

RECORD VERSION

STATEMENT BY

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BEFORE THE

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Introduction

Chairman Tester, Vice Chairman Shelby, and distinguished members of the Subcommittee, thank you for the opportunity to speak to you on behalf of our Army's health professionals—Soldiers, Civilians, and their Families.

The Army and Army Medicine is ready to deploy on a moment's notice in support of the Nation.

Today, America's oldest and largest service has more than 146,000 Soldiers assigned or allocated to Combatant Commanders supporting named contingency operations, various exercises, and theater security cooperation activities. With them are our doctors, nurses, and all specialties in all ranks who make up Army Medicine. They represent an expeditionary workforce focused on high-intensity conflict in any environment.

In the third year of the global coronavirus pandemic, Army Medicine has been at the forefront of responding to the national emergency. Working with our sister Services and interagency partners to deliver support where the Nation needs us, we have consistently answered the call. For the development and distribution of the COVID-19 vaccine, America turned to an Army logistician to lead operations. Our National Guard and Reserve units across America supported both their neighbors and the Nation in an unprecedented level of mobilization, not only for COVID support, but also in response to civil unrest, hurricanes, and wildfires, all while continuing to train for wartime missions. Soldiers have served across our Nation, going into hospitals when cumulative virus cases threatened America's communities. The Nation called and we responded. As the 45th Army Surgeon General, my promise to you is that we will continue to answer the call.

In order to meet the Army Medicine vision, we continued to build on our current state of readiness for operational deployments. Our vision focused on interoperability with combat units. To achieve this, we worked to modernize our training, doctrine, equipment and formations to keep pace with a complex and rapidly evolving world.

Army Medicine remains synchronized with Army Commands and the Joint Force in preparation for all contingencies. We engage with our allies and partners. Most of all, Army Medicine is committed to maximizing the health of the Army. Achieving this ready force requires that we have resilient Soldiers, Civilians, and contractors who can think critically, accept prudent risk, and adjust rapidly – the hallmarks of Army Medicine.

The Operational Environment

Army Medicine must be ready for any operational environment given the exponential changes around the globe. In the last year, our attention has moved from arid climates to the frozen Arctic landscapes. Global borderless challenges have required Army Medicine to be adaptable and prepared for any operating environment including large scale combat operations, natural disasters, or austere theaters degraded by cyberattacks. As the Army Chief of Staff stated last year, “America’s Army remains prepared to compete globally and fight and win the Nation’s wars as a member of the Joint Force.”

Operational units will deploy with capable Medical Command (Deployment Support) mission command headquarters, trained expeditionary personnel to staff field hospitals and Forward Resuscitative Surgical Teams. We will provide tailored healthcare to the warfighter, against any adversary, anytime and anywhere. From responding to the challenges of biological, chemical, and nuclear threats in the Middle East and Central Asia, to contingencies in Europe, or in the Arctic—we train to be ready to answer the Nation’s call.

Army Medicine 2028

My vision to achieve a ready, reformed, reorganized, responsive, and relevant medical force capable of supporting the Army and the Joint Force consists of five overarching objectives:

1. Synchronize and Integrate the Medical Effort – Army Medicine remains responsive and reliable for teammates and stakeholders.
2. Build Readiness – Army Medicine supports the warfighter’s readiness.

3. Support Modernization of the Medical Effort – Army medicine expands expeditionary medical capabilities and ensure their interoperability with the Joint Force in multi-domain operations as part of the Joint Health Service Enterprise.
4. Medical Reform – Army Medicine changes at the speed of relevance, including key capabilities, technical innovations, and expanded alliances and partnerships.
5. Strengthen Alliance and Partnerships – Army Medicine maintains and fosters our alliances and partnerships to enhance Army readiness.

Synchronize and Integrate the Medical Effort and Building Readiness

Synchronizing and integrating with the Army strategy is foundational to building readiness, supporting modernization, and leading medical reform efforts described in the Army Medicine Strategy. Our operational missions reflect the achievements of a multi-year effort to rebuild readiness and accelerate modernization. Our ready medical force deserves the tools for recruiting and retention, training, modernization, and equipping a future expeditionary medical force.

Similarly, a medically ready force involves a series of assessments to ensure that our uniformed service members are free of health-related conditions that endanger others or limit their ability to achieve their assigned mission. Army Medicine is integral in Soldiers making the health and lifestyle decisions to maintain their individual medical and dental readiness requirements and to report health issues that may affect their readiness to deploy or be retained to continue serving.

