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Statement of
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Surgeon General of the Navy
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Subcommittee on Defense
The State of Navy Medicine
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Introduction

Chairman Stevens, Ranking Member Inouye, thank you for the opportunity to testify before you today about the state of Navy Medicine and our plans for the upcoming year.

Navy Medicine is an integral part of the Navy and Marine Corps team and plays a key role in our ever expanding and more diverse missions that continue to evolve as we fight the global war on terror. Against new enemies whose arsenals include catastrophic medical threats, Navy Medicine is a critical defensive weapon for the Navy and Marine Corps team. Consider just a few of these efforts: Navy Medicine provides surveillance for biological attacks, immunizes personnel to reduce the impact of bioterrorism events, assesses potential health threats in the operational environment, and provides expert clinical consultation to operational commanders, all while providing combat casualty care far-forward and exceptional care for our heroes and their families here at home.

Force Health Protection

The primary focus of Navy Medicine is Force Health Protection. Navy Medicine is preparing a healthy and fit force that can go anywhere and accomplish any mission that the defense of the nation requires. Further, Navy Medicine goes with them, to protect the men and women in uniform from the hazards of the battlefield. But as hard as we try, all this preparation does not fully prevent the physical and psychological impact of combat service.

Combat Casualty Care

As you know, more seriously injured warfighters are surviving their wounds – more than in any other conflict in history. These low mortality rates can be attributed to

improved trauma and combat casualty care of our medical personnel, advances in medical technology, better body armor, and improved training of our medical personnel; however, one of the most important contributors to saving lives on the battlefield has always been, and remains Navy corpsmen—Navy Medicine’s first responders on the battlefield. The platoon corpsmen are supported by a team of field surgeons, nurses, medical technicians and support personnel in theater, who are supported by medical evacuation teams and overseas Military Treatment Facilities (MTF) working together with MTFs in the US – this is the Navy Medicine continuum of care.

Navy Medicine’s commitment to the warfighter is clearly seen in the combat casualty care provided to injured and ill Marines and Sailors engaged in Operations IRAQI FREEDOM and ENDURING FREEDOM since the beginning of the Global War on Terror. Combat casualty care is a “continuum-of-care,” which begins with corpsmen in the field with the Marines; progresses to forward resuscitative care; on to theater level care; and culminates in care provided in route during patient evacuation to a military hospital. Medical care is being provided in Iraq and Afghanistan by organic Marine Corps health services units which include battalion aid stations, shock trauma platoons, surgical companies, and Forward Resuscitative Surgical Systems.

During current operations, Navy Medicine has made significant advances in the health care provided by first responders and in access to resuscitative surgical care during the critical “golden hour.” A badly injured Marine who receives advanced medical care within an hour of injury is highly likely to be saved.

Navy Medicine is also deployed worldwide with Naval air, surface and subsurface forces, providing daily health service support, force health protection, and medical intelligence and planning for the Navy's many traditional and nontraditional missions.

Our operationally-focused research efforts in areas such as disease surveillance, bioweapon detection, protection and countermeasures, emerging illnesses, field medical gear, and advanced aviation and diving physiology facilitates the warfighter's efforts to do his or her job more safely and effectively.

As our engagement in Iraq and Afghanistan continues, the number of injured service members who return in need of critical medical services will increase. As a result, and due to the severity and complexity of their injuries, increased cooperation and collaboration with our federal health care partners is essential to providing quality care. As an extension of Navy Medicine's ability to care for patients, partnerships with Veterans Affairs (VA) medical facilities continue to grow and develop into a mutually beneficial association. In 2003, the VA created the Seamless Transition Program to address the logistic and administrative barriers for active duty service members transitioning from military to VA-centered care. This program is working well and continues to improve as new lessons are learned. Recently-wounded Sailors and Marines differ from the VA's traditional rehabilitation patient in age, extent and complexity of injury, and family involvement; therefore, we are actively engaged at all levels to ensure that quality care is being provided throughout both systems.

