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THE SENATE COMMITTEE ON APPROPRIATIONS

**STATEMENT OF**

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**SURGEON GENERAL OF THE NAVY**

**BEFORE THE**

**SUBCOMMITTEE ON DEFENSE**

**OF THE**

**SENATE COMMITTEE ON APPROPRIATIONS**

**SUBJECT:**

**DEFENSE HEALTH PROGRAM FY12 BUDGET**

**6 APRIL 2011**

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## **Introduction**

Chairman Inouye, Vice Chairman Cochran, distinguished Members of the Subcommittee, I am pleased to be with you today to provide an update on Navy Medicine, including some of our accomplishments, challenges and strategic priorities. I want to thank the Committee Members for the tremendous confidence and unwavering support of Navy Medicine, particularly as we continue to care for those who go in harm's way, their families and all beneficiaries.

Navy Medicine delivers world class care, anytime, anywhere. We are forward-deployed and engaged around the world every day, no matter what the environment and regardless of the challenge. The operational tempo of this past year continues to demonstrate that we must be flexible, adaptable and ready to respond globally. We will be tested in our ability to meet our operational and humanitarian assistance requirements, as well as maintain our commitment to provide patient and family-centered care to a growing number of beneficiaries. However, I am proud to say that Navy Medicine is responding to these challenges with skill, commitment and compassion.

## **Strategic Alignment, Integration and Efficiencies**

Strategic alignment with the priorities of the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps is critical to our ability to meet our mission. As a world-wide health care system, Navy Medicine is fully engaged in carrying out the core capabilities of the Maritime Strategy and the *Cooperative Strategy for the 21<sup>st</sup> Century Seapower* around the globe. Our ongoing efforts, including maintaining warfighter health readiness, conducting humanitarian assistance and disaster relief missions, protecting the health of our beneficiaries, as well as training our future force are critical to our future success.

We also recognize the importance of alignment within the Military Health System (MHS) as evidenced by the adoption of the Quadruple Aim initiative as a primary focus of the MHS Strategic Plan. The Quadruple Aim applies the framework from the Institute for Healthcare Improvement (IHI) and customizes it for the unique demands of military medicine. It targets the MHS and Services' efforts on integral outcomes in the areas of readiness, population health and quality, patient experience and cost. The goal is to develop better outcomes and implement balanced incentives across the MHS.

Within Navy Medicine, we continue to maintain a rigorous strategic planning process. Deliberative planning, constructive self-assessment and alignment at all levels of our organization, have helped create momentum and establish a solid foundation of measurable progress that drives change. It's paying dividends as we are seeing improved and sustained performance in our strategic objectives.

This approach is particularly evident in our approach to managing resources. We are leveraging analytics to target resource decisions. An integral component of our Strategic Plan is providing performance incentives that promote quality and directly link back to workload, readiness and resources. We continue to evolve to a system which integrates requirements, resources and performance goals and promotes patient and family-centered care. This transformation properly aligns authority, accountability and financial responsibility with the delivery of quality, cost-effective health care that remains patient and family-centered.

Aligning incentives helps foster process improvement particularly in the area of quality. Our Lean Six Sigma (LSS) program continues to be highly successful in identifying projects that synchronize with our strategic goals and have system-wide implications for improvement. Examples include reduced cycle time for credentialing providers and decreased waiting times for

diagnostic mammography and ultrasound. I am also encouraged by our collaboration with the Johns Hopkins' Applied Physics Laboratory to employ industrial engineering practices to improve clinical processes and help recapture private sector workload.

Navy Medicine continues to work within the MHS to realize cost savings through several other initiatives. We believe that robust promotion of TRICARE Home Delivery Pharmacy Program, implementation of supply chain management standardization for medical/surgical supplies and the full implementation of Patient-Centered Medical Home (PCMH) will be key initiatives that are expected to successfully reduce costs without compromising access and quality of care.

Rising health care costs within the MHS continue to present challenges. The Secretary of Defense has articulated that the rate at which health care costs are increasing and relative proportion of the Department's resources devoted to health care, cannot be sustained. He has been resolute in his commitment to implement systemic efficiencies and specific initiatives which will improve quality and satisfaction while more responsibly managing cost.

The Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps recognize that the MHS is not immune to the pressure of inflation and market forces evident in the health care sector. In conjunction with a growing number of eligible beneficiaries, expanded benefits and increased utilization throughout our system, it is incumbent upon us to ensure that we streamline our operations in order to get the best value for our expenditures. We have made progress, but there is more to do. We support the efforts to incentivize TRICARE Home Delivery Pharmacy Program and also to implement modest fee increases, where appropriate, to ensure equity in benefits for our retirees.

