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Statement of

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Chairman Inouye, Ranking Member Stevens, distinguished members of the committee, I am here to share with you my vision for Navy Medicine in the upcoming fiscal year. You have been very supportive of our mission in the past, and I want to express my gratitude on behalf of all who work for Navy Medicine – uniformed, civilian, contractor, volunteer personnel – who are committed to meeting and exceeding the health care needs of our beneficiaries.

Navy Medicine is at a particularly critical time in history as the Military Health System has come under increased scrutiny. Resource constraints are real, along with the increasing pressure to operate more efficiently while compromising neither mission nor health care quality. The budget for the Defense Health Program contains fiscal limits that continue to be a challenge. The demands for wounded warrior care continue to steadily increase due to military operations in Iraq and Afghanistan. Furthermore, Navy Medicine must meet the requirement to maintain a peacetime mission of family and retiree health care, as well as provide Humanitarian Assistance/Disaster Relief as needed around the globe.

The current rate of medical cost growth is adding increased demands on the defense budget and internal efficiencies are insufficient to stem the rising healthcare costs. Benefit adjustments should be considered to ensure the future of our high quality medical system and to sustain it for years to come.

Force Health Protection and Readiness

Our mission is Force Health Protection. Navy Medicine is capable of supporting the full range of operations from combat support for our warriors throughout the world to humanitarian assistance. As a result, is it vitally important that we maintain a fully ready force, and we achieve that by recruiting and retaining outstanding healthcare personnel and providing excellence in clinical care, graduate health education, and biomedical research, the core foundation of Navy Medicine.

Navy Medicine must ensure that our forces are ready to go when called upon. We must remain fully committed to Readiness in two dimensions: the medical readiness of our Sailors and Marines, and the readiness of our Navy Medicine team to provide health service support across the full range of military operations. We place great emphasis on preventing injury and illness whenever possible. We are all constantly looking at improvements to mitigate whatever adversary, ailment, illness or malady affects our warrior and/or their family members. We provide care worldwide, making Navy Medicine capable of meeting our military's challenges, which are critical to the success of our warfighters.

The Navy and Marine Corps team is working to improve a real-time, standardized process to report individual medical readiness. Navy Medicine collaborates with the line to increase awareness of individual and command responsibilities for medical readiness -- for it is as much an command responsibility as it is that of the individual.

Humanitarian Assistance/Disaster Relief Missions (HA/DR)

Since 2004, the Navy Medical Department has served on the forefront of HA/DR missions which are part of the Navy's Core Elements of Maritime Power. Navy Medicine physicians, nurses, dentists, ancillary healthcare professional officers, and hospital corpsmen

have steamed to assist wherever there has been a need for health care. As a result, it has been said that Navy Medicine is the heart of the U.S. Navy.

HA/DR Missions create a synergy and opportunity for all elements of national power – diplomatic, informational, military, economic, joint, interagency and cooperation with non-governmental organizations (NGOs). Most recently the USNS COMFORT (TAH-20) sent a strong message of U.S. compassion, support and commitment to the Caribbean and Central and South America during last summer's mission. Military personnel, as well as officers from the U.S. Public Health Service, trained and provided HA to the people of the partner nations and helped enhance security, stability and cooperative partnerships with the countries visited. NGOs participated in this deployment and brought value, expertise and additional capacity to the mission. According to President Tony Saca of El Salvador, "This type of diplomacy really touched the heart and soul of the country and the region and is the most effective way to counter the false perception of what Cuban medical teams are doing in the region."

Last fall during the San Diego fires, the Navy engaged as an integral member of the community and provided assistance in several ways, including providing medical care to civilian evacuees. The Naval Medical Center in San Diego (NMCSD) accepted patients due to civilian hospital evacuations. In addition, NMCSD replenished medical supplies for community members who evacuated their homes without necessary medications. In addition, medical personnel from Naval Hospital Twenty-Nine Palms and aboard ships in the area were helping civilian evacuees at evacuation centers across the county.

It is important to note, that if not planned for appropriately this emerging part of our mission will prove difficult to sustain in future years. We must balance the requirements of sustaining the Global War on Terror with HA/DR requirements.

