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THE SENATE APPROPRIATIONS COMMITTEE

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON DEFENSE

OF THE

SENATE APPRORIATIONS COMMITTEE

SUBJECT:

DEFENSE HEALTH PROGRAM

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Chairman Tester, Vice Chairman Shelby, distinguished Members of the Subcommittee, it is my privilege to update you on Navy Medicine. The last year has been like no other in our lifetimes as we confronted a deadly adversary, the SARS-CoV-2 virus and the disease it causes, COVID-19. The battle continues today. Throughout this global pandemic, the operational tempo of Navy Medicine remains high, as we protect the readiness and health of our Sailors, Marines and their families, along with making direct contributions to the whole of Nation response to help our fellow citizens in need. I want to assure you that despite these unprecedented challenges, the One Navy Medicine team remains relevant, ready and responsive. I am grateful for your continued leadership, support, and confidence as we execute our medical readiness mission in support of the United States Navy and United States Marine Corps, the world's premier Naval Force.

Aligning Strategy, Priorities and Resources

Foundational to Navy Medicine's mission effectiveness is full synchronization with the strategic direction articulated by the Chief of Naval Operations and Commandant of the Marine Corps in their seminal documents *CNO Navigation Plan 2021* and the *Commandant's Planning Guidance 2019*, respectively. This guidance, along with the Tri-Service Maritime Strategy (2020), details the way forward in meeting current and future challenges posed by a dramatically changing international security environment. We in Navy Medicine recognize that our lines of effort must be vectored to support these strategic imperatives. Our four priorities – People, Platforms, Performance and Power – ensure important readiness linkages to our Marines and Sailors: Well-trained People, working as cohesive teams on optimized Platforms, demonstrating high value Performance that will project medical Power in support of Naval Superiority.

To help ensure that we execute these critical priorities, I have added additional analytical rigor and alignment to our strategic planning process through a series of directive-type memoranda for our key program investments. Each must align with one or more of the Navy Medicine priorities. This process is critical as we shape our decision making; including, guiding our resource allocations, assessing organizational capacity and capability, and assessing performance. Overall, I am encouraged that these priorities are taking hold at all levels within Navy Medicine. Our personnel recognize that Navy Medicine is a team sport; and as such, everyone, collectively and individually, is performing an impactful role in contributing to mission success.

In FY2021, additional Defense Health Program (DHP) resources were realigned to the Department of the Navy (DON) to support medical readiness activities which occur outside of military medical treatment facilities (MTFs). These resources are important to DON's efforts to execute non-MTF responsibilities in direct support of medical readiness. We are grateful for the financial resources provided in the FY2021 Defense Appropriations Act, as well as the supplemental funding that was provided last year in response to the COVID-19 pandemic. I want to assure you that inherent in our business practices is the application of sound fiscal stewardship of to the resources entrusted to us.

Responding to the COVID-19 Pandemic

With the earliest identification of the SARS-CoV-2 virus, it was evident that we were battling an adversary whose behavior was highly unpredictable. While all of us in military medicine are trained to respond to medical emergencies and crises, we quickly recognized that protecting our personnel in this public health emergency, along with maintaining operational effectiveness, would be our primary mission. Actions and interventions by experts from the Navy Medicine

Public Health and Research and Development enterprises during the early stages, directly impacted Navy Medicine's ability to better understand the virus's behavior, mitigate/contain the virus spread, effectively support ongoing Fleet operations, and preserve Navy and Marine Corps readiness. To illustrate, using state-of-the-art technologies and research-use only assays for COVID-19, personnel from the Navy Medical Research Center deployed to USS THEODORE ROOSEVELT (CVN-71) providing the first COVID-19 detection onboard a Navy ship, and filling a critical gap in COVID-19 in the Fleet prior to the Food and Drug Administration (FDA) issuing Emergency Use Authorization (EUA) for COVID-19 diagnostic devices available onboard ships.