The Department of the Navy (DON) fully supports the Secretary's plan to better manage costs moving forward and ensure our beneficiaries have access to the quality care that is the hallmark of military medicine. As the Navy Surgeon General, I appreciate the tremendous commitment of our senior leaders in this critical area and share the imperative in developing a more affordable and sustainable health care benefit.

Navy Medicine has worked hard to get best value of every dollar Congress has provided and we will continue to do so. The President's Budget for FY12 adequately funds Navy Medicine to meet its medical mission for the Navy and Marine Corps. We are, however, facing challenges associated with operating under a potential continuing resolution for the remainder of the year, particularly in the areas of provider contracts and funding for facility special projects.

### **Force Health Protection**

Force Health Protection is the bedrock of Navy Medicine. It is what we do and why we exist. It is our duty – our obligation and our privilege – to promote, protect and restore the health of our Sailors and Marines. This mission spans the full spectrum of health care, from optimizing the health and fitness of the force, to maintaining robust disease surveillance and prevention programs, to saving lives on the battlefield. When Marines and Sailors go into harm's way, Navy Medicine is with them. On any given day, Navy Medicine is underway and forward deployed with the Fleet and Marine Forces, as well as serving as Individual Augmentees (IAs) in support of our global health care mission.

Clearly, our focus continues to be combat casualty care in support of Operation ENDURING FREEDOM (OEF). I, along with my fellow Surgeons General, recently returned from the Central Command (CENTCOM) Area of Responsibility (AOR) and again witnessed the stellar performance of our men and women delivering expeditionary combat casualty care. At

the NATO Role 3 Multinational Medical Unit, Navy Medicine is currently leading the joint and combined staff to provide the largest medical support in Kandahar with full trauma care to include 3 operating rooms, 12 intensive care beds and 35 ward beds. This state-of-the art facility is staffed with dedicated and compassionate active and reserve personnel who are truly delivering world-class care. Receiving 70 percent of their patients directly from the point of injury on the battlefield, our doctors, nurses and corpsmen apply the medical lessons learned from ten years of war to achieve a remarkable 97 percent survival rate for coalition casualties.

The Navy Medicine team is working side-by-side with Army and Air Force medical personnel and coalition forces to deliver outstanding health care to US military, coalition forces, contractors, Afghan national army, police and civilians, as well as detainees. The team is rapidly implementing best practices and employing unique skill sets with specialists such as an interventional radiologist, pediatric intensivist, hospitalist and others in support of their demanding mission. I am proud of the manner in which our men and women are responding – leaving no doubt that the historically unprecedented survival rate from battlefield injuries is the direct result of better trained and equipped personnel, in conjunction with improved systems of treatment and casualty evacuation.

Combat casualty care is a continuum which begins with corpsmen in the field with the Marines. We are learning much about battlefield medicine and continue to quickly put practices in place that will save lives. All deploying corpsmen must now complete the Tactical Combat Casualty Care (TCCC) training. TCCC guidelines for burns, hypothermia and fluid resuscitation for first responders have also been updated. This training is based on performing those interventions on the battlefield that address preventable causes of death. In addition, we have expanded the use of Combat Application Tourniquets (CATs) and hemostatic impregnated

bandages as well as improving both intravenous therapy and individual first aid kits (IFAKs) and vehicle medical kits (VMKs).

We continue to see success with our Forward Resuscitative Surgical System (FRSS) which allows for stabilization within the “golden hour”. The FRSS can perform 18 major operations over the course of 72 hours without being re-supplied. Our ability to send medical teams further forward has improved survivability rates. To this end, we are clearly making tremendous gains in battlefield medicine throughout the continuum of care. Work being conducted by the Joint Theatre Trauma Registry and Joint Combat Casualty Research Teams are enabling us to capture, evaluate and implement clinical practice guidelines and best practices quickly.

### **Humanitarian Assistance and Disaster Relief**

Navy Medicine continues its commitment to providing responsive and comprehensive support for Humanitarian Assistance/Disaster Relief (HA/DR) missions around the world. We are often the first responder for HA/DR missions due to the presence of organic medical capabilities with forward deployed Navy assets. Our hospital ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20) are optimally configured to deploy in support of HCA activities in South America, the Pacific Rim and East Asia.