Patient and Family Centered Care and Wounded, Ill and Injured Service Members

Navy Medicine's concept of care is always patient and family centered, and we will never lose our perspective in caring for our beneficiaries. Everyone is a unique human being in need of individualized, compassionate and professionally superior care. As you have heard, advances in battlefield medicine have improved survivability rates so the majority of the wounded we are caring for today will reach our CONUS facilities. This was not the case in past conflicts. These advances, leveraged together with Navy Medicine's patient and family centered care, provide us with the opportunities to effectively care for these returning heroes and their families. In Navy Medicine we empower our staff to do whatever necessary to deliver the highest quality, comprehensive health care.

The Military Healthcare System is one of the most valued benefits our great nation provides to service members and their families. Each service is committed to providing our wounded, ill and injured with the highest quality, state-of-the art medical care, from the war zone to the home front. The experience of this health care, as perceived by the patient and their family, is a key factor in determining health care quality and safety.

For Navy Medicine the progress a patient makes from initial care to rehabilitation, and in the support of life-long medical requirements is the driver of where a patient is clinically located in the continuum of care and how that patient is cared for. Where a particular patient is in the continuum of care is driven by the medical care needed instead of the administrative and personnel issues or demands. Medical and administrative processes are tailored to meet the needs

of the individual patient and their family--whatever they may be! For the overwhelming majority of our patients, their priority is to locate their care as close to their homes as possible. We learned early on that families displaced from their normal environment and dealing with a multitude of stressors, are not as effective in supporting the patient and his or her recovery. Our focus is to get the family back to "normal" as soon as possible, which means returning the patient and their family home to continue the healing process.

In Navy Medicine we have established a dedicated trauma service as well as a comprehensive multi-disciplinary care team which interfaces with all of the partners involved in the continuum of care. These partners include Navy and Marine line counterparts who decentralize care from a monolithic continuum with one person in charge to a dispersed network where patients and families return to their communities; once returned home they can engage with friends, families, traditions, peers and their communities in establishing their new life. To move patients closer to home requires a great deal of planning, interaction and coordination with providers, case workers and other related health care professionals to ensure care is a seamless continuum. We work together from the day of admission to help the patient and the family know we are focused on eventually moving the patient closer to home as soon as their medical needs allow. The patient's needs will dictate where they are, not the system's needs.

Our single trauma service admits all OEF/OIF patients with one physician service as the point of contact for the patient and their family. Other providers, such as orthopedic surgery, oral-maxillofacial surgery, neurosurgery and psychiatry, among others, serve as consultants all of whom work on a single communications plan. In addition to providers, other key team members of the multi-disciplinary team include the service liaisons at the military treatment facility, the Veterans Affairs health care liaison and military services coordinator.

Another key component of the care approach by Navy Medicine takes into consideration family dynamics from the beginning. Families are considered as part of the care team, and we integrate their needs into the planning process. They are provided with emotional support by encouraging the sharing of experiences among other families (family-to-family support) and through access to mental health services.

Currently, Navy Medicine is also paying particular attention to de-stigmatizing psychological health services, the continuity of care between episodes, and the hand-0ff between the direct care system and the private sector. We are developing a process to continuously assess our patient and their families perspectives so that we may make improvements when and where necessary.

Beginning in 2006, Navy Medicine established Deployment Health Centers (DHCs) to serve as non-stigmatizing portals of entry in high fleet and Marine Corps concentration areas and to augment primary care services offered at the military treatment facilities or in garrison. Staffed by primary care providers and mental health teams, the centers are designed to provide care for Marines and Sailors who self-identify mental health concerns on the Post Deployment Health Assessment and Reassessment. The centers provide treatment for other service members as well. We now have 17 such clinics, up from 14 since last year. From 2006 through January 2008, DHCs had over 46,400 visits, 28 percent of which were for mental health issues.