This work continued as we learned how to deal with the virus from the early outbreaks on THEORDORE ROOSEVELT and USS KIDD (DD-661), particularly regarding its asymptomatic transmission. Rapidly applying lessons learned from these ships and continually incorporating the latest critical information from the Centers for Disease Control and Prevention (CDC) and Navy Medicine experts, Navy leadership quickly operationalized this guidance for the Fleet in the Standardized Operational Guidance (SOG), currently in its fourth update. SOG incorporates the most current scientific and public health information to include testing, restriction of movement, insolation/quarantine, physical distancing, face coverings, contact tracing, and vaccinations. This direction is critical for both individual and unit health protection and is impactful in preserving operational readiness while protecting shipmates, installation and communities from COVID-19 transmission. Our Sailors have demonstrated tremendous personal responsibility, resilience and adaptability in responding to the pandemic. More than a year from the onset of the initial outbreak, the SOG, along with other key lines of efforts

throughout the Navy, have been instrumental in allowing our ships and personnel to stay mission capable despite the pandemic.

In an effort to gain more insight into SARS-CoV-2 virus, Navy Medicine conducted two important studies, both of which were published in the New England Journal of Medicine on November 11, 2020: (1) *An Outbreak of COVID-19 on an Aircraft Carrier* analyzed epidemiological data from the outbreak of SARS-Cov-2 onboard THEORDORE ROOSEVELT in order to understand the transmission and impact of SARS-CoV-2 on the crew. This work provides a better understanding of the behavior of the virus shipboard and supports the development of updated guidance for the Fleet to mitigate future outbreaks. (2) *SARS-CoV-2 Transmission among Marine Recruits during Quarantine* reports on the COVID-19 Health Action Response for Marines (CHARM) which took place at Marine Corps Recruit Depot Parris Island and examined asymptomatic and symptomatic transmission in a young adult population. A follow-on study with the initial Marine volunteers, CHARM 2.0, is currently underway. This research is important for Naval Forces but also reaffirms our commitment to widely contribute to further the understanding of the SARS-CoV-2 virus both nationally and internationally.

An important epicenter for actionable information is our Navy Medicine Scientific Panel, comprised of Navy Medicine scientists, clinicians and public health experts. They advise leadership and work directly with operational medical personnel to facilitate rapid consultation and enable high velocity learning with respect to COVID-19. In addition, their work is reflected in the widely disseminated Navy Medicine Weekly COVID-19 Public Health Report that provides current and timely scientific, clinical and surveillance updates.

In addition to Navy Medicine's work efforts in support of Navy and Marine Corps unique requirements, collaboration with the DoD COVID-19 Task Force, the Joint Staff, the Defense

Logistics Agency, the DHA, the other Services, Uniformed Services University of the Health Sciences (USUHS), interagency partners, and many others have been important to the pandemic response. This work provides the needed coordination, standardization, and unity of effort in critical areas impacting all the Services including diagnostics and testing, therapeutics, contact tracing, personal protective equipment, COVID-19 convalescent plasma, vaccinations, logistics, technology and other key areas. Within the Military Health System (MHS), a compelling example of the synergy that comes from this collaboration across our clinical communities is reflected in the development and publication of the DoD COVID-19 Practice Management Guide (version 7), an excellent resource that contains practice guidelines and studies for our providers.

We also recognize the tremendous work by General Gustave Perna, United States Army, who led the federal response for accelerated development, manufacturing and distribution of vaccines. These efforts have resulted in the FDA issuing EUAs for three vaccines, and likely more to follow. Currently, our highest priority remains ensuring that all Sailors, Marines, and all DON personnel have access to the vaccine in order to protect themselves, their shipmates, their families and the community, consistent with the DoD prioritization schema. As the Navy Surgeon General, I have been clear in my guidance that inoculation with these vaccines, which is currently voluntary, is the most effective protection against this deadly virus.

