

**Not for Publication until released by  
the House Appropriations Committee**

**Statement of  
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Surgeon General of the Navy  
Before the  
Subcommittee on Defense  
of the  
House Appropriations Committee**

**Subject:**

**The State of Navy Medicine**

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Chairman Murtha, Congressman Young, distinguished members of the committee, since I testified last year we have seen the emergence of impressive changes and unique challenges to this nation and the global community. A historic Presidential election which has made significant national and international political impact, a war effort sustained with military troops deploying into hostile areas; and an increasing military medicine presence playing a key role to support the humanitarian civil assistance mission. We are seeing uncertainty, change and fluctuation in our economy that will impact all of us, including military medicine.

Navy Medicine continues on course, because our focus has been, and will always be providing the best healthcare for our Sailors, Marines, and their family members while supporting the CNO's Maritime Strategy. We are focused on strengthening Navy Medicine today, and are proactively planning to meet future healthcare requirements.

Navy Medicine is built on a solid foundation of proud traditions and a remarkable legacy of Force Health Protection. Our focus has not changed and every day in Navy Medicine we are preparing healthy and fit Sailors and Marines to protect our nation and be ready to deploy.

Navy Medicine is playing a major part in supporting the Maritime Strategy. You will find us at home and around the world providing preventive medical care; health maintenance training and education; direct combat medical support; medical intelligence; and operational planning mission support. Our Navy Medicine teams are flexible enough to participate in Overseas Contingency Operations, a homeland defense mission, a humanitarian civic assistance mission, and a disaster relief mission; while at the same time provide direct health care to our nation's heroes and their family members at home and overseas.

In spite of all of the missions we are currently prepared to participate in, we are continuously making the necessary changes and improvements to meet the requirements of the

biggest consumer of our operational support efforts -- the Marine Corps. Currently, we are realigning medical capabilities to support operational forces in emerging theaters of operation. Since the global operations to combat terrorism began, Navy Medicine's combat medical support has proven exceptionally successful at bringing wounded service members home. We hope, through our ability to remain agile and flexible, to sustain those efforts -- like the record-high survivability rates -- and improve them wherever possible.

The Navy's Maritime Strategy calls for proactive humanitarian civic assistance and disaster response efforts. These missions have been taking place since 1847, and have come a long way since then. The Navy's Humanitarian Civil Assistance missions are now pre-planned engagements deployed from sea-based, land-based or expeditionary platforms to meet a great spectrum of medical needs. From basic medical evaluation and treatment, to optometry, to general surgery, and immunizations, our physicians, nurses, dentists, ancillary healthcare professionals, and hospital corpsmen are ready.

Our efforts have continued to grow and this year, the U.S. Southern Command will sponsor four multi-service Medical Readiness Training Exercises (MEDRETEs). These missions will visit Jamaica, Honduras, the Dominican Republic and Guyana and will include a Navy Medicine Reserve Component. These two-week deployments will provide primary care in remote locations in conjunction with the Ministry of Health of each host nation. The medical services provided will include preventive medicine education, pediatrics, primary medical care, immunizations, pharmacy services, and dental care.

Over 400 Navy Medicine personnel are ready to provide humanitarian civil assistance later this year in two ship-based missions. In April, the USNS COMFORT (TAH 20) deployed for a 120-day mission in support of United States Southern Command to South and Central

America as part of Continuing Promise 09. Later in 2009, in support of the United States Pacific Command, USS DUBUQUE (LPD 8) will deploy for a 125-day mission as part of Pacific Partnership 09.

Our nation's humanitarian efforts serve as a unique opportunity to positively impact the perception of the United States and our allies by other nations. These often joint missions serve as examples of how increased collaboration between host nations, the other services, other government agencies, and non-governmental organizations can maximize available resources in order to improve worldwide response capability. From our experience, we have developed a successful model of healthcare education and training for host country providers. This will lead to local sustainable activities that will provide long-lasting benefits to help overcome healthcare barriers in resource poor countries. Furthermore, these missions have become another avenue for improved recruiting and retention of Navy Medicine healthcare providers.