Navy Medicine not only responds to disasters around the world and at home, we also conduct proactive humanitarian missions in places as far reaching as Africa through *Africa Partnership Station* to the Pacific Rim through *Pacific Partnership* and South America through *Continuing Promise*. MERCY’s recent deployment in support of *Pacific Partnership 2010*, the fifth annual Pacific Fleet proactive humanitarian mission, is strengthening ongoing relationships with host and partner nations in Southeast Asia and Oceania. During the 144-day, six nation

mission, we treated 109,754 patients, performed 859 surgeries and engaged in thousands of hours of medical subject matter expert exchanges.

Our hospital ships are executing our Global Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower partners around the world. With each successful deployment, we increase our interoperability with host and partner nations, non-governmental organizations and the interagency partners. Today's security missions must include humanitarian assistance and disaster response,

Enduring HA missions such as *Pacific Partnership* and *Continuing Promise*, as well other Medical Readiness Education Training Exercises (MEDRETEs) provide valuable training of personnel to conduct future humanitarian support and foreign disaster relief missions. Our readiness was clearly evident by the success of Operation UNIFIED RESPONSE (OUR) following the devastating earthquake in Haiti last year. Our personnel were trained and prepared to accomplish this challenging mission.

### **Concept of Care**

Patient and family-centered care is our core philosophy -- the epicenter of everything we do. We are providing comprehensive, compassionate health care for all our beneficiaries wherever they may be and whenever they may need it. Patient and family-centered care helps ensure patient satisfaction, increased access, coordination of services and quality of care, while recognizing the vital importance of the family. Navy Medicine serves personnel throughout their treatment cycle, and for our Wounded Warriors, we manage every aspect of medicine in their continuum of care to provide a seamless transition from battlefield to bedside to leading productive lives.



Medical Home Port is Navy Medicine's Patient-Centered Medical Home (PCMH) model, an important initiative that will significantly impact how we provide care to our beneficiaries. In alignment with my strategic goal for patient and family-centered care, Medical Home Port emphasizes team-based, comprehensive care and focuses on the relationship between the patient, their provider and the healthcare team. The Medical Home Port team is responsible for managing all health care for empanelled patients, including specialist referrals when needed. Patients see familiar faces with every visit, assuring continuity of care. Appointments and tests get scheduled promptly and care is delivered face-to-face or when appropriate, using secure electronic communication. PCMH is being implemented by all Services and it is expected to improve population health, patient satisfaction, readiness, and is likely to impact cost in very meaningful ways.

It is important to realize that Medical Home Port is not brick and mortar; but rather a philosophy and commitment as to how you deliver the highest quality care. A critical success factor is leveraging all our providers, and supporting information technology systems, into a cohesive team that will not only provide primary care, but integrate specialty care as well. We continue to move forward with the phased implementation of Medical Home Port at our medical centers and family medicine teaching hospitals, and initial response from our patients is very encouraging.

### **Caring for Our Heroes, Their Families and Caregivers**

We have no greater responsibility than caring for our service members, wherever and whenever they need us. This responsibility spans from the deckplates and battlefield to our clinics, hospitals and beyond. This commitment to provide healing in body, mind and spirit has

never been more important. Our case management programs, both medical and non-medical, play a vital role in the development of Comprehensive Recovery Plans to provide our war-injured service members' optimal outcomes. Case management is the link that connects resources and services for our Wounded Warriors and their families.

Associated with this commitment, we must understand that preserving the psychological health of service members and their families is one of the greatest challenges we face today. We recognize that service members and their families are resilient at baseline, but the long conflict and related deployments challenge this resilience. DON is committed to providing programs that support service members and their families.

The Navy Operational Stress Control program and Marine Corps Combat Operational Stress Control programs are the cornerstones of our approach to early detection of stress injuries in Sailors and Marines and are comprised of line-led programs which focus on leadership's role in monitoring the health of their people; tools leaders may employ when Sailors and Marines are experiencing mild to moderate symptoms; and multidisciplinary expertise (medical, chaplains and other support services) for more affected members.

Navy Medicine's Psychological Health (PH) program supports the prevention, diagnosis, mitigation, treatment and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including planning for the seamless transition of service members throughout the recovery and reintegration process. We have increased the size of the mental health work force to support the readiness and health needs of the Fleet and Marine Corps throughout the deployment cycle and, during FY10, funded 221 clinical and support staff positions at 14 Navy military treatment facilities (MTFs) to help ensure timely access to care.

Stigma remains a barrier; however, Navy and Marine Corps' efforts to decrease stigma have had preliminary success—with increased active leadership support and Operational Stress Control (OSC) training established throughout the Fleet and Marine Forces.

