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STATEMENT BY

MAJOR GENERAL JOSEPH G. WEBB, Jr.
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The Deputy Surgeon General of The United States Army

Mr. Chairman and distinguished members of the Committee, thank you for your support of the Army Medical Department (AMEDD) which is providing world class care to Soldiers in Operations Enduring and Iraqi Freedom (OEF/OIF). Additionally, 206 Soldiers of the 21st Combat Support Hospital are currently providing emergency room and trauma care to the city of New Orleans as part of Hurricane Katrina Relief operations. Without your support we would not have had the resources to develop and refine multiple health care initiatives designed to enhance and improve medical care for Soldiers and their families before, during and after deployments.

The Nation is at war and the AMEDD is positioned around the world with an unprecedented operational tempo. Since September 2001, more than 40 percent of the active component AMEDD has deployed to Southwest Asia at least once. When you remove students and residents from the data, more than half the AMEDD has deployed. Some of our healthcare providers are heading back to the Central Command theater of operations for the second and third time in four years. Army healthcare providers have helped care for more than 24,000 injured or ill Soldiers, including more than 320 amputees.

Although our global commitments have increased in the past four years, as we continue to fight the Global War on Terrorism, we continue to provide superb healthcare to family members and retirees here in the United States, and in Europe, Korea, and Japan. More than ever, we are demonstrating that Army Medicine and the Military Health System are much more than a health insurance program for the department's military members, their families, and retirees.

Army Medicine is a critical component of military readiness focused on maintaining and, when necessary, repairing the Army's most critical weapon system – the American Soldier. We are a combat multiplier, whether it be ensuring Soldiers are medically ready to withstand the rigors of combat; providing Soldiers and families confidence that, if wounded, our Soldiers will be cared for by expertly trained, committed, and compassionate medical professionals using the latest doctrine and equipment; ensuring our Soldiers' families have the best quality medical care our country can offer while they are deployed; or by knowing that we will honor the Soldier's commitment to our nation by providing quality, affordable healthcare when they retire.

Our medical force in Iraq and Afghanistan has saved hundreds of lives -- Soldiers, civilians and even those who fight against us -- due to remarkable battlefield techniques, patient transportation and aeromedical evacuation, and state-of-the-art equipment and personnel. Battlefield health care for OEF and OIF has been enhanced by placing state-of-the-art surgical and medical care far forward on the battlefield to provide life saving care within minutes after injury. This far forward care is integrated with a responsive and specialized aeromedical evacuation system that quickly moves patients to higher levels of care in theater, Germany, or the United States for follow-on care. Improved disease prevention and environmental surveillance has reduced the rate of non-combat disease to the lowest level experienced in any US conflict. In OIF, more than 91 percent of all casualties have survived their wounds, the highest survivability rate of any US conflict.

We owe these improvements in battlefield survival to several advancements. Improvements in tactics and protective equipment allow Soldiers to survive previously lethal attacks. The best trained combat medics we have ever deployed and far forward resuscitative care have also contributed to increased survivability. Our Combat Support Hospitals in Iraq and Afghanistan support a full range of medical specialties, including many subspecialties like cardio-thoracic and neurosurgery. Technology now allows the Military Health

System to deliver nearly the same care available at Brooke Army Medical Center or Walter Reed Army Medical Center in our facilities in Mosul, Baghdad, or Kandahar. Today's Soldiers deserve better than essential life-saving care while deployed, they deserve the same superb quality care available to them and their families here in the United States. I am proud to say that we are doing just that today on the battlefields of Southwest Asia.

Wounded Soldiers in Iraq and Afghanistan benefit from receiving some of the most advanced technologies and techniques in medicine today. One noteworthy advancement is the emerging use of regional anesthesia and pain management during surgery in our deployed Combat Support Hospitals. Anesthesiologists at Walter Reed Army Medical Center have pioneered efforts to use advanced regional anesthesia – normally seen in academic medical centers – during initial surgery in Iraq and at Landstuhl Regional Medical Center. The benefits of advanced pain management, during and after surgery, are improved postoperative outcomes and the potential to eliminate chronic pain, particularly in amputees.