While our humanitarian civil assistance missions provide us with some amazing opportunities as providers of medical care, Navy Medicine is acutely aware and incredibly proud of our operational commitment to the United States Marine Corps. We never stop improving our strategic ability, operational reach, and tactical flexibility. As the Marine Corps forces shift their efforts to Afghanistan, Navy Medicine will be there providing the highest quality combat medical support from the corpsmen who stand by their Marines on the battlefield, to expeditionary medical facilities, to the care provided at a military hospital and world-class restorative and rehabilitative care facilities in the continental U.S.

We continue to make improvements to meet the needs of Sailors and Marines who may become injured – while serving in theater or training at home. Over the last year, Navy Medicine significantly expanded services so that wounded warriors would have access to timely,

high-quality medical care. Our response is two-tiered, first to uncompromisingly increase specialized multidisciplinary teams, and second, to expand sharing with other government agencies and the private sector of clinical resources, research and expertise.

In addition, Navy Medicine's Concept of Care is always patient and family focused. We never lose our perspective in caring for all our beneficiaries – everyone is a unique human being in need of individualized, compassionate, and professionally superior health care. At our military treatment facilities (MTFs), we recognize and embrace the military culture and incorporate that into the healing process. Based on the progress in a patient's care and healing, from initial care to rehabilitation and life long medical needs, we determine the best clinical location and treatment plan for that patient. Families are a critical part of the health care delivery team, and we integrate the family's needs into the healing process as well.

In 2008, the Bureau of Medicine and Surgery (BUMED), Headquarters for Navy Medicine, consolidated all wounded, ill and injured warrior healthcare support, with the goal of establishing global policy, implementation guidance, and oversight in order to deliver the highest quality customer-focused, comprehensive and compassionate care to service members and their families.

As of April 2009, 168 Medical Care Case Managers were assigned to 45 MTFs and ambulatory care clinics caring for approximately 1500 OIF/OEF casualties. The Medical Care Case Managers collaborate with Navy Safe Harbor and Marine Corps Wounded Warrior Regiment in working directly with wounded warriors, family, caregivers and the multi-disciplinary medical team to coordinate the complex services needed for improved health outcomes.

The BUMED Wounded Warrior Regiment Medical Review team and the Returning Warrior Workshop support Marines, and Navy Sailors, Reservists, and their families by focusing on key issues faced by personnel during their transition from deployment to home. Navy and Marine Corps Liaisons at MTFs aggressively ensure that orders and other administrative details, such as extending reservists, are completed.

Traumatic Brain Injury (TBI) is considered the signature wound of OIF/OEF, due to the proliferation of improvised explosive devices (IED). Navy Medicine continues to improve methods to identify and treat TBI. The traumatic stress and brain injury programs at National Naval Medical Center (NNMC) Bethesda, Naval Medical Center San Diego (NMCS), Naval Hospital Camp Pendleton (NHCP), and Naval Hospital Camp Lejeune (NHCL) are collaborating to identify and treat service members who have suffered blast exposure. Navy Medicine has partnered with the Navy and Marine Corps community to identify specific populations at risk for brain injury such as front line units, SEALs, and Navy Explosive Ordnance disposal units. Navy Medicine also expanded social work assets to provide clinical mental health support in theater, at Navy MTFs and at regional treatment centers.

Much attention has been focused on ensuring service members' medical conditions are appropriately addressed on return from deployment. The Pre-Deployment Health Assessment (Pre-DHA) is one mechanism that is used to identify physical and psychological health issues prior to deployment. The Post Deployment Health Assessment (PDHA) and the Post Deployment Health Re-Assessment (PDHRA) identify deployment related healthcare concerns on return to home station and 90-180 days post deployment.

Navy Medicine's innovative Deployment Health Centers – currently 17 in high Fleet and Marine Corps concentration areas – support the deployment health assessment process and serve

as easily accessible non-stigmatizing portals for mental health care. The centers are staffed with primary care and mental health providers to address deployment-related health issues such as TBI, Post Traumatic Stress Disorder (PTSD), and substance misuse. Since their establishment in FY07, the DHCs have accomplished over 150,000 healthcare encounters, with approximately 23% for psychological health issues. Approximately 15% of Navy and Marine Corps Post Deployment Health Assessments result in a medical referral, while the Post Deployment Health Re-Assessment medical referral rate is approximately 22%.

