

**RECORD VERSION**

**STATEMENT BY**

**LIEUTENANT GENERAL R. SCOTT DINGLE  
THE SURGEON GENERAL, UNITED STATES ARMY**

**BEFORE THE**

**SENATE COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEE ON DEFENSE**

**FIRST SESSION, 117<sup>TH</sup> CONGRESS**

**ON DEFENSE HEALTH PROGRAM**

**APRIL 20, 2021**

**NOT FOR PUBLICATION UNTIL RELEASED BY THE  
SENATE APPROPRIATIONS COMMITTEE**

Chairman Tester, Ranking Member 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, about the state of Army Medicine. As the 45th Army Surgeon General, I want to express my gratitude for your unwavering support.

Today, in the 20th year since 9/11, over 190,000 Soldiers are engaged worldwide to support contingency operations, multiple exercises, and theater security cooperation activities. Before this novel coronavirus pandemic, Army Soldiers and Civilians had served throughout the world as part of the Joint Force. This last year, however, has made our work like no other in our Nation's history.

Before I begin my comments, I would like to acknowledge those tragically taken by the virus and other violent acts. They were mothers, fathers, first responders, healthcare providers, the elder, and the young, too many lives sacrificed. May they rest in peace.

I would also like to honor the Soldiers, civilians, contractors, and volunteers I am privileged to lead. As our 40th Chief of Staff of the Army states, "People First, Winning Matters!" I am proud to say that our People are ready to win. Within days of the Nation's call, Soldiers began building hospitals and testing centers where the Nation needed them most. Soldiers and the Federal Emergency Management Agency, state, and local partners converted the Javits Convention Center in New York City into an alternate care facility to meet the potential demand for hospital beds created by COVID-19. Our researchers, project managers, logisticians, public health officials, health facility and operational planners, and scientists were embedded with the interagency for the whole-of-government effort against COVID-19. Over 1,850 service members augmented civilian hospitals or community vaccination programs. You called. We were ready. We responded.

We marshaled our best and very talented professionals from across the Army. Our scientists and public health officials developed therapeutics, pandemic surveillance modeling, and testing strategies that produced the relevant outcomes we see today.

Medical research and public health, the Army's vital asset in fighting diseases, contributed to the national effort under the Military Infectious Diseases Research Program and partnered with civilian, academic, and federal agency counterparts at all echelons in the whole of government response. Army Medicine did this while sustaining the health of our Soldiers, family members, retirees, and civilians both at home and abroad.

Since 2019, the Army and Army Medicine have been diligent in separating the resource requirements for the Services' readiness needs from benefit delivery. This deliberate effort has enabled the Army to expeditiously provide the foregoing actions to support operational and readiness requirements.

As The Army Surgeon General, my top priority is the health, welfare, and readiness of our Soldiers, their Families, our Civilians, and our Soldiers-for-Life, especially after two decades of persistent conflict across the globe. The Army and Army Medicine must consider the policy and funding needs to keep us ready and relevant for future challenges. This is what we must discuss today.

### **ARMY MEDICINE 2028**

The Army Medicine 2028 vision operationalizes my plan to meet Army Medicine's strategic readiness priorities along with five key objectives – Ready, Reformed, Reorganized, Responsive, and Relevant.

- **Ready** – Taking care of people, our Soldiers, and our Families, is paramount to readiness. Their physical, cognitive, and emotional health are the cornerstones to personal readiness. We will build and sustain strategic readiness to ensure the operational force can win across all domains—land, air, sea, space, and cyber, by embracing modernization efforts through emerging technologies, synthetic training, and partnerships.
- **Reformed And Reorganized** – Our Army remains committed to medical reform initiatives. Similarly, Army Medicine must effectively reorganize in accordance with

reform requirements and Army Senior Leader directives to remain nested with the Army Campaign Plan and the Army Modernization Strategy.

- **Responsive** – Army Medicine will tailor our expeditionary force to support the new paradigm of multi-domain operations, synchronized as part of the Joint Health Service Enterprise.
- **Relevant** – Army Medicine must change at the speed of relevance. This includes the modernization of critical capabilities, technical innovations, and expanded alliances and partnerships to meet the shared challenges of our time.