Within the Marine Corps, we continue to see success with the Operational Stress Control and Readiness (OSCAR) program as well as the OSCAR Extender program. OSCAR embeds full-time mental health personnel with deploying Marines and uses existing medical and chaplain personnel as OSCAR Extenders and trained senior and junior Marines as mentors to provide support at all levels to reduce stigma and break down barriers to seeking help. Our priority remains ensuring we have the service and support capabilities for prevention and early intervention available where and when it is needed. OSCAR is allowing us to move forward in this important area.

We recently deployed our third Navy Mobile Mental Health Care Team for a six-month mission in Afghanistan. The team consists of three mental health clinicians, a research psychologist and an enlisted psychiatry technician. Their primary tool is the Behavioral Health Needs Assessment Survey (BHNAS). The results give an overall assessment of real time force mental health and well-being every six months, and can identify potential areas or sub-groups of concern for leaders. It assesses a wide variety of content areas, including mental health outcomes, as well as the risk and protective factors for those outcomes such as combat exposures, deployment-related stressors, positive effects of deployment, morale and unit cohesion. The Mobile Care Team also has a mental health education role and provides training in Psychological First Aid to Sailors in groups and individually. Ultimately, Psychological First Aid gives Sailors a framework to promote resilience in one another.

Our Naval Center for Combat & Operational Stress Control (NCCOSC) is one way we are developing an environment that supports psychologically fit, ready and resilient Navy and Marine Corps forces. The goal is to demystify stress and help Sailors and Marines take care of themselves and their shipmates. NCCOSC continues to make progress in advancing research for the prevention, diagnosis and treatment of combat and operational stress injuries to include PTSD. They are involved in over 64 on-going scientific projects with 3,525 participants enrolled. NCCOSC has recently developed a pilot program, Psychological Health Pathways, which is designed to ensure that clinical practice guidelines are followed and evidence-based care is practiced and tracked. To date, 1,554 patients have been enrolled into the program with 600,062 points of clinical data gathered. The program involves intensive mental health case management, use of standardized measures, provider training and comprehensive data tracking.

In November 2010, we launched a pilot program, Overcoming Adversity and Stress Injury Support (OASIS) at the Naval Medical Center, San Diego. Developed by Navy Medicine personnel and located onboard the Naval Base Point Loma, California, OASIS is a 10-week residential program designed to provide intensive mental health care for service members with combat related mental health symptoms from post-traumatic stress disorder, as well as major depressive disorders, anxiety disorders and substance abuse problems. The program offers a comprehensive approach, focusing on mind and body through various methods including yoga, meditation, spirituality classes, recreation therapy, art therapy, intensive sleep training, daily group therapy, individual psychotherapy, family skills training, medication management and vocational rehabilitation. We will be carefully assessing the efficacy of this pilot program throughout this year.

Associated with our Operational Stress Control efforts, suicide prevention remains a key component. Suicide destroys families and impacts our commands. We are working hard at all levels to build the resilience of our Sailors and Marines and their families, as well as foster a culture of awareness and intervention by the command and shipmates. Our programs are focused on leadership engagement, intervention skills, community building and access to quality treatment. All of us in uniform have a responsibility to care for our shipmates and remain vigilant for signs of stress. A-C-T (Ask – Care – Treat) remains an important framework of response. In 2010, both the Navy and Marine Corps saw reductions in the number of suicides from the prior year, with the Navy seeing a reduction of 17 percent while the Marine Corps realized a 29 percent drop.

We are also committed to improving the psychological health, resiliency and well-being of our family members. When our Sailors and Marines deploy, our families are their foothold. Family readiness is force readiness and the physical, mental, emotional, spiritual health and fitness of each individual is critical to maintaining an effective fighting force. A vital aspect of caring for our Warriors is also caring for their families and we continue to look for innovative ways to do so.

To meet this growing challenge, Navy Medicine began an unparalleled approach in 2007 called Project FOCUS (Families OverComing Under Stress) to help our families. FOCUS is a family-centered resiliency training program based on evidenced-based interventions that enhances understanding, psychological health and developmental outcomes for highly stressed children and families. FOCUS has been adapted for military families facing multiple deployments, combat operational stress, and physical injuries in a family member. It is an 8-week, skill-based, trainer-led intervention that addresses difficulties that families may have when

facing the challenges of multiple deployments and parental combat related psychological and physical health problems. It has demonstrated that a strength-based approach to building child and family resiliency skills is well received by service members and their family members. Notably, program participation has resulted in statistically significant increases in family and child positive coping and significant reductions in parent and child distress over time, suggesting longer-term benefits for military family wellness.

