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STATEMENT BY

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BEFORE THE

HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

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ON

DENTAL READINESS IN THE ARMY NATIONAL GUARD

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THE HOUSE ARMED SERVICES COMMITTEE

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Chairman Snyder, Ranking Member Aiken, as the Chief Surgeon of the Army National Guard, I am here today to answer your concerns about the dental readiness of Soldiers in the Army National Guard.

The interest of the subcommittee in this issue is well placed. Dental readiness of our Citizen-Soldiers is a critical element in their capability to meet Army requirements for deployment.

CURRENT SITUATION

The transition from a Strategic Reserve to an Operational Force has placed tremendous strain on the Army National Guard. Historically, as a strategic reserve, Soldiers and leaders of the Guard planned to have dental readiness issues addressed at the mobilization station. The implementation of the Department of Defense's 12 month mobilization policy in February 2007 has forced units to address dental readiness at home station in order to maximize collective training at the mobilization station.

The Army National Guard Medical Team, in conjunction with our US Army Dental Command colleagues, has successfully managed this transition to an Operational Force. Since the beginning of the fiscal year, the States have prepared five Brigade Combat Teams (BCT) for deployment; sending their units to MOB station over 90% dentally ready. For example, the 39th BCT from Arkansas arrived at Camp Shelby in January with 92% of their Soldiers dentally ready. This is a tremendous improvement from the last mobilization of the 39th BCT in October 2003, when the average readiness of a Guard unit reporting to the mobilization station was 13%. This significant decrease in the number of training days lost to dental treatment at mobilization station has enabled commanders to focus on collective training and maximized the boots-on-ground time in theater.

To ensure mission success, the same processes and techniques are being used this year by the 28th Combat Aviation Brigade and 56th Striker BCT from Pennsylvania, the 50th Infantry BCT from New Jersey, the 30th Heavy BCT from North Carolina, and 56th/36th Infantry BCT from Texas.

Due to the low level of baseline dental readiness in the National Guard – currently only 43% of the force is dentally ready to deploy - truly herculean efforts must be applied by the States once a unit is alerted. Dental activities compete for the time of leaders, Soldiers and Families as a unit prepares to go to war. Soldiers that are cross-leveled to a ready unit dilute that unit's readiness and lengthen training timelines.

In order to improve the baseline readiness of the Army National Guard, the same programs, policies and procedures that have been used to successfully ready these BCTs for deployment need to be applied to our force as a whole.

ACTIONS TAKEN

The Army National Guard, in conjunction with the Office of The Surgeon General, US Army Dental Command, and the US Army Reserve, has developed a multifaceted plan that has been approved by both the Army and National Guard leadership.

The cornerstone of this plan is the ability to provide dental treatment to our Soldiers outside of alert. The transition of the Army National Guard to an Operational Force has enabled the Army to provide dental treatment to Soldiers throughout the Army Force Generation (ARFORGEN) cycle. This will have the largest impact on the baseline readiness of the Guard.

The Army Selected Reserve Dental Readiness System (ASDRS) will enable States to provide dental treatment to Soldiers through local contracts or utilizing the Tri-Service Reserve Health Readiness Program (RHRP).

The National Guard is a reflection of the nation, and very few Army National Guardsmen have private dental insurance. The participation rate in the TRICARE Reserve Dental Program hovers at 7%. The ability to provide treatment to our Soldiers through the Army Selected Reserve Dental Readiness Program will have a tremendous impact on the readiness of the Guard.

This program will also enable the Army National Guard to maximize the benefits of US Army Dental Command's initiatives. The First Term Dental Readiness Program will provide examinations for our Soldiers and identify dental issues that must be corrected. If work cannot be completed at the training station, the ASDRS provides the ability to correct these issues when the Soldier returns to the State. Likewise, Soldiers who have issues that are identified at demobilization when examined by Active Component dentists can have their work completed when returned to their home state. We are conducting pilots of this process with BCTs redeploying to the states of South Carolina, Virginia and West Virginia.

With treatment programs in place, to ensure success we must also address barriers to compliance with readiness requirements. Active component Soldiers do not take unpaid leave to go to the dentist; nor should Guardsmen. The ability to provide two medical readiness days per Soldier would be a powerful incentive for the Soldier to complete readiness requirements, as well as a tool for our commanders to ensure compliance. It would further improve overall unit readiness by removing medical readiness as a competitor for training days.

Along with treatment and incentives, there must be enforcement as recommended by the Commission on the National Guard and Reserve. As alerted units prepare to go overseas, dental readiness is consistently the main reason for Soldiers being ineligible for the deployment. The Unit Status Report (USR), in conjunction with the Medical Protection System (MEDPROS), provides unit and senior leaders the capability to track a unit's progress as they prepare for deployment. Their extensive use by our BCTs and State leaders has enabled our recent successes. These tools must be applied and dental readiness enforced by leaders at all levels throughout the Guard to improve the readiness of all our Soldiers.

Lastly, in order to execute these programs and sustain an increase in the Dental readiness of the Guard, we must have the appropriate staffing. The Army National Guard Dental Corps is currently less than 60% strength, and the majority of remaining Dentists are retirement eligible. This committee is considering the Department of

Defense's request to increase the retirement age of National Guard medical corps and dental corps officers from age 64 to age 68. This would create the same standard for all three components. I would ask that this committee support that request and make that adjustment to the law. This will help to retain medical and dental professionals and capability in the Army National Guard.

Likewise, as a reserve component consisting largely of part-time warriors, the National Guard relies heavily on its cadre of full-time personnel to do the administration, maintenance and training preparation required to produce a ready force. The president's budget request now before Congress seeks an increase in the level of full-time manning in our force. This is critical. We urge the Congress to support this increase.

CONCLUSION

This is a very exciting time to be in the Guard. The Army National Guard has deployed over 300,000 dentally ready Soldiers in support of the Nation since September 11, 2001. Even so, we can do better. The Army and the Army National Guard are committed to our Citizen-Soldiers, by caring for them and improving their dental readiness.

I am grateful for this opportunity to appear before this subcommittee and look forward to answering your questions.