### **Army Medicine Strategy**

The strategic vision positions Army Medicine to achieve the objectives and priorities set forth by the Army. The vision of Army Medicine 2028 is clear: we are responsive and relevant with expeditionary, tailored, medically ready, and ready medical forces to support the Army mission to deploy, fight, and win in a joint, multi-domain, high-intensity conflict. Nested with Army vision and priorities, I lay the foundation for evolving concepts, tactics, and requirements in five specific ways to achieve this vision. We must synchronize and integrate the medical effort. We must continue to build Army medicine readiness through proper manning, organizing, training, equipping, and leadership. We do this while continuing our modernization and medical reform efforts. We must do this while cultivating our international alliances and partnerships, force multipliers, and strategic assets to our national defense.

#### **Synchronize and Integrate the Medical Effort.**

In line with the Secretary of Defense's and Army senior leaders' guidance, Army Medicine will remain responsible and reliable for our teammates and stakeholders. We do this through our teamwork as the Army's medical voice regarding COVID-19 response, conserving the force's health and fitness, and caring for our beneficiaries, active and retired, at our treatment facilities. Our integrated efforts occur within and across the Army, between the Army and Defense Health Agency, and through the Joint Staff and Combatant Commands.

**COVID-19 Response:** The Nation called; the Army was there with the relevant expertise, equipment, and technology to respond to this unprecedented public health crisis. We will not rest until the virus no longer threatens our Nation. The greatest proximate challenge to our Nation's security is the threat of COVID-19. Army Medicine is decisively engaged in fighting COVID-19 at all levels, supporting the Department of Defense and interagency partners to eradicate COVID-19. I will participate in the statutorily mandated COVID-19 medical health system review panel in the coming months. Per fiscal year (FY) 2021 National Defense Authorization Act (NDAA) Section 732, my team will contribute and support the Secretary of Defense's strategy for pandemic preparedness and response plan. They are studying our response to COVID-19 and modifications to a pilot program on civilian and military partnerships to enhance medical interoperability and surge capability and capacity of the National Disaster Medical System. I finally want to express my gratitude to our Soldiers-for-Life. Last year, the Army asked our retirees to assist the historic effort to defeat COVID-19, and they responded. All of these men and women volunteers are true patriots and exemplars of the unwavering dedication of the Army Medicine team.

**Research, Development, and Acquisition:** Army Medicine is the Army's medical shield defending the force against COVID-19 in this whole-of-government approach. We responded to the Severe Acute Respiratory Syndrome, Ebola, and Zika outbreaks in the recent past. The Army Medical research enterprise delivered therapeutics, including antibodies in convalescent plasma, collaborated on the study of 40 million compounds, and managed approximately 80% of the Defense Department's investments dedicated to medical research and product development. To date in FY21, the Medical Research and Development Command dispersed \$363 million for research, development, test, and evaluation; \$280 million for operation and maintenance; and \$59 million for procurement across myriad programs supporting the health of the Department and our Nation. In the year since COVID-19 became a household word, our research and development team used these needed funds to protect the Nation from deadly viruses.

**Health and Holistic Fitness (H2F):** Holistic Health and Fitness, or H2F, is now part of our doctrine per Army Field Manual 7-22. As the Army Chief of Staff states, "People are

my #1 priority: Our Army's people are our greatest strength and our most important weapon system." To maintain our military strength, we will invest in understanding, assessing, and improving the American Soldier's holistic health. That means we have a comprehensive schema to enhance and maintain the Soldier's performance by making Army medical and health professionals part of building cohesive combat teams. In April 2020, 3.75% of the Army is currently medically non-deployable, equating to 38,400 Soldiers. Musculoskeletal injury contributed significantly to the Army's healthcare burden, negatively impacting Soldier health and Army readiness. To conserve the force, Army has 536 military authorizations in the future years' defense program (FYDP) between 2022 and 2026 for physical therapists, occupational therapists, registered dietitians, and enlisted specialists to be forward arrayed within our combat formations to prevent or mitigate injuries and ensure faster recovery to maintain combat power.