I would like to highlight several ongoing successes. Since January 2002, the US Army Trauma Training Center, in association with the Ryder Trauma Center, University of Miami/Jackson Memorial Hospital, Miami, FL, has trained 32 Forward Surgical Teams and Combat Support Hospital surgical elements deploying in support of the Global War on Terrorism—more than 650 Active and Reserve Components (RC) healthcare providers. The training program has evolved to provide bonafide total team training to physicians, nurses, and medics, all focused on care of the acutely injured patient. This unique multidisciplinary pre-deployment clinical training has displaced deployment "on-the-job" clinical training as the appropriate training method to ensure safe, effective combat casualty resuscitative surgery and care—it is clinical teamwork that makes a tremendously positive difference in care of the wounded. The Center is recognized as the Department of Defense (DoD) Center of Excellence

for Combat Casualty Care Team Training and received the 2005 DoD Patient Safety Award for Team Training.

Uncontrolled bleeding is a major cause of death in combat. About 50 percent of those who die on the battlefield bleed to death in minutes, before they can be evacuated to an aid station. Tourniquets, new blood-clotting bandages and injectable clot-stimulating medications are saving lives on the battlefield. The US Army Medical Research and Materiel Command continues to study a variety of agents which help control moderate to severe bleeding including a bandage made of chitosan (HemCon®), a biodegradable carbohydrate found in the shells of shrimp, lobsters and other animals. Chitosan bonds with blood cells, forming a clot. Chitosan was shown to be effective in stopping or reducing bleeding in more than 90% of combat cases, without known complications. The Food and Drug Administration (FDA) cleared this bandage for use in November 2002. Based on the proven success of the Chitosan bandage, the Army began issuing these bandages to each deployed Soldier in September 2005. This bandage and the Combat Application Tourniquet (CAT) are now issued to all Soldiers deploying to Southwest Asia. These improvements will allow Soldiers and combat medics to better control bleeding on the battlefield and further improve survivability.

Army scientists continue their work in research and development of new vaccines, including adenovirus vaccine, malaria vaccine, and plague vaccine. These vaccines are needed to protect against microbes that threaten Soldiers in basic training, in tropical locations, or as bioweapons. To support Homeland Security, Fort Detrick, Maryland has become the home for a National Interagency Biodefense Campus (NIBC). This interagency initiative collocates researchers from Department of Defense, Centers for Disease Control, Department of Agriculture, Department of Homeland Security and the National Institutes for Allergy and Infectious Diseases to achieve productive and efficient interagency cooperation in support of our Nation's biodefense.

A key component of protecting Soldiers on the battlefield and citizens at home from the threat of chemical and biological agents is research and development of medical countermeasures against such agents. The infrastructure and expertise to do this resides within the US Army Medical Research and Materiel Command (USAMRMC) at Fort Detrick, Maryland. The US Army Medical Research Institute for Infectious Diseases (USAMRIID) at Fort Detrick, and the US Army Medical Research Institute for Chemical Defense (USAMRICD) at Aberdeen Proving Ground, Maryland, represent critical national capabilities that, in addition to National Defense, support the entire spectrum of Homeland Security.

USAMRIID provides basic & applied research on biological threats resulting in medical solutions to protect the War Fighter and offers a comprehensive ability to respond to biological threats. USAMRIID scientists have more than 34 years of experience safely handling the world's deadliest pathogens in biocontainment. USAMRICD is charged with the development, testing, and evaluation of medical treatments and materiel to prevent and treat casualties of chemical warfare agents. In addition to research, USMRICD, in partnership with USAMRIID, educates health care providers in the medical management of chemical and biological agent casualties. Simply put the Nation's experts in chemical and biological weapons work at USAMRIID and USAMRICD. If you have not had the opportunity to visit Fort Detrick and Aberdeen Proving Ground to learn more about USAMRMC and NIBC, I encourage you to do so.

War is stressful for Soldiers and their families. The AMEDD has taken several steps to help minimize stresses associated with frequent, prolonged deployments. There are a wide array of mental health assets in Theater. These include Combat Stress Control teams and other mental health personnel assigned to combat units and hospitals. We have conducted three formal Mental Health Assessments, two in Iraq and one in Afghanistan. These studies confirm that our evolving combat stress doctrine is helping Soldiers cope with the stressors of deployments and combat during deployment. But our research into

the prevalence of post traumatic stress disorder (PTSD) upon redeployment highlights an area that requires vigilance by first line providers. A number of studies indicate that 20% to 30% of Soldiers will experience mental health problems after combat, including PTSD, depression, and anxiety. In addition, Soldiers may also experience alcohol and drug related problems, increased aggression, and marital problems post-deployment. These symptoms are common and expected reactions to combat experiences. It is not known how many of these Soldiers will require evaluation and treatment by a mental health care provider. However, in studies of Soldiers from OIF-1, 4% received a mental health referral during the immediate post-deployment health assessment process, and approximately 13% received care for a mental health problem at a military treatment facility during the year following return from deployment.