Navy Medicine's partnership with the Department of Veterans Affairs (VA) medical facilities is evolving into a mutually beneficial partnership. This coordinated care for our warriors who transfer to or are receiving care from a VA facility ensures their needs are met and their families concerns are addressed. Full-time VA staff members are located at several Navy MTFs where they focus on the healthcare needs of service members and their families.

Filling vacancies in the Medical, Dental, Nurse and Medical Service Corps of the Active and Reserve Components is critical in meeting our mission of maintaining medical readiness of the warfighter and providing healthcare to all eligible beneficiaries. My goal is to maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education and training incentives. Working closely with the Chief of Naval Personnel, medical recruiting continues to be one of my top priorities for fiscal year 2009.

Navy Medicine not only equips and trains our current health care professionals; we also prepare the next generation of health care professionals for the challenges ahead. To build the future force for Navy Medicine we must reach out to America's students and young

professionals, inviting them to visit our schoolhouses, hospitals, and research facilities so they can see, firsthand, the great opportunities available within Navy Medicine.

We thank Congress for their generous support of our medical special pay and bonus authorities. Although the Critical Wartime Skills Accession Bonus (CSWAB) achieved limited success attracting physicians and dentists in fiscal year 2008, we have made some adjustments to better position ourselves in fiscal year 2009, including increasing CSWAB and allowing multi-year payouts.

Navy Medicine offers one of the most generous and comprehensive scholarships in the healthcare field. The Armed Forces Health Professions Scholarship Program (HPSP) provides tuition assistance for up to four years of school. In addition all professional school required fees and expenses, books and equipment are paid for by the Navy. The value of this program could be well over \$200,000 during the course of a four year professional school program. Graduates join the Navy's active duty healthcare team as commissioned officers. During fiscal year 2008, the Navy Medical and Dental Corps met its HPSP goal for the first time in several years.

In spite of the successes in HPSP Medical and Dental Corps recruitment, meeting our direct accession mission may remain a challenge. The Medical Services Corps is our most diverse Corps with 31 specialties under three general groupings consisting of clinicians, health care administrators, and research scientists.

I anticipate increased demand for Medical Service Corps personnel with respect to Individual Augmentation missions supporting the current mission in Iraq and the increasing role of the military in Afghanistan, planned Humanitarian Assistance and unexpected disaster relief missions, as well as to meet the needs of Marine Corps manning increases and the many wounded warrior programs they support. These demands will impact Medical Service Corps



specialties linked to mental, behavioral and rehabilitative health and operational support, such as Clinical Psychologists, Social Workers, Occupational Therapists, Physician Assistants and Physical Therapists.

While it is anticipated that the Assistant Secretary of Defense, Health Affairs' guidance for recruiting and retention incentives for Clinical Psychologists, Social Workers, and Physician Assistants will be released this fiscal year, similar incentives may need to be expanded to other specialties where limited incentives currently exist. Consistent with increased operational demand signals, as well as to compensate for prior shortfalls in recruiting, the overall recruiting goals for uniformed Medical Services Corps officers have nearly doubled since fiscal year 2007.

The Navy has been successful during the past year recruiting and retaining Nurse Corps officers using a combination of accession, retention, and loan repayment incentives. Over 4,000 active duty and reserve Navy nurses are serving in operational, humanitarian, and traditional missions at home and overseas. These men and women are essential to Navy Medicine's Force Health Protection mission. Navy nurses, in particular the wartime nursing specialties of mental health, nurse anesthesia, critical care, family nurse practitioners, emergency medicine, preoperative and surgical care, have been exemplary in all theaters of operations and healthcare settings.

For the first time in over five years, Navy Nurse Corps officer gains in 2008 outpaced losses. Despite the growing national nursing shortage and the resistance of the civilian nursing community to the recession, the recruitment and retention of nurses continues to improve. Additional requirements will be placed on the recruiting and retention efforts of the Nurse Corps in the near future as nursing billets are restored due to changes in the Military to Civilian

Conversion program. Future success in the recruitment and retention of nurses will continue to be dependent on incentive packages that are competitive with the civilian sector.