As of March 1, 2022, the Army reached a medical readiness status of roughly 84.20%, or 5.80% below the 90% goal. The pandemic environment has resulted in intermittent decreased access to care to some medical readiness services due to pandemic mitigation measures. In particular, access for periodic health assessments and annual dental exams reduced with elevated HPCON levels. The subsequent backlog of medical readiness requirements takes time and resources to address in order to return to pre-pandemic levels of medical readiness. We will continue to improve, especially as the Nation emerges from the novel coronavirus pandemic.

Nationwide, the healthcare profession faces personnel challenges. The Army must compete with the civilian sector and other public healthcare entities to recruit qualified healthcare providers. The inventory for Army healthcare specialties, particularly in the medical and dental corps, continues to fall significantly below authorizations; shortages are projected to increase over the next three to five years. Retention of certain medical specialties, especially personnel within Health and Holistic Fitness disciplines, has been demanding given limits on junior grade promotions stemming from the length of their medical training.

We are grateful to Congress for increases in Health Professional Officer special pay caps. We must continue to make the necessary investments in special pay and stipends commensurate with the needs of the market and the fiscal environment. This is vital to recruit and retain the best quality healthcare professionals. We must also continue to explore other ways to maximize the use of scholarship and financial assistance programs as well as expand our pool for potential applicants for civilian healthcare positions.

One of the greatest challenges that directly relates to readiness is the terrible impact of suicides within our ranks. To be clear, Army Medicine is using every tool possible to address suicides.

Behavioral Health encounters grew from approximately 900,000 in fiscal year (FY) 2007 to approximately 2.05 million in FY 2020. In FY 2021, despite pandemic conditions, 1.68 million Behavioral Health encounters were conducted. Army Medicine in collaboration with the Army Staff, specifically Army Office Chief of Chaplains, Army G-1 Resilient Directorate, and Army G-9 are integrated and synchronized to address suicide prevention and quality of life initiatives. Efforts include educating on lethal means, data collection and analysis, and ongoing communications about suicide-related behaviors. The Army, in collaboration with Army Resilient Directorate, providers, leaders, Soldiers and Families, is redoubling its efforts on how to reduce access to lethal means (both firearm and medications) and focusing on how to empower Soldiers to seek help. As a part of a larger strategy, the Army is finalizing a robust campaign to address all risk factors associated with self-harm.

The Army is working diligently to solidify a culture of cohesion and intervention to address the invisible dangers of impulsive behaviors to include substance use issues, alcohol, physical, emotional, financial and legal stressors. These behaviors harm our most valuable resource, our People—Soldiers and family members. Among the most vulnerable population, the survivors of sexual harassment and assault. To ensure the integrity of the Army Sexual Harassment and Assault Response Program, Army Medicine vigorously supports and collaborates with the Defense Health Agency (DHA), the Army SHARP, units and organizations to ensure victims receive the necessary provision of care throughout the traumatic event. The path to suicide is not solely a mental health problem. It takes the support of many individuals, from Families, friends, peers, religious. Examples of this collaboration include: Army Medicine, in partnership with the DHA, Army Staff, local installation and garrison communities, provide staff assistance visits and when warranted, epidemiological consults to advise and identify risk areas. These impulsive behaviors harm unit cohesion. It degrades the ability of the Army to defend the American people. We must do all we can to support those facing physical and emotional challenges, so that we do not lose our Soldiers or family members to suicide.

The Army's Embedded Behavioral Health program was recognized by a recent Department of Defense Inspector General Report for our work to align providers to deployable units thereby facilitating unit leader consultation and Soldier access to Behavioral Health care. Embedded Behavioral Health teams are currently being implemented throughout active duty deployable combat units to provide improved access to care and continuity of behavioral health care for Soldiers assigned to deployable units. Further, case managers assist Service members who are in active mental health care transitioning out of military service to obtain a provider and create a bridge for continuous care between the Department of Defense and the Veterans Health Administration.

Support Modernization of the Medical Force.

Army Medicine, as part of the Total Force, the Joint community, and with our allies and partners will modernize our medical concepts, doctrine, and capabilities that enable prolonged care on the battlefield. The focus of Modernization in Army Medicine is providing expeditionary life- and limb-saving capabilities in a multi-domain operation. It

begins with concepts and doctrine tailored to the future operating environments we see in the 21st Century.