Partnership with the Department of Veterans Affairs

Navy Medicine and the Department of Veterans Affairs continue to pursue enhancements to information management and technology initiatives to significantly

improve the secure sharing of appropriate health information. Several efforts are underway that will enable us to share real-time patient information and to improve system interoperability. We also continue to support the pursuit of increased sharing and are currently managing medical and dental agreements across the country.

In addition, our joint effort to create a hybrid organization based on new paradigms and practices continues to move forward. The Federal Health Care Facility at the site of Naval Hospital Great Lakes and the North Chicago Veterans Affairs Medical Center will operate under a single line of authority, overseen by a Board of Directors. All services currently being offered at both facilities will remain available, but will be delivered more efficiently within a seamless patient care and support environment.

Finally, in the area of military construction Navy Medicine is pursuing a variety of joint ventures that include a Consolidated Medical Clinic aboard the Naval Weapons Station in Charleston, SC; a VA clinic to be built to replace the Naval Clinic at Corry Station in Pensacola, FL; and planned replacement hospitals at Beaufort and Guam, each of which will include a VA presence. We are also pursuing Joint Incentive Fund Projects, as directed by the FY03 National Defense Authorization Act, across the enterprise.

Mental Health

The issue of mental health has been receiving much deserved attention since the beginning of OEF/OIF. I would like to take this opportunity to share with you some of the things that the Department of the Navy is doing to help the Navy and Marine Corps team cope with the stresses of combat.

Anyone exposed to the extremely stressful environment of combat is affected by those events, with the effects varying with each individual service members. Although most cope with no significant or lasting impact, a small percentage will need assistance in dealing with their experiences, and some of them may ultimately be diagnosed and treated for Post Traumatic Stress Disease or other mental health conditions.

Marines and Sailors are prepared for the psychological rigors of combat by being run through a realistic recreation of combat during pre-deployment training. Health screenings are conducted via the multi-tiered deployment health assessment process, prior to deployment, immediately upon return from theater, and most recently at the 3-6 month post deployment mark. In theater, Sailors and Marines have prompt access to chaplains, medical officers, and other mental health providers embedded with the operation forces through the Operational Stress Control and Readiness (OSCAR) Program. All aircraft carriers have a psychologist attached to the medical department aboard ship, and many of our new expeditionary strike groups also deploy with psychologists or psychiatrists onboard. In addition, since reunifications can sometimes be difficult, Sailors and Marines returning home are prepared to reunite with their families and communities through the “Warrior Transition” and “Return & Reunion” programs.

Deployments and Quality of Care

On an average day in 2005, Navy Medicine had over 3,500 medical personnel from the active and reserve components deployed in support of Operations, Exercises or Training around the world. Our missions vary and include humanitarian assistance abroad and at home; environmental risk assessments around the world; and combat casualty care.

Navy Medicine is continuously monitoring the impact deployments of medical personnel have on our ability to provide quality health care at home. Together with the network of TRICARE providers who support local Military Treatment Facilities (MTFs), beneficiaries have been able to continue accessing primary and specialty care providers. We closely monitor the access standards at our facilities using tools like the peer review process, to evaluate primary and specialty care access relative to the Department of Defense's standard.

Another means used to ensure quality is our robust quality assurance and risk management programs that promote, identify, and correct process or system issues and address provider and system competency issues in real time. Our program promotes a patient safety culture that complies with nationally established patient safety goals. These goals include training in the area of medical team management to improve communication processes as well as implementation of BUMED advisory boards' recommendations in critical patient safety and quality areas, such as perinatal care.

We have established evidence-based medicine initiatives and currently measure diabetes, asthma and women's breast health. Soon, we will add dental health and obesity.

Navy Medicine also promotes healthy lifestyles through a variety of programs. These programs include: alcohol and drug abuse prevention, hypertension identification and control, tobacco use prevention and cessation, and nutrition and weight management. Partnering with other community services and line leadership enhances their effectiveness and avoids duplication.