Navy Medicine continues to answer the call to help our fellow citizens through medical surge support and vaccination support. In the early stages of this public health emergency, at the request of the Federal Emergency Management Agency (FEMA), Navy deployed both hospital ships, USNS MERCY (TA-H 19) and USNS COMFORT (TA-H 20), as well as personnel assigned to our expeditionary medical facilities, to support overwhelmed civilian hospitals, clinics and skilled nursing facilities in several states. Applying lessons learned, Navy Medicine

quickly developed new adaptive capabilities with smaller acute care teams and rapid rural response teams, which proved effective in augmenting staff at smaller hospitals in medically underserved locations including Texas, New Mexico, and Arizona. Navy and Marine Corps personnel are now currently deployed to assist with vaccinations as part of the DoD Community Vaccination support. These personnel are administering vaccinations to fellow citizens in state-run, federally-funded community vaccination centers around the country. I had an opportunity to visit several of these teams and see firsthand the impact they are making in the lives of our fellow citizens most affected by the virus. To date, Navy Medicine has deployed over 6,000 active and reserve component personnel in support of operational COVID-19 missions.

Projecting Medical Power

Navy Medicine's COVID-19 response continues to project medical power. It is marked by grit, resolve and an unbreakable spirit. While battling the pandemic remains our primary line of effort, we remain fully engaged in all aspects of our mission; directly focused on improving our readiness and enhancing capabilities to increase survivability. These efforts include leveraging all dimensions of people, platforms, performance, and, power.

People: Recognizing that our dedicated and diverse workforce is our greatest strength, Navy Medicine published its Human Capital Strategy (2020 – 2025). This strategic framework provides a pathway to help ensure that our Force, active and reserve component personnel and Navy civilians, is structured to meet the requirements of evolving operational demands. It also requires us to optimize and align our talent management efforts placing right people in the right place with the right training at the right time.

Overall manning in each of active and reserve component officer Corps (Medical, Dental, Medical Service and Nurse) remains good; however, we continue to focus on shortfalls in critical

wartime and readiness specialties to ensure we can meet our operational requirements in support of the National Defense Strategy. This emphasis is important given the need to assess and realign our uniformed personnel requirements and platforms to better support medical capabilities of the Naval Forces with the transition to Distributed Maritime Operations (DMO) and Expeditionary Advanced Base Operations (EABO). We are also prioritizing the need to increase mental health specialists assigned to the Fleet and Fleet Marine Force, and to quickly provide full spectrum force health protection in response to public health emergencies.

We must invest in recruiting, training and retaining our personnel. Continued accession and retention incentives are critical to the success of these efforts. Student accession programs are vital, considering Navy relies on USUHS and the Health Professions Scholarship Program for the vast majority of new Medical Corps accessions each year. Thank you for your continued assistance in this area, including the authorities contained in the FY2021 National Defense Authorization Act (NDAA) for increased special and incentive pays for officers in the health professionals.

For the Hospital Corps, manning for active and reserve component is at 99 percent and 95 percent, respectively. Similarly, efforts are targeted to shortfalls in critical wartime specialty Navy Enlisted Classifications (NECs), including Independent Duty Corpsmen (surface, submarine, dive and Fleet Marine Force reconnaissance). These highly trained independent providers are vital to delivering expeditionary medical support to Naval Forces operating forward. To this end, we launched a campaign to highlight the professionally rewarding opportunities in these challenging NECs and expanded the eligibility pool for qualified candidates. We also increased retention bonuses. In addition, USUHS approved the

Independent Duty Corpsmen curricula for incorporation in their College of Allied Health Sciences which will allow these Sailors to earn college credits.

Navy Medicine civilians, a highly skilled workforce of approximately 11,500 professionals, are essential to our mission. They can be found throughout our world-wide enterprise delivering essential health care services − clinical care, research and development, public health and disease surveillance, logistics, and administration and much more. In addition to providing mentorship and training to our military personnel, they also provide much needed continuity in our facilities. We recognize that we face formidable competition with the private sector in attracting talented, highly qualified candidates, and we must work to recruit and expeditiously onboard these personnel. Expanded direct hire authorities provided in 2020 increased the number of specialties from nine to 27. Currently almost 55 percent of our civilian workforce is covered under these authorities which allows use of additional flexibilities for hard-to-fill health care positions. Again, we appreciate your support in helping us recruit the best and brightest. To date, Navy Medicine has transferred 40 Navy civilians to the DHA under transfer of function provision. We anticipate 150 additional employees will transition later this year.