Based on this data, Army Medical Command, with the support of the I Corps Commander at Fort Lewis, is piloting a complete mental health reset of the 1st Stryker Brigade Combat Team (BCT). Every Soldier will meet face-to-face with a mental health professional approximately three months after redeployment, whether or not they indicate a need to see a provider on the Post-Deployment Health Reassessment. To reduce the stigma of seeing a counselor, the BCT Commander and his leadership team have agreed to be the first interviewed. The Army spends a great deal of time and resources on resetting equipment so combat forces are ready to redeploy for future contingencies. We need to make the same effort to reset the most important weapon system in the Army – the Soldier.

We remain committed to providing high quality, expert medical care to all Soldiers who become ill or injured in the line of duty. There is only one standard of medical care for all Soldiers regardless of Active, Reserve, or National Guard status. Our Medical Holdover program has worked hard to expeditiously and compassionately resolve the health issues of all Soldiers, regardless of component. The goal is to return every Soldier to full duty as expeditiously as

possible. If we cannot do this, we want to compassionately return these Soldiers to civilian life as close to healthy and physically fit as modern medicine will allow.

Management and expeditious disposition of MHO Soldiers must balance a great number of factors. First, healing takes time. If all combat operations ceased today, we would still have MHO patients to care for one and one half years from now. Another factor is simply that no one knows Soldier health care better than the AMEDD. We know best how to treat Soldiers, when Soldiers are fit to return to duty, and when they have to undergo a Medical Evaluation Board. For the RC Soldier, however, an Army MTF may be hundreds of miles away from home and typically, what a Soldier wants most when he or she returns from a deployment is to go home.

Despite these challenges, I am impressed by the success of this program. Since March 2003, 65 percent (13,700) of all Soldiers entering MHO have been returned to duty. Our ability to retain these Soldiers is critically important given the time and money invested in their training and an increasingly competitive recruitment environment. Additionally, we have maintained a steady state of approximately 5,000 Soldiers in MHO – essentially the same number as November 2003. MHO does not represent a problem in medical readiness or problems with access and medical management. MHO is simply another indication of our need to focus on resetting the health and well-being of Soldiers during and after deployments. Success should not be measured by how fast we can medically process a Soldier, but by how many Soldiers we can return to the force medically ready to continue to serve their country.

In an effort to report MHO patient data up and down the chain, we created a Medical Holdover module in our Medical Operational Data System (MODS), a proven system with robust capabilities for patient tracking and Soldier health reporting. Once we were convinced that the data was timely and accurate, we began to integrate data from other systems, eliminating so-called "stovepipe" systems. We started with Medical Evaluation Board (MEB) tracking data, and

now have three more patient tracking and administrative systems feeding into MODS. Those measures were so successful that every Army major command involved in MHO operations now uses MODS as the sole source for information on MHO Soldiers.

Accession of Health Care Professionals into our Active force is becoming a more significant challenge. For the first time since 2000, we did not meet our goal for Health Professions Scholarship applicants in the Medical and Dental Corps. Since student scholarship programs are the bedrock of Army Medical Department accessions, The Surgeon General has directed our staff to closely monitor this trend. We rely on these scholarship programs because direct recruitment of fully qualified physicians, dentists and nurses is difficult due to the extremely competitive civilian market for these skill sets.

Likewise we are concerned about the retention of health care professionals. Their successful retention is a combination of reasonable compensation, adequate administrative and support staffs, appropriate physical facilities, equity of deployments and family quality of life. Changes in Special Pay ceilings have allowed us to increase somewhat the rates we now offer physicians and dentists that sign a four year contract. We also have increased the dollar amount that we pay our Certified Registered Nurse Anesthetists to improve their retention rates. We will continue to evaluate and request adjustment of rates to improve our retention efforts. At the same time, we have developed and implemented programs to affect the non-monetary issues positively effecting retention. We have implemented policies that ensure better equity of deployments by maximizing our deployment pool, providing adequate notification of impending deployment, and providing a predictable period of family separation. All of these assist us in the retention of our active component medical force and we must continue to make maximum use of existing authorities to offer competitive compensation to retain critical health professions.

The Commander, US Army Recruiting Command and The Surgeon General's staff are working diligently to establish new and enhanced initiatives to reverse these emerging trends. Some of these include increasing the recruitment of Physician Assistants; the development of a program to allow serving officers to obtain a Bachelor of Science in Nursing, and the direct involvement of our senior medical and dental consultants in the recruitment effort to continue to tell the story of the practice of Army Medicine. Of equal concern to me are the recruitment challenges facing the Army Reserve and National Guard. I fully support all of the actions being taken by the Chief of the Army Reserve (CAR), and the Director, National Guard Bureau, as they deal with the unique issues surrounding Army Reserve recruitment efforts in the current operational environment.