Like recruiting and retention, our Graduate Medical Education (GME) is a critical part of the foundation for Navy Medicine's ongoing success. Navy Medicine provides world-class graduate medical education at nine sites with 60 programs involving over 1000 trainees. Despite the demands on faculty and staff for operational support, our Navy GME programs continue to be highly rated by the Accreditation Council for Graduate Medical Education. Navy program graduates continue to pass their board certification examinations at rates significantly higher than the national average in almost every specialty. More importantly, Navy-trained physicians continue to prove themselves to be exceptionally well prepared to provide care in austere settings ranging from the battle field to humanitarian assistance and disaster relief efforts.

Along with our successes, Navy GME is facing challenges. Advances in medicine and technology are resulting in longer, and in some cases, completely new types of training that stress the fixed number of funded positions available. Additionally, we did not meet medical student accession goals three and four years ago, and this is beginning to impact our current GME programs. The lower number of uniformed graduates will challenge our ability to support our operational health care mission while placing an adequate number of graduates into training to meet our need for specialists in the future.

Navy Medicine scientists conduct basic, clinical, and field research directly related to current and future military requirements and operational needs. In today's unsettled world, we face not only the medical threats associated with conventional warfare, but also the potential use of weapons of mass destruction and terrorism against our military forces and our citizens at home and overseas and our allies. Navy Medicine's research efforts focus on finding solutions

to traditional battlefield medical problems such as bleeding, TBI, combat and operational stress, and naturally occurring infectious diseases; as well as the health problems associated with non-conventional weapons including thermobaric blast, biological agents, and radiation.

The DoD Center for Deployment Health Research at the Naval Health Research Center reported that 8.7 percent of U.S. troops who were deployed and exposed to combat duty in Iraq or Afghanistan reported symptoms of PTSD on a screening survey. We anticipate that this ongoing research will prove helpful in identifying populations at especially increased risk of PTSD from combat, and lead to improved diagnosis and prevention strategies.

The Naval Institute for Dental and Biomedical Research helped to prove the military utility of a new product “Dent Stat,” a temporary dental filling material used in treating dental emergencies in all forward deployed settings. This user-friendly temporary restorative material helps stabilize and reduce pain from fractured teeth and lost or broken fillings so warfighters can quickly return to their units.

The Navy Medical Research Center developed an updated vaccine against Japanese encephalitis (JE) allowing for U.S. Food and Drug Administration licensure. The JE vaccine should prevent this mosquito-borne potentially fatal brain infection, and will save lives of military personnel who deploy to the Asia-Pacific region, and also civilian travelers to JE-endemic regions.

These are just a few examples of how Navy Medicine’s biomedical and dental research, development, testing and evaluation, including clinical investigations, will protect and improve the health of those under our care.

It is important to recognize the unique challenges before Navy Medicine at this particularly critical time for our nation. Growing resource constraints for Navy Medicine are

real, as is the increasing pressure to operate more efficiently without compromising healthcare quality and workload goals. The Military Healthcare System (HMS) continues to evolve, and we are taking advantage of opportunities to modernize management processes that will allow us to operate as a stronger innovative partner within the MHS.

Integration of care between the military direct care and our civilian network, and across the services, has implications related to both the quality and cost of care. The National Capital Area and the San Antonio military markets have become pilots for a “joint” healthcare system. While the models are different, the end goal is the same: a single approach to healthcare. With the current economic situation driving the need for cost effectiveness, movement toward a Unified Medical Command construct will likely accelerate. Identifying those functions that can be joint -- along with those that need to remain service specific -- is a critical component of the success of the project. Bringing the direct care system and the TRICARE Management Activity under a single command structure offers significant advantages and might be the next best step as military healthcare evolves. Navy Medicine supports and is actively engaged in these efforts.

Chairman Murtha, Ranking Member Young, 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. Thank you again for providing me this opportunity to share with you Navy Medicine’s mission, what we are doing today, and our plans for the future. It has been my pleasure to testify before you today and I look forward to answering any of your questions.