Our priority is to have ready and confident personnel, with the knowledge, skills and abilities gained by experience and high velocity learning. The Navy Medicine Training and Education enterprise is critical to preparing our personnel for their warfighting mission. In spite of challenges posed by the SARS-CoV-2 virus, Navy Medicine maintained these capabilities and developed innovative solutions to mitigate interruptions, delays, and cancellations. Training commands, staff education and training departments, and operational training sites maximized use of virtual learning platforms, medical modeling and simulation, partnerships, cross-training, and blended learning to sustain ready medical forces. In 2020, we graduated 2,905 Hospital

Corpsmen from basic "A" school and 1,235 students from advanced "C" schools, while 1,252 Hospital Corpsmen completed Field Medical Battalion Training. Directly supporting our maritime readiness, experts from the Navy Medical Modeling and Simulation Training program developed a mock shipboard training environment onboard the Medical Education Training Campus (METC). To date, over, 2,075 students have been trained in shipboard medical emergencies and mass casualty exercises utilizing this realistic operational training environment**.**

In addition, our nationally recognized graduate medical and health education programs are critical to Navy Medicine. I refer to this robust training as Navy Medicine's "industrial base" since they are foundational to sustaining our pipelines to generate a proficient and combat credible medical force.

Our partnerships with leading trauma and academic medical centers are essential in helping our providers get the trauma volume, complexity and experience to maintain competencies to save lives at sea and on the battlefield. We continue to leverage our existing collaborative agreements with the James H. Stroger Jr. Hospital in Chicago, Illinois; the University of Florida Health Shands Hospital in Jacksonville, Florida; and the University Hospital Cleveland in Cleveland, Ohio. Earlier this year, we established a new partnership with WakeMed Hospital, a Level I trauma center in Raleigh, North Carolina, while continuing to support a relationship with the Cleveland Clinic to provide skills sustainment specifically for Independent Duty Corpsmen. Pre-deployment training for our teams continues at the Navy Trauma Training Center at Los Angeles County + University of Southern California. In addition, we are working closely with the University of Pennsylvania Health System in establishing a military-civilian partnership for trauma skills sustainment.

Inclusion and diversity are important components to a mission-ready Navy. Diverse, high performing teams provide us power, advantage and unity. We are a stronger Navy because of our differences as we draw on the diverse culture, skills and perspectives of our shipmates. All of us recognize that we have more to do. These efforts must be consistently demonstrated through our behaviors and a commitment to achieving a Culture of Excellence grounded in our Navy Core Values of Honor, Courage and Commitment.

***Platforms*:** Navy Medical personnel remain forward deployed with the Fleet and Fleet Marine Force. They are engaged in all warfare domains with the focus of keeping our Sailors and Marines ready and healthy to perform their demanding missions. To be effective, they must have optimized platforms and capabilities to deliver the full range of medical support, including combat casualty care at sea, rapid public health response, humanitarian assistance/disaster response, as well as Defense Support of Civilian Authorities missions.

To meet the demands of sustained operations at sea, Navy continues to develop new medical capabilities as well as to re-shape current capabilities to operate throughout the range of military operations. We recognize that Naval Expeditionary Health Service Support in the DMO environment requires modular and scalable capabilities able to provide theater hospitalization and forward resuscitative care, ashore and afloat. Additionally, we are focused on improved patient movement and enroute care capabilities, along with more dispersed holding capabilities to maximize survivability. An important priority currently in development is fielding a Role 2 Enhanced medical payload for the Expeditionary Fast Transport (T-EPF) Flight II, hull 14 currently under construction. Progress continues in support of our overarching deployable medical systems strategy with the direction and resource sponsorship of the Navy's Medical

Systems Integration and Combat Survivability Office and in close collaboration with the United States Marine Corps.