As with Recruitment, our staff continues to work hand in hand with the CAR and the Director of the Army National Guard to determine programs necessary for adequate retention. RC Soldiers have continually answered the call to service and it is critical that we develop the appropriate programs to ensure that their expertise and experience are not lost. Considering that over 62% of the total Army medical force is in the Reserve Component, issues surrounding the financial and family impact of extended and recurring deployments must be addressed and resolved if we are to retain a viable medical force for future operations. So far, our 90-day Boots-on-the-Ground deployment policy is working to ease the impact of deployments on RC physicians, dentists, and nurse anesthetists. Under this policy, providers mobilize for no more than 120 days and will deploy for no more than 90 days in a 18 month period. Exceptions to this policy must be approved by the Assistant Secretary of the Army for Manpower & Reserve Affairs.

Several related Army and DoD initiatives are creating temporary and permanent population changes on our Army installations. They include: mobilization and demobilization support for deploying Army units; Modularity – now known as Army Modular Force (AMF); Training Base Expansion; the

Integrated Global Basing and Presence Strategy and Base Realignment and Closing 2005. These major population shifts create a tremendous challenge for Army Medicine as we try to adjust to meet local and regional medical markets.

As we rebalance the Military Health System in the affected markets, our continued focus is to provide quality health care that is responsive to commanders and readily accessible to Soldiers and families. We are working very closely with commanders, installations, arriving units, family support groups and the local communities surrounding our installations to ensure that access and quality of healthcare remain high. We are leveraging all available AMEDD, DoD and VA health care capacity in each locale. We are working closely with our TRICARE Regional Offices and Managed Care Support Contractors on market-by-market business case analyses to strike the right balance between Direct Care and Purchased Care capacity.

The Army continues to improve the quality of healthcare for Soldiers and families stationed overseas. The Vicenza Birthing Center initiative was driven by cultural differences between child birth procedures in local Italian hospitals and US expectations for obstetrical and gynecological care. These differences have had an adverse impact on family member morale and Soldier readiness for a number of years. In multiple venues, US Soldiers and family members of the Vicenza community have, with one voice, asked for a safe, reliable and accessible US standard of healthcare, particularly in regard to obstetrical services. With the increased end strength of troops in Vicenza and the deployment of the 173rd Airborne Brigade, this concern is even more acute and being championed by the US Army Europe Commander. In response to this need, the AMEDD opened a birthing center at the Vicenza Army Health Clinic. This birthing center accommodates the needs of the vast majority of normal pregnancies and births and currently delivers approximately 40 babies a month. We will continue to depend on our Italian host nation hospitals for emergency obstetrical care. In these cases, care is comparable to US standards.

Most recently, Army Medicine provided medical assistance to Hurricane Katrina and Hurricane Rita relief operations that again highlight the value of military medicine. More than 1,200 AMEDD Soldiers deployed to Louisiana and Mississippi to support relief operations. The 591st Medical Logistics Company provided integrated medical supply support not only to DoD forces supporting relief operations but to the Louisiana and Mississippi Departments of Health and the Federal Emergency Management Activity. The 61st Preventive Medicine Detachment and 248th Veterinary Detachment advised deploying units and government officials on environmental exposures, animal care, and food safety. The 14th Combat Support Hospital (CSH) deployed from Fort Benning, Georgia with the 756th Minimal Care Detachment to the New Orleans Convention Center to provide care for deployed forces and displaced persons. Last week, the 14th CSH transferred authority to the 21st CSH from Fort Hood, Texas, so the 14th can continue to prepare for its upcoming deployment to Afghanistan.

During all this unprecedented activity and keen competition for limited resources, the courage, competence and compassion of the AMEDD's people amaze me. Despite the long hours, separation from family, danger, and hardship required to fight the Global War on Terrorism, they remain firmly committed and motivated to provide the best possible support for American Soldiers, their families, and all others who are entrusted to their care. Nothing saddens us more than to lose a Soldier. With your continued support, the AMEDD will continue to do everything possible to prevent these terrible losses whether from battle wounds or non-battle illnesses and injuries. We will always remember our core mission: to preserve Soldiers' lives and health anywhere, anytime, in war and in peace. We will never forget the Soldier.