**Army Recovery Care Program (ARCP):** The Army maintains a robust Warrior Care program for managing recovery and complex care for wounded, ill, and injured Soldiers across all Army components. Our program, formerly the Warrior Care and Transition Program, is a critical enabler of Army readiness. Through the use of 14 Soldier Recovery Units, ARCP manages the recovery of wounded, ill, and injured Soldiers requiring complex care at Division/Corps installations and specialty medical centers. The program also provides resources and advocacy for Families and caregivers of Soldiers recovering in the program. Since the program's inception in 2007, more than 84,000 Soldiers have entered the program. As of October 1, 2020, the program completed a two-year Army-directed restructure. Its current population of 1,752 reflects the single entry criteria for all three components and is in line with original restructure estimates of 1600-1800 as of December 31, 2020. The latest restructure has reduced 501 authorizations and \$35 million for Program Objective Memorandum (POM) 2021, but will not decrement operations and support to the wounded warrior.

**Medical Military Construction:** The construction of medical healthcare and research facilities supporting Army and Department of Defense personnel and missions continues. Army Medicine, the United States Army Corps of Engineers, and the Defense

Health Agency provide collaborative leadership and management to multiple projects. I thank you for your enduring support of the medical military construction program. The Army will recapitalize over 78% (15 of 19) of inpatient facilities between 2005 and 2026. The military health system continues to require future investments in military construction to support safe, quality care for our Soldiers, Family Members, and Soldiers for Life, as well as capital investments for medical research and public health activities. As of this submission, there are currently 14 active hospital, medical research, clinic, lab, and blood program projects supporting Army equities.

**Departments of Defense (DOD) and Veterans' Affair (VA) Partnership:** Caring for our Soldiers-for-Life reflects our commitment to People and synchronizing the medical effort. In collaboration with the VA, the Army has an integrated joint effort for providing care to our retired population through robust healthcare resource sharing programs. Between 2018 and 2019, Army Medicine provided \$138.2 million in reimbursable care to veteran beneficiaries in our Army treatment facilities. All Army facilities with excess capacity to provide care to the veteran population under the healthcare resource sharing program. Our Soldiers-for-Life are America's strategic reserve. We are obligated to care for them.

### **Build Readiness.**

Building and maintaining readiness is critical to my strategic goal. Army Medicine is pivoting to proficiently trained and manned units led by competent leaders, equipped with modern capabilities to provide expeditionary life/limb-saving to a multi-domain operations capable force by 2028. I acknowledge legislation regarding our force mix options and service models, as well as legislation regarding the military medical Manning end strength. Readiness and deployability must remain a top priority of Commanders and Soldiers.

**Medical Readiness:** To build combat readiness, we affirm the need to reduce the Army's non-deployable rate to 5%, even during the pandemic. This means that despite COVID-19, Soldiers continued to complete their annual health assessments and dental exams. Initially, COVID-19 impacted our ability to conduct the screenings. To clear the backlog of Soldiers who fell out of compliance during the early phase of the pandemic, we

began to use video or telephonic health assessments. At the end of calendar year 2020, only 3.75% of Soldiers were medically non-deployable.

**Individual and Collective Training:** The Army is committed to the readiness for large-scale combat operations. I will provide the combat force high-quality medical care across the full continuum of combat casualty operations by reforming our medical training processes and seeking innovative partnerships and solutions to providing a ready medical force. Army Medicine is using various initiatives to build deployment readiness:

- **Army Graduate Medical Education.** Five to seven years of training after medical school is required to produce a board-eligible surgeon. The graduate program generates 96% of critical wartime specialty surgeons.
- **Military-Civilian Partnerships.** Army Medicine has entered into medical training agreements with civilian trauma centers and medical centers around the country. Pursuant to recent legislation, Army Medicine has placed doctors, nurses, and medics into facilities across the Nation, where, for example, members from forward surgical teams maximize their exposure to a high volume of patients with critical injuries. This cost-efficient initiative provides skills sustainment opportunities alongside our civilian counterparts in premier trauma centers and hospitals.

#### **Support Modernization of the Medical Force.**

Army Medicine's modernization efforts include developing medical concepts parallel with Army efforts. These expeditionary medical capabilities leverage emerging technologies, design the future medical force, ensure interoperability, and invest in synthetic training environments to provide the "sets and reps" required to be battlefield-ready. We must consider leveraging technology and updating our strategies to meet the realities of the landscape.