It is also important to note that MTFs serve as important readiness training platforms. Within the MTFs, as well as through other partnerships, our providers get needed readiness-centric medical cases to keep their skills sharp and stay ready to deploy. Accordingly, our Navy Medicine Readiness and Training Commands (NMRTCs) provide the critical command and control for Navy Medicine personnel and ensure, through the Readiness Performance Plans, that our men and women have the clinical and operational currency and competency to support operational platforms such as hospital ships and expeditionary medical facilities. We work to ensure that we man, train and equip our personnel for current and future operations. These efforts continue to be impactful during the deployments of personnel from the MTFs in support of the COVID-19 medical and vaccine response. Furthermore, our overseas facilities function not only as vehicles for health care delivery, but more importantly as in-theatre pre-positioned medical capabilities that are critical components of Combatant Commanders' operational plans.

Performance: Navy Medicine's success is measured by those we serve, our Sailors and Marines. All of us recognize that it is necessary to ensure we provide well-trained personnel serving on agile platforms with the proper equipment sets; however, we also recognize that it is not sufficient. We must complement these efforts with relentless pursuit of applying the principles of a high reliability organization in all our actions, particularly in the operational forces. High velocity learning, rapid cycle feedback, and applying lessons learned are the underpinnings of our collaborative work to improve clinical outcomes and patient safety. Drawing on our high reliability successes in MTFs, we are rapidly moving to fully operationalize these tenets to improve warfighter readiness and increase survivability including the

establishment of six operationally-focused clinical communities: female force readiness; psychological health; neuromusculoskeletal; operational medicine; trauma; and, dental services. This priority is also clearly evident in the whole of Navy Medicine response to the pandemic as led by our network of chief medical officers and others to rapidly assimilate and disseminate relevant clinical and scientific information and best practices throughout the enterprise.

It is critically important that our Sailors and Marines have access to mental health services, where and when they need them. Navy Medicine maintains a "no wrong door" approach to deliver prevention, early identification and evidence-based mental health treatment. Services are available world-wide in mental health specialty clinics, within primary care, at Navy and Marine Corps installation counseling centers, on the waterfront, and embedded within the Fleet and Fleet Marine Force to decrease stigma and ensure access to care for our Sailors, Marines, and their families. In 2020, embedded mental health (EMH) continued to expand with 35 percent active component mental health providers and 30 percent of behavioral health technicians assigned to EMH billets. MH providers are permanently assigned to support aircraft carriers, submarine forces, amphibious assault and surface combatant ships, Naval Expeditionary Combat Command units, Marine Corps Ground Combat and Logistics Element units, and Navy and Marine Corps Special Operations.

Navy Medicine supports operations and readiness, collaborating with stakeholders on enterprise-wide strategies to address EMH manning, laydown, and practices, Disaster Mental Health, resiliency, suicide prevention efforts, and expansion of Operational Virtual Mental Health. Navy Medicine adeptly responded to new challenges presented by the pandemic through proactive mental health guidance, surveillance, and outreach, as well as rapid transition to virtual mental health modalities in MTFs and EMH. Mental health assets deployed across the Fleet to

support COVID-19 related missions and increased operational tempo. This support included deploying a Special Psychiatric Response Intervention Team (SPRINT) to THEODORE ROOSEVELT during the COVID-19 outbreak. Navy Medicine continues to execute and expand the Caregiver Occupational Stress Control program to support psychological health and prevent burnout in Navy Medicine personnel, which may be particularly relevant during COVID-19.

We remain acutely aware of the impact of traumatic brain injury (TBI) on our Sailors and Marines. Services are provided through a network of TBI clinics with a range of care levels, including Intrepid Spirit Centers at both Camp Lejeune and Camp Pendleton, and larger programs at Naval Medical Centers Portsmouth and San Diego providing scalable, multidisciplinary, evidenced-based TBI care with a high return to duty rate. Programs at Camp Lejeune and Naval Medical Center Portsmouth offer TBI evaluation and treatment tracks specifically targeted at tip-of-the-spear warfighters who are at greater risk for sustaining TBI.