Changes in Navy Medicine

Since I testified before you nearly a year ago, Navy Medicine has gone through several changes to meet the evolving needs of the Navy and Marine Corps team. Last summer, we implemented a focused enterprise wide realignment effort to better direct our assets to maintain readiness and deliver the highest quality care in the most cost effective manner. This effort included standing up four regional commands – Navy Medicine West, Navy Medicine East, Navy Medicine National Capital Area and Navy Medicine Support Command – to provide a centralized and standardized structure of command and control. The regional commands have flexibility in supporting operational requirements while improving health care access and logistic support for all beneficiaries. Also, Navy Medicine’s ten reserve medical units, Operational Health Support Units (OHSU), are aligned with the regional commands to gain operating efficiencies and maximizes the utilization of reserve assets. Furthermore, Reserve dental units have also been consolidated into the OHSUs to mirror changes implemented by Navy Medicine’s active component.

Emerging Missions

Pandemics of influenza have occurred in the past and will likely occur again in the future. For the first time, however, the United States along with the global community have an opportunity to cooperatively plan and prepare for a potential influenza pandemic. The operational and medical leaders of the Navy are working together to develop operational tactics, public health techniques, and clinical capabilities to protect our active duty members, their families and our civilian workforce against this

threat. Navy Medicine's efforts will be a key component of the larger plan being developed by the Defense Department.

Navy Medicine has proven to be an asset in providing humanitarian relief overseas and at home. Two significant examples are Operation Unified Assistance in the Indian Ocean and Hurricane Katrina relief in the Gulf of Mexico. Our most visible support in these disasters was the deployment of both hospital ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20). The hospital ships have inpatient capabilities comparable to major medical facilities ashore. They each have fully-equipped operating rooms, inpatient beds, radiological services, a medical laboratory, a pharmacy, an optometry laboratory, a CT-scanner and two oxygen producing plants. Both have flight decks capable of landing large military helicopters evacuating casualties.

For six months after the December 2004 Indonesian earthquake and tsunami, teams of Navy medical personnel and health care providers from the nongovernmental organization (NGO) Project HOPE conducted daily humanitarian assistance operations on board USNS MERCY. Operating off the coast of Banda Aceh, MERCY's medical staff treated more than 9,500 patients ashore and afloat, and performed nearly 20,000 medical procedures, including more than 285 surgical and operating room cases. During a stop in Alor, Indonesia, MERCY's team cared for more than 6,200 patients, and during a visit to East Timor, they saw more than 8,000 residents.

On August 29, 2005, Hurricane Katrina struck the coastal areas of Louisiana, Alabama and Mississippi, causing many deaths, displacing a large civilian population, damaging infrastructure including health care and public health systems, disrupting

communications, and generating devastating flooding. Navy Medicine deployed over 800 health care professionals in support of Hurricane Katrina relief efforts and, with the help of Project Hope volunteers, treated over 14,500 people. Our personnel deployed with USS BATAAN, USS IWO JIMA, USNS COMFORT, the Joint Task Force Katrina Surgeon's cell, Forward Deployed Preventive Medicine Units, mental health response teams, Navy Construction Battalion Units, as well as in direct support of Navy clinics in Mississippi and Louisiana. Navy Medicine coordinated supporting relief efforts with medical staff and supplies from Navy medical facilities across the country.

Earlier this year, U.S. military field hospitals in Shinkiari and Muzaffarabad provided the earthquake-stricken people of Pakistan with medical assistance. Navy Medicine's Forward Deployed Preventive Medicine Units and the Marine Corps' Combined Medical Relief Team 3 were located in Shinkiari while the U.S. Army's hospital was set up in the city of Muzaffarabad. Between these units, U.S. forces brought to bear medical capabilities including operating rooms, x-ray equipment, pharmacies, laboratories, and many other assets all in an effort to supplement organic Pakistani medical facilities which were hit hardest by the earthquake. Surgeons, general medical officers, nurses, and dentists were joined by other support Marines and Sailors in treating victims of this natural disaster.