Project FOCUS has been highlighted by the Interagency Policy Committee on Military Families Report to the President (October 2010) and has been recognized by the Department of Defense (DoD) as a best practice. Given the success FOCUS has demonstrated thus far, we will continue to devote our efforts to ensuring our service members and their families have access to this program. To date, over 160,000 Service members, families and community support providers have received FOCUS services, across twenty-three locations CONUS and OCONUS.

Our programs must address the needs of all of our Sailors, Marines and families, including those specifically targeted to the unique needs of reservists and our caregivers. The Reserve Psychological Health Outreach Program (RPHOP) identifies Navy and Marine Corps Reservists and their families who may be at risk for stress injuries and provides outreach, support and resources to assist with issue resolution and psychological resilience. An effective tool at the RPHOP Coordinator's disposal is the Returning Warrior Workshop (RWW), a two-day weekend program designed specifically to support the reintegration of returning Reservists and their families following mobilization. Some 54 RWWs have been held since 2008 with over 6,000 military personnel, family members and guests attending.

Navy Medicine is also working to enhance the resilience of caregivers to the psychological demands of exposure to trauma, wear and tear, loss, and inner conflict associated

with providing clinical care and counseling through the Caregiver Occupational Stress Control (CgOSC) Program. The core objectives are early recognition of distress, breaking the code of silence related to stress reactions and injuries, and engaging caregivers in early help as needed to maintain both mission and personal readiness.

In addition, the Naval Health Research Center (NHRC) produced "The Docs", a 200-page graphic novel, as a communication tool to help our corpsmen with the stresses of combat deployments. "The Docs" is the story of four corpsmen deployed to Iraq. While some events in the novel are specific to Operation IRAQI FREEDOM (OIF), it is not intended to depict any specific time period or conflict but rather highlight general challenges faced by corpsmen who serve as the "Docs" in a combat zone. It was developed with the intent to instill realistic expectations of possible deployment stressors and to provide examples for corpsmen on helpful techniques for in-theater care of stress injuries. This format was chosen for its value in providing thought-provoking content for discussion in training scenarios and to appeal to the targeted age group.

Nearly a decade of continuous combat operations has resulted in a growing population of service members suffering with Traumatic Brain Injury (TBI), the very common injury of OEF and OIF. The majority of TBI injuries are categorized as mild, or in other words, a concussion. We know more about TBI and are forging ahead with improved surveillance, treatment and research. However, we must recognize that there is still much we do not yet know about these injuries and their long-term impacts on the lives of our service members.

Navy Medicine is committed to ensuring thorough screening for all Sailors and Marines prior to expeditionary deployment, enhancing the delivery of care in theater, and the identification and testing of all at-risk individuals returning from deployment. We are committed

to enhancing training initiatives, developing better tools to detect changes related to TBI and sustaining research into better treatment options.

Pre-deployment screening is prescribed using the Automated Neuropsychological Assessment Metrics (ANAM). Testing has expanded to Navy and Marine Corps worldwide, enhancing the ability to establish baseline neurocognitive testing for expeditionary deployers. This baseline test has provided useful comparative data for medical providers in their evaluation, treatment and counseling of individuals who have been concussed in theater.

In-theater screening and treatment has also improved over time. The issuance of the Directive-Type Memorandum (DTM) 09-033 in June 2010 has increased leaders' awareness of potential TBI exposure and mandates post-blast evaluations and removal of blast-exposed warfighters from high risk situations to promote recovery. Deploying medical personnel are trained in administering the Military Acute Concussion Evaluation (MACE), a rapid field assessment to help corpsmen identify possible concussions. Additionally, deploying medical providers receive training on the DTM requirements and in-theater Clinical Practice Guidelines (CPGs) for managing concussions.

In August 2010, the Marine Corps, supported by Navy Medicine, opened the Concussion Restoration Care Center (CRCC) at Camp Leatherneck in Helmand Province to assess and treat service members with concussion or musculoskeletal injuries, with the goal of safely returning as many service members as possible to full duty following recovery of cognitive and physical functioning. The CRCC is supported by an interdisciplinary team including sports medicine, family medicine, mental health, physical therapy and occupational therapy. I am encouraged by the early impact the CRCC is having in theatre by providing treatment to our service members



close to the point of injury and returning them to duty upon recovery. We will continue to focus our attention on positioning our personnel and resources where they are most needed.