Supporting a medical ready force requires that we work diligently to improve the deployability of Sailors and Marines each and every day. Navy Medicine emphasizes the importance of completing a deployability assessment at every provider-based encounter. We also have made significant improvements to the management of our personnel on limited duty to include changing the assignment of limited duty from a fixed, prescriptive duration (180 days) to one that allows for the recommended recovery period to be determined by the specific medical condition for the service member. Navy Medicine is also refining algorithms within our information systems to better identify potential deployment limiting and temporary non-deployable conditions. All of us know that warfighting is inherently demanding and we need to do everything we can to support full recovery when a Sailor or Marine is injured or ill.

Recognizing the unique health care needs of our female Sailors and Marines, we developed our comprehensive Navy Medicine Female Force Readiness Strategy. The focus is to organize and coordinate efforts to increase medical readiness, resiliency, and retention in the female force and to improve comprehensive care delivery. We are prioritizing efforts to increase patient education, improve access to care and striving to ensure front-line provider proficiencies specific to women's health. To this end, we launched a pilot program to embed a women's health provider within care settings closer to operational units to increase service women's ability to resolve health concerns and minimize time away from duty. The pilot is in place at two Fleet sites, Naval Station Norfolk and Naval Station Mayport, and both are yielding promising results. We also published the Deployment Readiness Education for Service Women Handbook, a digital women's health education resource for active duty Marines and Sailors.

DON does not tolerate sexual assault. As part of Navy's Culture of Excellence, we continue to focus on developing and implementing prevention efforts while maintaining victim support and resiliency. Navy Medicine remains ready to respond to sexual assault by ensuring the availability of sexual assault medical forensic exams, ashore and afloat. We continue to provide responsive medical forensic care during the pandemic. Collaboratively, the Services sustained ongoing training by creating a virtual training platform for Sexual Assault Medical Forensic Examiner students to meet the requirements of the 80 hour multi-disciplinary course. These efforts helped ensure that we had the personnel trained to provide sexual assault care in both MTFs and operational settings. Despite COVID-19 restrictions, we trained 83 new medical forensic providers for total inventory of 167 serving across Navy Medicine platforms.

Navy Medicine continues to support the fielding of MHS GENESIS, DoD's modernized electronic health record. This effort is essential to our work to drive standardization, improve

patient safety and foster high reliability within the MHS. From 2017 through March 2021, MHS GENESIS has been deployed to nine Naval facilities in Washington and California. Lessons learned from the earlier MHS GENESIS deployments have been applied to current sites and we are seeing substantive improvements in both training and implementation. We are fully engaged in joint implementation and optimization efforts in the fielding of MHS GENESIS and will continue to work collaboratively with DHA and the other Services. Despite challenges due to the COVID-19 pandemic, significant progress has been made with implementation and the MHS remains on track to complete MHS GENESIS deployment by 2024.

***Power*:** Navy Medicine's capability to project medical power is critical to increasing the survivability of Naval Forces, at sea and on the battlefield. Our contributions include providing the best combat casualty care along with rapidly addressing the threats that contribute to disease non-battle injuries. The global pandemic has demonstrated that we must be prepared to employ the full strength of our One Navy Medicine capabilities to protect the health of Sailors and Marines.

Our Navy Medicine Research and Development enterprise continues to demonstrate that it is responsive to operational requirements and is capable of providing rapid solutions for the warfighter. Collectively, their expertise in unique Naval environments provide high-value, high-impact knowledge and materiel products as evidenced by the significant contributions in battling the SARS-CoV-2 virus, including diagnostic testing, genome sequencing of potential viral variants and countermeasures development.

In addition, we conduct a range of research from basic research, applied research, advanced development, to testing and evaluation. Navy Medicine is engaged in work that directly supports Sailors and Marines, including advancing treatments of decompression sickness among diving

and submarine personnel, providing research response to unexplained physiological events in tactical aircraft, and studying the impact of blast exposures on personnel. Due to the strategic location of labs, many projects involve infectious disease surveillance and international outbreak response enabling better understanding of global emerging health threats to military readiness. Our partnerships with nations on six continents, U.S. academia, non-profit organizations and the private sector, along with access to a global network of scientists, allow for research focused on keeping service members healthy and ready.