**Recruiting and Retention of Health Professional Officers (HPOs) (Talent Management):** Our Army's philosophy is People First, and our attitude is Winning Matters. The Army is about People. I want to thank our legislators for acknowledging the need to



increase special pay incentive programs and rate caps. The increase in health professional compensation assisted with medical accession bonuses, health professional scholarships, Financial Assistance Program, loan repayment, professional training and education programs and incentives, allows us to recruit and retain health professional officers as they make the tough decision to serve the Nation or answer the lucrative opportunities in the private sector. Per section 757 of the Fiscal Year 2021 NDAA, at the direction of the Department of Defense, we will participate in the congressionally-mandated review of our force mix options and the service models to enhance our medical force's readiness.

**Virtual Health:** As we sustain and modernize Army Medicine's talent management systems and organization, our hardware and software must match the dynamic threat landscape of the 21st century. In this regard, the legislation directs a review of our use of virtual health services across the Army. Leveraging this capability during the pandemic was critical in delivering medical treatment and timely access to care. During the year of COVID-19, when many dreaded entering medical treatment facilities, telehealth provided direct care to our patients. In FY15, there were over 40,000 virtual health encounters in Army Medicine. About 80% of these encounters were related to behavioral health. From March 2020 to January 2021, we had an extraordinary 4.2 million virtual health encounters. Virtual health improves patient satisfaction, continuity of care, readiness, and access—all components for efficient and effective medical care.

**Medical Simulation/Synthetic Training:** The Department of Simulation at the Medical Center of Excellence is the lead agency for Army medical modeling and simulation policy and strategy. Working with the Army's Program Executive Office Simulation, Training and Instrumentation, and in collaboration with Army Futures Command, our simulation efforts will improve medical skill training through synthetic cross-functional training. The artificial environment will provide the realistic repetitions necessary to train and sustain combat lifesavers and medical personnel for Multi-Domain Operations. Other examples of our technological needs include:

- **Integrated Visual Augmentation System (IVAS).** This system enhanced casualty care through a combination of technologies and augmented reality delivered in the form of a Head-Up Display device. The system will include a casualty response function enabling the Close Combat Force to exercise squad-level response to taking casualties in tactical training scenarios.
- **Tactical Combat Casualty Care (TC3) Simulation.** A first-person game that allows a Soldier to play a combat medic's role during an infantry squad mission in an urban environment.
- **Vertical Lift.** The next-generation medical vertical lift, such as the medical variant of the Future Long-Range Assault Aircraft, will give Army Medicine an aircraft with increased speed, range, survivability, and maneuverability to allow the Army to evacuate the injured from the battlefield to the point of care.

We must make investments to develop further and purchase the required hardware and software to create the Synthetic Training Environment Medical training platforms and next generation of vertical lift.

### **Medical Reform.**

The Medical Reform initiative aims to ensure the highest Soldier and provider medical readiness while reducing administrative requirements associated with military treatment facilities (MTFs) health and business processes, procedures, and practices to deliver more effective and efficient beneficiary care at less cost. The Department of the Army and Army Medicine are committed to this initiative as we diligently evaluate the Medical Department's structure, ensuring its coherence to the needs of Title 10 and our operational demands.

**Medical and Dental Treatment Facility Transition:** Due to the novel coronavirus response, the military health systems reform efforts were paused in the last year. The Defense Health Agency will assume authority, direction, and control for all United States-based MTFs by September 30, 2021. The Army will transfer 126 Medical and 60 Dental Treatment Facilities to the Defense Health Agency. The Army retained statutory Title 10 responsibility for training, readiness, and oversight of Soldiers at the Medical Treatment

Facilities, Dental Treatment Facilities, Public Health establishments, and Veterinary Treatment Facilities.

**Defense Health Program Funds Transfer:** The FY21 appropriations drafted by this committee provided more than \$1.1 billion from the Defense Health Program to the Army Operation and Maintenance account consisting of over 15 service-centric medical readiness programs—over \$655 million within Army Medicine and over \$445 million across Army Major Commands. We understand that we need to further evaluate our readiness requirements in subsequent years as the medical health systems reform and transition progress. We acknowledge this committee's recommendations on the need for precise details and justification for Army's Medical readiness programs. Finally, we are also working with the Defense Health Agency to ensure that those medical readiness services within the Defense Health Agency purview (about \$895 million) are meeting the Army's requirement for comprehensive readiness for our Soldiers and their family members.