Post-deployment surveillance for TBI is accomplished through the Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA), which are required for returning deployers. Further evaluation, treatment and referrals are provided based on responses to certain TBI-specific questions on the assessments.

TBI research efforts are focused on continuing to refine tools for medical staff to use to detect and treat TBI. Two specific examples are a study of cognitive and physical symptoms in USMC Breacher instructors (who have a high lifetime exposure rate to explosive blasts) and an ongoing surveillance effort with USMC units with the highest identified concussion numbers to determine the best method for identifying service members requiring clinical care. These efforts are coupled with post-deployment ANAM testing for those who were identified as sustaining at least one concussion in theater. Other efforts are underway to identify physical indicators and biomarkers for TBI, such as blood tests, to help in diagnosis and detection. We are also conducting evaluations of various neurocognitive assessment tools to determine if there is a “best” tool for detecting concussion effects in the deployed environment. Our efforts also include those coordinated jointly with the other Services, the Defense and Veterans Brain Injury Center (DVBIC), and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).

I am committed to ensuring that we build on the vision advanced by the Members of Congress and the hard work of the dedicated professionals at all the Centers of Excellence, MTFs, research centers and our partners in both the public and private sectors. These Centers of Excellence have become important components of the Military Health System and their work in

support of clinical best practices, research, outreach and treatment must continue with unity of effort and our strong support.

Our service members must have access to the best treatment, research and education available for PH and TBI. We continue to see progress as evidenced by the opening of the National Intrepid Center of Excellence (NICoE) onboard the National Naval Medical Center campus. As a leader in advancing state-of-the-art treatment, research, education and training, NICoE serves as an important referral center primarily for service members and their families with complex care needs, as well as a hub for best practices and consultation. NICoE also conducts research, tests new protocols and provides comprehensive training and education to patients, providers and families – all vital to advancing medical science in PH and TBI.

Navy Medicine is also working with the DCoE, its component centers including DVBIC, the Department of Veterans Affairs, research centers, and our partners in both the public and private sectors to support best clinical practices, research and outreach. We continue to see gains in the both the treatment and development of support systems for our Wounded Warriors suffering with these injuries; however, we must recognize the challenging and extensive work that remains. Our commitment will be measured in decades and generations and must be undertaken with urgency and compassion.

### **The Navy Medicine Team**

Our people are our most important assets, and their dignity and worth are maintained through an atmosphere of service, professionalism, trust and respect. Navy Medicine is fortunate to have over 63,000 dedicated professionals working to improve and protect the health of Sailors, Marines and their families. Our team includes officers, enlisted personnel, government civilians and contractors working together in support of our demanding mission. I have been privileged to

meet many of them in all environments – forward-deployed with the operating forces, in our labs and training facilities, at the bedside in our medical centers and hospitals – and I’m always inspired by their commitment.

We are working diligently to attract, recruit and retain our Navy Medicine personnel. Overall, I remain encouraged with the progress we are making in recruiting and overall manning and we are seeing the successes associated with our incentive programs. In FY 10, we met our Active Medical Department recruiting goal and attained 90 percent of Reserve Medical Department goal, but there was a notable shortfall in Reserve Medical Corps recruiting at 70 percent. Given the relatively long training pipeline for many of our specialties, we clearly recognize the impact that recruiting shortfalls in prior years, particularly in the Health Professions Scholarship Program (HPSP), can have in meeting specialty requirements today and moving forward. Recruiting direct accession physicians and dentists remains challenging, requiring our scholarship programs to continue recent recruiting successes to meet inventory needs. Retention has improved for most critical wartime specialties, supported by special pay initiatives; however, some remain below our requirements and continue to be closely monitored.

Within the active component Medical Corps, general surgery, family medicine and psychiatry have shortfalls, as does the Dental Corps with general dentistry and oral maxillofacial surgery specialties. We are also experiencing shortfalls for nurse anesthetists, perioperative and critical care nurses, family nurse practitioners, clinical psychologists, social workers and physician assistants.

The reserve component shortages also exist within anesthesiology, neurosurgery, orthopedic surgery, internal medicine, psychiatry, diagnostic radiology, comprehensive dentistry and oral maxillofacial surgery as well as perioperative nursing, anesthesia and mental health nurse practitioners.

We appreciate your outstanding support for special pays and bonus programs to address these shortages. These incentives will continue to be needed for future success in both recruiting and retention. We are working closely with the Chief of Naval Personnel and Commander, Naval Recruiting Command to assess recruiting incentive initiatives and explore opportunities for improvement.