Delays in seeking mental health services increase the risks of developing mental illness and exacerbating physiological symptoms. These delays can have a negative impact on a service member's career. As a result, we remain committed to reducing stigma as a barrier to ensuring service members receive full and timely treatment following their return from deployment. Of particular interest is the recognition and treatment of mental health conditions such as PTSD. At

the Navy's Bureau of Medicine and Surgery we established the position for a "Combat and Operational Stress Control Consultant" (COSC). This individual, who reported on December 2006, is a combat experienced psychiatrist and preventive medicine/operational medicine specialist. Dedicated to addressing mental health stigma, training for combat stress control, and the development of non-stigmatizing care for returning deployers and support services for Navy caregivers, this individual also serves as the Director of Deployment Health. He and his staff oversee Post Deployment Reassessment (inclusive of Deployment Health Centers), Substance Abuse Prevention and Treatment, Traumatic Brain Injury diagnosis and treatment, and a newly created position for Psychological Health Outreach for Reserve Component Sailors.

As you know, in June 2007 Secretary Gates received the recommendations from the congressionally-mandated Department of Defense (DoD) Mental Health Task Force. Additionally, the Department's work on identifying key gaps in our understanding and treatment of TBI gained greater visibility and both DoD and the Department of Veterans Affairs began implementing measures to fill those gaps. Positive momentum has resulted from the task force's recommendations, the Department of Defense's work on TBI, and the additional funding from Congress. This collaboration provided an opportunity for the services to better focus and expand their capabilities in identifying and treating these two conditions.

Since the late 1990s Navy Medicine has been embedding mental health professionals with operational components of the Navy and the Marine Corps. Mental health assets aboard ships can help the crew deal with the stresses associated with those living isolated and unique conditions. Tight quarters, long work hours, and the fact that many of the staff may be away from home for the first time, presents a situation where the stresses of "daily" life may prove detrimental to a Sailor's ability to cope so having a mental health professional who is easily accessible and going through many of the same challenges has increased operational and battle readiness aboard these platforms.

For the Marines, Navy Medicine division psychiatrists stationed with Marines developed OSCAR Teams (Operational Stress Control and Readiness) which embed mental health professional teams as organic assets in operational units. Making these mental health assets organic to the unit minimizes stigma and provides an opportunity to prevent combat stress situations from deteriorating into disabling conditions. There is strong support for making these programs permanent and ensuring that they are resourced with the right amount of staff and funding.

At the Navy's Bureau of Medicine and Surgery and Marine Corps headquarters, two positions for Combat and Operational Stress Consultants have been created. These individuals are dedicated to addressing mental health stigma, training for combat stress control, and the development of non-stigmatizing care for returning deployers and support services for Navy Caregivers.

In addition, we are developing and strengthening training programs for line leadership and our own caregivers. The goal is for combat stress identification and coping skills to be part of the curriculum at every stage of development of a Sailor and/or Marine. From the Navy's A Schools, to the Marine Corps Sergeant's course, and in officer indoctrination programs, we must ensure that dealing with combat stress becomes as common as dealing with any other medical issue.

Recently Navy Medicine received funding for creation of a Navy/Marine Corps Combat and Operational Stress Control (COSC) Center at Naval Medical Center San Diego (NMCSD). The concept of operations for this first-of-its-kind capability is underway, as is the selection of

an executive staff to lead the Center. The primary role of this Center is to identify best COSC practices, develop combat stress training and resiliency programs specifically geared to the broad and diverse power projection platforms and Naval Type Commands, establish provider "Caring for the Caregiver" initiatives, and coordinate collaboration with other academic, clinical, and research activities. As the concept for a DOD Center of Excellence develops, we will integrate, as appropriate, the work of this center. The program also hopes to reflect recent advancements in the prevention and treatment of stress reactions, injuries, and disorders.

We continue to make significant strides towards meeting the needs of military personnel with psychological health needs and TBI- related diagnoses, their families and their caregivers. We are committed in these efforts to improve the detection of mild to moderate TBI, especially those forms of TBI in personnel who are exposed to blast but do not suffer other demonstrable physical injuries. Service members who return from deployment and have suffered such injuries may later manifest symptoms that do not have a readily identifiable cause, with potential negative effect on their military careers and quality of life.

Our goal is to establish comprehensive and effective psychological health services throughout the Navy and Marine Corps. This effort requires seamless programmatic coordination across the existing line functions (e.g., Wounded Warrior Regiment, Safe Harbor) while working numerous fiscal, contracting and hiring issues. Your patience and persistence are deeply appreciated as we work to achieve long-term solutions to provide the necessary care.