**Strengthen Alliances and Partnerships.**

Finally, our allies and partners are collaborators and force multipliers with whom we engage through various multilateral and bilateral affiliations, security cooperation programs, and global health engagement opportunities. From the early 1800s, to today, and into the future, the Army has a long-standing history responding to international public global health issues as a result of our responsibility to protect the health of our forces and to ensure that they are ready to deploy for missions anywhere in the world at a moment's notice. One component of global health engagements involves building, sustaining, and improving partner capacity so that nations can mature into competent combat health service support providers for their forces and coalitions in which they will operate. Among other capabilities, my goal in the Army Medicine strategy is to create a global network of military medical capabilities that will provide niche and system medical services to ensure ready, relevant, responsive, and excellent health service support both in the field and in the institutional setting.

Funding for global health activities, partnership activities, and global health engagements has always been a challenge. As we have seen in the last year, our scientists' international work is a crucial funding concern. Allocated appropriations from Defense Health Program funds provided by our partner nations do not yield impactful results. Partner nation, Combatant Command, and Army Service Component Command prioritization toward combat and combat support capabilities are frequently below the cut line, underfunding global health engagements and medical security cooperation.

To achieve global health objectives, medical forces would benefit from funding investment to continue and capitalize on our critical relationships with international ministries of defense, health, interior, academia, non-governmental, and private sector organizations. As required by statute, we will work with the Department to assess the feasibility of establishing medical security partnership with Taiwan (FY21 NDAA, Section 1260B) and the grant program to collaborate with Israel on post-traumatic stress disorder research.

Medical Research and Development Command laboratories in Thailand, Philippines, Nepal, Cambodia, Kenya, Nigeria, Tanzania, Uganda, and the Republic of Georgia conduct essential surveillance of biological threats and groundbreaking research on infectious diseases and diseases of military and public health significance. Through regional and functional health commands, the Army's global presence also serves as a force for good, offering humanitarian assistance and disaster relief when requested.

The Army Medical Center of Excellence provides officer and enlisted medical leadership training to approximately 200 soldiers from partner nations. Of these, our relationship with the Israel Defense Force medical services, based on the 1978 United States-Israel Data Exchange Agreement on Military Medicine, or "Shoresh," sustained our relationship through their International Medical Programs office and the Army's Medical Strategic Leadership Program. Similarly, our relationship with Taiwan (one which Army Medicine looks forward to expanding) was sustained through our educational programs, which had 25 participants in recent years.

Army Medicine will build on our experience from multinational staff hospitals in Iraq and Afghanistan as the opportunity affords. We do this while leveraging current experiences in Europe with our allies and partner nations to strengthen our many long-lasting international relationships with the North Atlantic Treaty Organization and the American-British-Canadian-Australian-and New Zealand alliances. When matured, these relationships will enhance the readiness of future US military operations in that region. The corporate and national response to the global pandemic, ongoing research and development of freeze-dried plasma, advancements in prosthetics and rehabilitation, and more effective treatments for post-traumatic stress disorder and other combat stress-related injuries have made Army Medicine a proven and formidable partner in global health and military medicine.

## **CONCLUSION**

In closing, I want to thank the committee for your long-standing support to the Army and Military Medicine. I remain committed to working with our defense, interagency, intergovernmental, multinational, and civilian partners to improve Army readiness. At the same time, our healthcare professionals continue to care for our Soldiers, Civilians, and their Families.

From the foxhole to the fixed facility—Army Medicine will be ready, reformed, reorganized, responsive, and relevant. My vision will ensure that we sustain mutual trusted relationships within the Army, the Joint Force, and the Nation. When a Soldier calls for a medic, Army Medicine will be ready and responsive with expertly trained Soldiers capable of healing injuries to the body. Medical units should be adequately manned and equipped with the best equipment and technology. It is not about fighting the last war. We must have the People, cutting-edge tools, medical concepts, doctrine, capabilities, and the training for the next conflict. I appreciate the subcommittee's work and your continued support to our Soldiers, Army Medicine, and our Army.