For our civilian personnel within Navy Medicine, we are also coordinating the National Security Personnel System (NSPS) replacement for 32 healthcare occupations to ensure pay parity among healthcare professions. We have been successful in hiring required civilians to support our Sailors and Marines and their families - many of whom directly support our Wounded Warriors. Our success in hiring is in large part due to the hiring and compensation flexibilities that have been granted to the DoD's civilian healthcare community over the past several years.

Our priority remains to maintain the right workforce to deliver the required medical capabilities across the enterprise, while using the appropriate mix of accession, retention, education and training incentives.

I want to also reemphasize the priority we place on diversity. Navy Medicine has continued to emerge as a role model of diversity as we focus on inclusiveness while aligning ethnic and gender representation throughout the ranks to reflect our Nation's population. Not only are we setting examples of a diverse, robust and dedicated health care force, but this

diversity also reflects the people for whom we provide care. We take great pride in promoting our message that we are the employer of choice for individuals committed to a culturally competent work-life environment; one where our members proudly see themselves represented at all levels of leadership.

For all of us in Navy Medicine, an excerpt from the Navy Ethos articulates well what we do: “We are a team, disciplined and well-prepared, committed to mission accomplishment. We do not waiver in our dedication and accountability to our Shipmates and families.”

### **Excellence in Research and Development and Health Education**

World-class research and development capabilities, in conjunction with outstanding medical education programs, represent the future of our system. Each is a force-multiplier and, along with clinical care, is vital to supporting our health protection mission. The work that our researchers and educators do is having a direct impact on the treatment we are able to provide our Wounded Warriors, from the battlefield to the bedside. We will shape the future of military medicine through research, education and training.

The overarching mission of our Research and Development program is to conduct health and medical research, development, testing, and evaluation (RDT&E), and surveillance to enhance the operational readiness and performance of DoD personnel worldwide. In parallel, our Clinical Investigation Program activity, located at our teaching MTFs is, to an increasing degree, participating in the translation of appropriate knowledge and products from our RDT&E activity into proof of concept and cutting edge interventions to benefit our Wounded Warriors and our beneficiaries. We are also committed to connecting our Wounded Warriors to approved emerging and advanced diagnostic and therapeutic options within and outside of military medicine while ensuring full compliance with applicable patient safety policies and practices.

Towards this end, we have developed our top five strategic research goals and needs to meet the Chief of Naval Operations and Commandant of the Marine Corps war fighting requirements. These include:

- Traumatic brain injury (TBI) and psychological health treatment and fitness for both operational forces and home-based families.
- Medical systems support for maritime and expeditionary operations to include patient medical support and movement through care levels I and II with emphasis on the United States Marine Corps (USMC) casualty evacuation (CASEVAC) and En Route Care systems to include modeling and simulation for casualty prediction, patient handling, medical logistics, readiness, and command, control, communications and intelligence (C3I).
- Wound management throughout the continuum of care, to include chemical, molecular, and cellular indicators of optimum time for surgical wound closure, comprehensive rehabilitation; and reset to operational fitness.
- Hearing restoration and protection for operational maritime surface and air support personnel.
- Undersea medicine, diving and submarine medicine, including catastrophe intervention, rescue and survival as well as monitoring and evaluation of environmental challenges and opportunities.

During my travel overseas this past year, including Vietnam, current partnerships and future partnerships possibilities between Navy Medicine and host nation countries were evident. Increasing military medical partnerships are strengthening overall military to military relationships which are the cornerstone of overarching bi-lateral relations between allies. These engagements are mutually beneficial -- not only for the armed forces of both countries, but for world health efforts with emerging allies in support of global health diplomacy.

Graduate Medical Education (GME) is vital to our ability to train our physicians and meet our force health protection mission. Vibrant and successful GME programs continue to be the hallmark of Navy Medicine and I am pleased that despite the challenges presented by a very high operational tempo and past year recruiting shortfalls, our programs remain strong. All of our GME programs eligible for accreditation are accredited and most have the maximum or near maximum accreditation cycle lengths. In addition, our graduates perform very well on their

Specialty Boards - significantly exceeding the national pass rate in almost every specialty year after year. The overall pass rate for 2009 was 97 percent. Most importantly, our Navy-trained physicians continue to prove themselves to be exceptionally well prepared to provide care in austere settings from the battlefield to disaster relief missions.