Similarly, the Navy Marine Corps Public Health Center (NMCPHC) and its field activities continue to be on the vanguard of Navy's public health efforts in response to the COVID-19 pandemic. Their impactful contributions are reflected in all aspects of our strategy of prevention, mitigation, and recovery. Contributions include deploying public health and preventive medicine expertise on COVID-19-related missions to developing science-driven and evidence-based publications such as the "Playbook for Managing Coronavirus Disease 2019 in a Shipboard Operational Setting" which details management of SARS-CoV-2 outbreak with platform specific recommendations for sanitation, prevention and treatment. Their portfolio is broad and includes laboratory operations, environmental health, population health as well as preventive medicine. NMCPHC brings the unique and vast expertise that is sought after, and, more importantly, is valued by Navy and Marine Corps operational leaders.

Global Health Engagement (GHE) remains a critical element of global stability and national security, particularly in support of security cooperation by strengthening strategic partnership and alliances. Given its importance, GHE represents another important line of effort in support of projecting medical power. Our health security cooperation officers and global health specialists are working in support of Combatant Commanders, Navy Component Commanders as

well as interagency and international partners. In addition, Navy GHE improves readiness, builds resiliency and provides competencies of our Navy Medicine personnel and prepares them to address an increasingly complex and interconnected world where health threats do not respect borders.

Given that our Naval Forces are operating forward around the world, we must continue to leverage the inherent power of Naval Virtual Health, applying technology to provide care and clinical consultations, without the constraints of time and distance. Our response to the COVID-19 pandemic served to accelerate our efforts as Navy Medicine used virtual health services, both operationally and in-garrison, to continue to support the operational readiness of Sailors and Marines during a time when access to face-to-face care diminished, and movement limitations impacted our personnel. We saw significant increases in virtual health visits in many areas, but most notably in mental health. This trend is very encouraging and signals that we are able to maintain important access to care for our patients, particularly given the stressors brought about by the pandemic. We are also working to expand virtual health reach in important readiness areas including periodic health assessments, deployment-related assessments, suitability screening and others. A key complement to our virtual health priorities is Navy Medicine's enterprise-level efforts to advance and integrate data and data analytics throughout our decision making processes through capabilities such as machine learning, robotic process automation and metrics dashboards.

Moving Forward

We continue the important work of MHS transformation. While the COVID-19 response necessitated an extended pause for many of these efforts, we have returned to planning and implementing the relevant Congressionally-directed reforms. Military Medicine's response to

the pandemic provides us a meaningful organizational stress test to assess our capabilities and progress, essentially identifying what's working well, along with highlighting areas that need attention. Critical self-assessment and applying lessons learned derived from rapid cycle feedback are important as we build a high reliability organization.

Within the DON, our leadership recognizes the tremendous opportunity we have to refocus our efforts on medical readiness while transitioning health care benefit administration and management to the DHA, including direction and control of the MTFs. Properly executed, this construct will provide important opportunities to increase standardization, eliminate redundancies and favorably impact safety, quality and access within the MHS. In addition, it affords the DON capacity to focus exclusively on medical readiness and its unique responsibilities to provide a trained and ready medical force capable of operating in the maritime domain to meet their missions of Naval and Joint Forces.

To this end, our work continues to address the smooth transition of MTFs to the DHA as well as the key mission and functions of our NMRTCs in providing critical command and control structures for Navy Medicine personnel to meet Navy and Marine Corps missions. NMRTCs, at the local MTF level, will facilitate and reinforce the mutually supportive relationship between Navy Medicine and the DHA. Our goal remains to build an integrated system of readiness and health. While there is much work ahead, I see tremendous potential for military medicine to be a national model for health care high reliability and integration.

All of us in Navy Medicine understand the important responsibilities placed on us by the Nation to care for our Sailors and Marines who go in harm's way. Again, thank you for your support.