Recruitment and Retention and Graduate Medical Education

We have not met our recruitment and retention goals for Medical and Dental Corps officers for the last three years. This situation is particularly stressful in wartime medical specialties. Currently, we have deployed 90 percent of our general surgery Active Duty medical corps officers, a specialty that is only manned at 87 percent. For psychiatrists, who are 94 percent manned, 72 percent of the Active Duty inventory has deployed. From the reserve component, 85 percent of the anesthesiologists and 50 percent of oral surgeons have deployed. While we are very grateful for your efforts in support of expanded and increased accession and retention bonuses, these incentives will take approximately 2-5 years to reflect in our pipeline.

We in Navy Medicine are increasing our efforts and energy in the recruitment and retention of medical personnel. We must demonstrate to our personnel how they are valued as individuals and they can achieve a uniquely satisfying career in the Navy. We are using experienced Navy Medicine personnel to assist recruiters in identifying perspective recruits and developing relevant opportunities and enticements to improve retention.

A challenge to meeting our recruitment and retention efforts is the impact of future increase in Marine Corps personnel. The Navy personnel needed in support of the increase will largely be medical officers and enlisted personnel. This situation, coupled with the stress on the force, needs to be addressed so that we can shape the force to meet the needs of the warfighter in the future.

Also, the stress on the force due to multiple deployments and individual augmentation has had a significant impact on morale across the health care continuum. Personnel shortages are underscored by Navy medical department scholarships going unused and the retention rate of professionals beyond their initial tours falling well below goal.

Graduate Medical and Health Education (GME/GHE) programs are a vital component of Navy Medicine and of the Military Health System. These programs are an integral part of our training pipeline, and we are committed to sustaining these efforts to train future generations of health care providers. GME/GHE programs are required to fulfill our long-term goals and maintain the ever-changing health care needs of our beneficiaries. In addition, these programs are a critical part of our recruitment and retention efforts for new medical professionals and those involved in educating them.

Research and Development Efforts

Research is at the heart of nearly every major medical and pharmaceutical treatment advancement, and that is no different for Navy Medicine. Our research efforts are dedicated to enhancing the health, safety, and performance of the Navy and Marine Corps team. It is this research that has led to the development of state-of-the art armor, equipment, and products that have improved our survivability rates to the lowest rates from any other conflict.

Navy Medicine Research and Development efforts cover a wide range of disciplines including biological defense, infectious diseases, combat casualty care, dental and biomedical research, aerospace medicine, undersea medicine and environmental health.

The Naval Medical Research Center's Biological Defense Research Directorate (BDRD) is one of the few laboratories in the United States ready to detect over 20 biological warfare agents. In addition, the BDRD, located in Bethesda, Md., maintains four portable laboratories ready to deploy in 18 hours in response to worldwide biological warfare attacks.

The Naval Health Research Center (NHRC) has a significant capability to track injury patterns in warfighters through the Joint Trauma Registry and is the leader in identifying patterns of injury resulting from exposure to blast. This ongoing assessment of injury patterns provides researchers and source sponsors key information in order to base decisions on programmatic issues. These decisions are used to develop preventative and treatment technologies to mitigate the effects of blast on the warfighter.

Navy's medical research and development laboratories also play an instrumental role in the worldwide monitoring of new emerging infectious diseases, such as avian influenza, that threaten both deployed forces and the world. The three Navy overseas laboratories have also been critical in determining the efficacy of all anti-malarial drugs used by the Department of Defense to prevent and treat disease. Our personnel at those facilities, specifically Jakarta and Lima, were participants in the timely and highly visible responses to natural disasters in Indonesia (Tsunami of December 2004 and Central Java Earthquake of 2006) and Peru (Earthquake in August 2007).

Our research and development efforts are an integral part of Navy Medicine's success and are aimed at providing solutions and producing results to further medical readiness for whatever lies ahead on the battlefield, at sea and at home.

Chairman Inouye, Ranking Member Stevens, distinguished members of the committee, thank you again for providing me this opportunity to share with you Navy Medicine's mission, what we are doing and our plans for the upcoming year. It has been my pleasure to testify before you today and I look forward to answering any of your questions.