In addition to GME, we are leveraging our inter-service education and training capabilities with the new state-of-the-art Medical Education and Training Campus (METC) in San Antonio, Texas. Now operational, METC represents the largest consolidation of Service training in the history of DoD, and is the world's largest medical training campus. Offering 30 programs and producing 24,000 graduates annually, METC will enable us to train our Sailors, Soldiers and Airmen to meet both unique Service-specific and joint missions. Our corpsmen are vital to saving lives on the battlefield and the training they receive must prepare them for the rigors of this commitment. I am committed to an inter-service education and training system that optimizes the assets and capabilities of all DoD health care practitioners yet maintains the unique skills and capabilities that our corpsmen bring to the Navy and Marine Corps – in hospitals, at sea and on the battlefield.

### **Collaboration Engagement**

Navy Medicine recognizes the importance of leveraging collaborative relationships with the Army and Air Force, as well as the Department of Veterans Affairs (VA), and other federal and civilian partners. These engagements are essential to improving operational efficiencies, education and training, research and sharing of technology. Our partnerships also help create a culture in which the sharing of best practices is fundamental to how we do business and ultimately helps us provide better care and seamless services and support to our beneficiaries.

The progress we are making with the VA was clearly evident as we officially activated the Captain James A. Lovell Federal Health Care Center in Great Lakes, Illinois – a first-of-its-kind fully integrated partnership that links Naval Health Clinic Great Lakes and the North Chicago VA Medical Center into one healthcare system. We are grateful for all your support in helping us achieve this partnership between the Department of Veterans Affairs, DoD and DON. We are proud to be able to provide a full spectrum of health care services to recruits, active duty, family members, retirees and veterans in the Nation's first fully integrated VA/Navy facility. We look forward to continuing to work with you as we improve efficiencies, realize successes and implement lessons learned.

Navy Medicine has 52 DoD/VA sharing agreements in place for medical and ancillary services throughout the enterprise as well as 10 Joint Incentive Fund (JIF) projects. When earlier JIF projects ended, they were superseded by sharing agreements. Naval Health Clinic Charleston and the Ralph H. Johnson VA Medical Center celebrated the opening of the new Captain John G. Feder Joint Ambulatory Care Clinic. This newly constructed outpatient clinic located on Joint Base Charleston Weapons Station is a state-of-the-art 188,000 square foot facility that is shared by the VA and the Navy Health Clinic Charleston. This project is another joint initiative such as the Joint Ambulatory Care Center in Pensacola that replaced the former Corry Station Clinic; and another in Key West where the VA's Community Based Outpatient Clinic (CBOC) and the Navy Clinic are co-located, continuing collaboration and providing service at the site of our first VA/DoD Joint Venture.

We are also continuing to work to implement the Integrated Disability Evaluation System (IDES) at our facilities in conjunction with VA. To date, this program has been implemented at 15 of our MTFs. This world-wide expansion, to be completed in FY11, follows the DES Pilot



program and the decision of the Wounded, Ill and Injured Senior Oversight Council (SOC) Co-chairs (Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs) to move forward to streamline the DoD DES process.

One of our most important projects continues to be the successful transition of the new Walter Reed National Military Medical Center (WRNMMC) onboard the campus of the National Naval Medical Center, Bethesda. This realignment is significant and the Services are working diligently with DoD's lead activity, Joint Task Force Medical – National Capital Region to ensure we remain on track to meet the Base Realignment and Closure (BRAC) deadline of 15 September 2011. Our priority continues to be properly executing this project on schedule without any disruption of services. We also understand the importance of providing a smooth transition for our dedicated personnel - both military and civilian - to the success of WRNMMC. We recognize that these dedicated men and women are critical to our ability to deliver world class care to our Sailors, Marines, their families and all our beneficiaries for whom we are privileged to serve.

### **The Way Forward**

I am proud of the progress we are making, but not satisfied. We continue to see groundbreaking innovations in combat casualty care and remarkable heroics in saving lives. But all of us remain concerned about the cumulative effects of worry, stress and anxiety on our service members and their families brought about by a decade of conflict. Each day during my tenure as the Navy Surgeon General, we have been a Nation at war. Each day resonates with the sacrifices that our Sailors, Marines and their families make, quietly and without bravado. They go about their business with professionalism, skill, and frankly, ask very little in return. It is this commitment, this selfless service, that helps inspire us in Navy Medicine. Regardless of the

challenges ahead, I am confident that we are well-positioned for the future.

I will be retiring from Naval Service later this year and I want to express my thanks for all the support you provide to Navy Medicine and to me throughout my tenure as the Navy Surgeon General.