Medical Recruiting

Although our missions continue to evolve, we, like the other services and the private sector, are struggling to meet all of our recruitment, retention and end strength goals in health care professions. The need for skilled doctors and nurses has been

demonstrated time and again throughout the global war on terror; however, the number of medical school applicants and graduates in this country is declining. The Navy, together with Navy Medicine, is working to improve recruiting and retention of doctors and nurses so we can meet our deployment requirements. Some of the efforts being considered include: improving compensation parity with the private sector; studying incentive programs that better meet the needs of the current student population; and offering an accession bonus and medical insurance coverage for student programs.

Sustaining the Benefit/Health Care Costs

Navy Medicine has a dual mission. While meeting the operational medical needs of our warfighters as illustrated above, Navy Medicine continues to provide the finest, cost-effective health care to America's heroes and their families at home and overseas.

The Navy is proud of the exceptional health benefit and health care delivery system that Congress and the Defense Department have built, expanded upon and improved over the years. In the last ten years, both congressional and departmental initiatives have addressed gaps in program coverage and improved access to care for millions of military beneficiaries. These new benefits have made a positive contribution to our recruitment and retention efforts, and we wish to sustain them for the long-term.

In order for the Department to sustain the benefits that so many have come to expect, the long-term costs of the program must be contained for the program to remain viable in the future. TRICARE benefits have been expanded and implemented; however, there have been no changes in beneficiary cost shares since 1995. The Department proposes to restructure beneficiary contributions to proportions similar to when TRICARE was established in 1995. These changes will ensure we will be able to

continue providing the same high level of access and quality care enjoyed by our beneficiaries today. As Chairman Pace testified before you earlier this year, the Joint Chiefs have unanimously recommended that we reformat the cost sharing for the health care benefit.

As overall health care costs have grown for both the Department and the private sector, the expanding disparity in out-of-pocket costs between TRICARE and civilian health plans has led to a significant increase in the number of retired beneficiaries under the age of 65 who are now using TRICARE as their primary health insurance. This has resulted in an increase in the costs borne by the Department of Defense. The increased utilization, especially among this group of retirees, together with the expansion of benefits and healthcare inflation, have created a perfect storm. Costs have doubled in five years from \$19 billion in fiscal year 2001 to \$38 billion in fiscal year 2006. Analysts at Health Affairs project these costs will reach \$64 billion by 2015, about 12 percent of the Department's budget (vs. 4.5 percent in 1990). This current rate of medical cost growth is unsustainable and internal efficiencies are not, and will not, be sufficient to stem the tide of rising health care costs.

The Navy honors the service and sacrifice of our active duty and reserve members and retirees, as well as their families. Because of their service and sacrifice the Navy continually strives to provide a truly outstanding health benefit for them. The Administration's proposals to manage cost growth and sustain this valuable benefit encourage beneficiaries to elect medically appropriate cost-effective healthcare options. A very important point of the proposals is that the changes in cost sharing will not impact

active duty troops or retirees over age 65. In addition, catastrophic protections would remain intact for retiree families – at \$3,000 per year.

The Navy strongly supports the words of Joint Chiefs' Chairman Pace and Secretary Rumsfeld and wants to work closely with the distinguished members of this committee and all of Congress to sustain this great health benefit for the men and women of our Armed Forces and their families. Together, we will sustain the vital needs of the military to recruit, train, equip and protect our Service members who daily support our National Security responsibilities throughout the world, keeping our nation strong.

Conclusion

Mr. Chairman, Navy Medicine has risen to the challenge of providing a comprehensive range of services to manage the physical and mental health challenges of our brave Sailors and Marines, and their families who have given so much in the service of our nation. We have opportunities for continued excellence and improvement, both in the business of preserving health and in the mission of supporting our deployed forces.

I thank you for your tremendous support to Navy Medicine and look forward to our continued shared mission of providing the finest health services in the world to America's heroes and their families – those who currently serve, those who have served and the family members who support them.