Our Soldiers must be properly trained and tested in realistic scenario-based medical simulations, validated in the most demanding exercises, and fielded to the operational force. Part of this modernization effort requires a focus on research and development that takes into account operational capabilities.

The most vital modernization requirement at the point of injury is medical evacuation via ground or air assets in a contested battlefield. As we modernize several parts of the ground force, the ability to save the Soldier will require deliberate planning and programming for consistent funding of vertical lift capability to rapidly get the injured Soldier to the medical care he or she needs in support the expeditionary medical force.

Medical Reform.

Army Medicine's pivot to readiness requires that we reform our organizations to improve business processes and gain efficiencies. To better support the Army, we have reorganized and restructured our headquarters. This fall, our regional health commands will reflag as Medical Readiness Commands. This is not a simple "name change." In recent years, we have executed the transition of health care functions including public health to the DHA. Currently, the Army has completed and/or programmed resource transfers of more than \$22 billion of the Defense Health Program and over 32,000 civilians to the DHA through FY 2023 in accordance with a prescribed timeline and with negligible impact on beneficiaries. We have reorganized internal functions to enable the health of the Army warfighter. We have also reformed and improved our resource management process to increase transparency and management of funding and manpower to better support my vision for medical readiness. The change to an operational mind-set has become inherent in the transformation of our headquarters in the National Capitol Region and in our regional headquarters throughout the entire Army Medicine Enterprise.

In accordance with recent legislation, Army Medicine has changed its structure to align medical operations to sustain the readiness of Soldiers and deploy a medical force trained and ready for high-intensity conflict and any directed mission. As the Army Surgeon

General, I am the integrator of these capabilities within the Service as I advocate for Army-specific medical concerns within the DHA. The changes, initiated by Congress will result in a more flexible, adaptable, effective and integrated system to manage our medical facilities.

Strengthen Alliances and Partnerships.

Army Medicine is ready and responsive to global needs because we are also engaged with our allies and partners. The cohesion we build around the world ensures that no matter the mission or environment, the Joint Force does not fight alone.

The Office of the Surgeon General and the Army Medical Command supports Combatant Commands, the DHA, Army Commands, and the international community by providing institutional medical training, collaboration on medical research and development, innovative approaches to global health engagement activities, and trained and ready medical professionals to units and individual engagement opportunities. This is a mission I hold especially close.

I reestablished the U.S. Liaison Officer to the United Kingdom Military Medical Department in the fall of 2021 as Army Medicine has continued its leadership roles in several North Atlantic Treaty Organization Medical Standardization administrative and specialty groups. We support a program of engineer and scientist exchange program officers through the Institute of Surgical Research.

Along with partner nation physicians and medical researchers we participate in projects ranging from blood and surgical research to the best practices in prosthetics, rehabilitation and burn treatment. The Medical Center of Excellence hosts a long standing exchange relationship with Australia while more recently an exchange instructor position with Germany.

Finally, in the Middle East, Army Medicine hosted a visit with the Israeli Surgeon General in anticipation of the upcoming SHORESH conference and has maintained a rotating medical exchange program with the Israel Defense Force. Further, Army Medicine's contribution to the region includes \$54 million in foreign military sales to develop a trauma,

burn and rehabilitation medicine capability in the United Arab Emirates. Our contributions included a team of up to 11 medical professionals to be embedded in the United Arab Emirates to provide training, assistance, and development of an Emirati trauma system that will serve both the military and civilian community.

Conclusion

I want to thank the Committee for your steadfast support to the Army and Military Medicine. Army Medicine is focused on maintaining readiness during the pandemic. We are working with the Joint Services to closely align medical readiness and deployability for Commanders and Army Senior Leaders. Medical readiness of the Army and the preparedness of Army Medicine to meet operational requirements depends in large part on timely, adequate, predictable and sustainable funding. It also requires the funding to support the recruitment and retention of health professional Soldiers and the continued modernization of the medical force.

During the global pandemic when the Nation called, Army Medicine was ready and we responded. Today we remain ready and responsive to the needs of the Nation. In closing, I appreciate the Subcommittee's work and continued support to our Soldiers, and our Army. Army Medicine is Army Strong.