. News and World Report ranked four of these programs in the top ten nationally: the U.S. Army Graduate Program in Anesthesia Nursing, the Army-Baylor University Doctor of Physical Therapy, the Army-Baylor University Master of Health Administration, and the Master of Physician Assistant Studies Program.

In 2018, Army Medicine created the AMEDD Medical Skills Sustainment Program. This gave Army trauma team members and enlisted healthcare providers the opportunity to serve and train for 2-3 years in prestigious civilian level-one trauma centers such as Cooper University Health Care in Camden, New Jersey; Oregon Health and Science University in Portland, Oregon; and other programs in Cincinnati, Ohio, and Hackensack, New Jersey. Finally, we will also rotate Army medics in select civilian hospitals over two-week rotations for "hands-on" immersive training.

Enabling a Ready Force Today and Tomorrow: Research and Modernization

Army Medicine continually evolves in the face of global threats and challenges to improve the battlefield survivability rate, Soldier adaptability to the most austere and extreme environments, and overall health of the force. Army Medicine researchers at the Army Futures Command (AFC) employ the best crosscutting and cross-functional efforts to modernize medical procedures and equipment in accordance with the needs of our beneficiaries and Congressional priorities.

The Army's Medical Research and Materiel Command (MRMC), is advancing the state of medical science to discover and explore innovative approaches to protect, support, and advance the health and welfare of Service members, Families, and communities. MRMC's research, development and acquisition elements, currently a vital part of the Army Futures Command, will become the Medical Research and

Development Command (MRDC) this year. They will accelerate the transition of innovative medical technologies into deployable products and translates advances in knowledge into new standards of care for preventing injury and disease, treating casualties, overcoming infectious diseases, minimizing adverse radiation health effects, promoting rehabilitation, and developing medical training systems.

The Defense Health Program (DHP) core research programs have focused on traumatic brain injury (TBI), behavioral health (including posttraumatic stress disorder (PTSD)), combat casualty care, military operational medicine, military infectious diseases, radiation health effects, clinical and rehabilitative medicine, health services, global health engagement, medical training systems, and health informatics. Research planning and research reviews are conducted jointly with the other Services, Department of Veterans Affairs (VA), and the National Institutes of Health (NIH).

Researchers have made great advances, which will improve the lethality of the Army. Most notable in 2018, the Food and Drug Administration (FDA) approved the first ever blood test for TBI, and, after 15 years of research, Dsuvia[®] (sufentanil), a tablet for severe pain/battlefield pain management. The FDA also approved a variance for DoD blood banks to extend the shelf life of platelets from 14 days to 21 days and authorized access to civilian blood banks to supply the DoD with cold stored platelets in the event of a major conflict. Researchers have also advanced regenerative medicine for revolutionary changes such as peripheral nerve growth following traumatic amputation; a living, anti-infective human skin substitute; and generation of functional skin by either spraying the patient's harvested skin cells on a burn wound to enhance healing or by applying skin substitutes grown in tissue culture in place of a skin graft.

Congressional funding has enabled MRMC to make advancements in the areas of combat casualty care, clinical rehabilitative medicine, medical training, health information, infectious disease prevention, and operational medicine. No nation on earth can approach the reach and scale of our medical support to deployed forces.

People

The strength of our Army is our people. We have a ready medical force capable of global deployment for the full range of military operations as we ensure the Total Force is ready to fight and win our Nation's wars. The recruitment, development, employment, and retention of Soldiers who are adaptable, skilled medical professionals is critical to the ability of Army Medicine to conduct its mission across multiple domains. Talent management is vital to enhancing readiness by aligning the unique knowledge, skills, and attributes of our people to the needs of our Army in supporting the JHSE and any operational requirements.

We must develop and equip our Soldiers and Army Civilians with tools that enable effective, agile and adaptive leaders. We must also develop our education and training in tandem with development of a career progression model that identifies key assignments that impart the experience and knowledge crucial to understand and solve the complex and dynamic challenges associated with globally integrated health services. These steps will produce medical leaders who understand how to plan, coordinate, and build synergy in medical capabilities provided by Services, interagency, multinational partners, and nongovernmental organizations.

The ultimate outcome is Army Soldiers who are medical professionals capable of operating within a joint framework and warfighting leaders who are capable of employing the medical force. To this end, we are committed to ensuring all Soldiers and Army Civilians have full career opportunities to reach their highest potential and realize their vast talent.

Military Healthy System (MHS) Reform

In keeping with Congressional intent, the goal of Military Health System (MHS) reform is an integrated, efficient, and effective system of readiness and health that best supports the lethality of the force. Transition of Army MTFs to DHA is an iterative process. Army Medicine will divest responsibilities for the administration and management of all MTFs to the DHA in a phased approach, which began 1 October

2018 with the transfer of Womack Army Medical Center, at Fort Bragg, North Carolina, to DHA. The MHS transition plan calls for the transfer of MTFs in the eastern United States in 2019; MTFs in the western United States will be transferred in 2020; and overseas MTFs by the end of 2021.

We are supporting and have committed resources to the transition efforts and will continue to work diligently with our JHSE colleagues to implement NDAA requirements while improving medical readiness, meeting the operational requirements of our Combatant Commanders, and providing quality healthcare to our patients.

To support the Army's objectives to increase lethality and combat power, Army Medicine identified military medical and dental positions that do not pose high risk to mission for conversion to civilian positions. These carefully considered conversions will enable the Army to repurpose the converted billets across the operational force to increase lethality and strength of operational units and will lead to enhancing medical skills for the remaining military medical billets by concentrating patient treatment performed at installation hospitals and clinics among fewer military providers. Our intent is to make the transfer of Army MTFs to the DHA transparent to our Service Members, Families, and retirees, who will all continue to receive high-quality medical care throughout the enterprise.

Conclusion

The Strength of our Army is our Soldiers and their Families. Our strength is not derived from a weapon or a weapon system alone; it originates from our people. Army Medicine is the driving force behind the medical innovations and technologies that allow us to adapt to future challenges that may arise at home or abroad. I would like to offer my praise and admiration to our Soldiers doing the Nation's work and everyone, military and civilian, who support them. No other Military Health System in the world can compare. We can transport an entire hospital around the world at a moment's notice and establish it where needed. Congressional support has always provided Army Medicine with the resources necessary to support our Army.

Our Army has relied on Army Medicine since 1775 to serve our fighting forces. We will continue to respond to the call with high quality care. This is our solemn obligation to our Nation - our readiness to support our Nation's Army will always be assured. I appreciate the subcommittee's work and your continued support to our Soldiers, Army Medicine, and our Army. It has been my honor to serve with you.