

STATEMENT OF
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Introduction

Mr. Chairman, I am pleased to be invited here today to present to you and the members of the Committee the Department of Defense's views on the Department of Veterans Affairs' (VA's) role as principal backup to the Department of Defense in the event of war or national emergency. The Department of Defense places enormous value on all of its sharing partnerships with the Department of Veterans Affairs. Since the outset of the sharing program which was established under the 1982 legislation, "Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act", DoD has subscribed to the promise for improved economies of operation that health resources sharing has held.

In addition to promoting greater peacetime sharing of health care resources between VA and DoD, this vital legislation authorized the VA to serve as the principal health care backup to DoD in the event of war or national emergency. The military medical departments' primary mission is to support their combat forces in war and in peacetime to maintain and sustain their well-being in the accomplishment of National Military Objectives. The military medical mission is "to provide top quality health services, whenever needed, and to support military operations." Subsequently, military medical readiness is defined as all actions and preparation necessary to respond effectively and rapidly to the entire spectrum of potential military operations—from major regional conflicts, to smaller scale contingency operations, to humanitarian support missions. Military readiness involves both active and Reserve forces, and is accomplished through a strategy that seamlessly ensures a health and fit force, prevention of casualties from operational threats, and responsive combat casualty care and management. The Military Health System (MHS) must fully integrate its military medical readiness mission with its beneficiary

mission to provide quality, cost-effective medical services and support to military families, retirees and their families worldwide. Through the conduct of the MHS beneficiary mission, readiness is promoted in the military medical departments through the maintaining of a fit force; continuous surveillance of health risks pre-, during and post-deployment; the provision of clinical training for medical providers; enhancing recruiting and retention of quality service members; and otherwise fostering quality of life for military families by ensuring access to a worldclass health care system.

The Military Health System (MHS) consists of 76 hospitals and more than 400 medical clinics worldwide serving an eligible population of 8.3 million. Our medical units are capable of deploying as part of our Armed Forces to provide the preventive and resuscitative care that our troops may require in the conduct of operational contingencies. We emphasize the maintenance of a healthy, hyper-fit force prepared for the rigors of these contingencies, and the prevention of injury and illness. We identify potential hazardous exposures, track immunizations, and record health encounters with information systems designed to provide a continuous life-cycle surveillance that supports the health and fitness of the fighting force.

Concurrently, we provide a comprehensive healthcare delivery system for our service members, retirees, survivors, and family members. This system not only provides a training platform to maintain the technical skills of military clinicians, but also ensures our ability to directly influence the quality of care we deliver to our beneficiaries. Our primary responsibility is to provide medical support for our deployed forces, but those capabilities are inextricably linked to our hospital and clinic operations. A robust healthcare delivery system is a strategic lynchpin that ensures a healthy and fit force for National Command Authority-directed

contingencies, and provides the medical architecture capable of providing combat health support in missions ranging from humanitarian civic assistance to high intensity conflict.

The U.S. military has a history of successfully providing support and assistance to domestic civil authorities during emergencies and other instances of national concern. Examples you may recall include the military's response to natural disasters within the United States, such as hurricanes and earthquakes. The task of supporting civil authorities in a time of crisis is not a new responsibility for either DoD or military medicine.

The military health system continues to leverage the wartime capabilities of the men and women in our Armed Forces for domestic consequence management in support of the civil authorities. I am very proud of the efforts of our military medical team in response to the events of September 11th. The hospital ship USNS Comfort was dispatched within 48 hours to New York City with Navy medical personnel from the National Naval Medical Center. The Army's Dilorenzo clinic staff at the Pentagon was among the first responders to the attack on the Pentagon. Additionally, Walter Reed Army Medical Center immediately dispatched three trauma teams, a preventive medicine team and two combat stress teams to respond to the Pentagon crisis.

In response to the 1982 law authorizing a new contingency role for the VA, a Memorandum of Understanding (MOU) was executed between the Secretary of Defense and the Administrator of Veterans Affairs (presently the Secretary of Veterans Affairs), specifying each agency's responsibilities under the law. Plans have been developed and are jointly reviewed and updated

every year by VA and DoD. The VA/DoD Contingency Hospital System is outlined in the Veterans Health Administration Handbook 0320.1 of May 1, 1997.

The VA/DoD Contingency Hospital System is activated by the VA after the Secretary of Defense determines that DoD needs VA medical care resources because of a military conflict or another type of national emergency. The Secretary of Defense notifies the Secretary of Veterans Affairs, in writing, of any need for medical care contingency support. The Secretary of Veterans Affairs commits VA to provide support and communicates this commitment to the Secretary of Defense in writing. Through the VA/DoD Contingency Hospital System, DoD receives periodic estimates of VA contingency bed availability.

The Commander-in-Chief (CINC), US Joint Forces Command (JTFCOM) has overall responsibility to ensure integrated CONUS medical operations. Consequently, CINC JTFCOM has in place the Integrated CONUS Medical Operations Plan (ICMOP) that coordinates all CONUS medical assets in support of DoD casualties. ICMOP is supported by the VA/DoD Contingency Hospital System Plan.

One important objective of the overall planning effort is to assess VA's contingency bed capacity. Accordingly, VA medical centers assess 13 specific bed categories (that include highly specialized beds) required by DoD. These assessments take into account the impact on local operations of VA employees subject to mobilization, since long-standing VA policy is that no employee is unavailable for active military duty in a national emergency by reason of his/her position or assignment.

The VA and DoD bed contingency plans are also supplemented by the National Disaster Medical System. This robust bed expansion capability will be activated subsequent to a war or national emergency requiring more than the combined resources of the DoD and VA. This joint Federal, State, and local mutual assistance organization provides for a coordinated medical response in time of war, national emergency, or major domestic disaster resulting in a mass casualty situation. Patients are evacuated to designated locations throughout the United States for care that cannot be provided locally. They are placed in a national network of hospitals that have agreed to accept patients in the event of a major disaster. DoD is a primary Federal agency responsible for administering the NDMS. Other agencies sharing responsibilities with DoD include the Department of Health and Human Services (DHHS), FEMA, and the VA. NDMS may be activated by the Assistant Secretary of Defense for Health Affairs in support of military contingencies when casualties exceed the combined capabilities of the VA/DoD Contingency Care System. The Assistant Secretary of Health (DHHS) may activate NDMS in response to a domestic crisis or disaster. Under the latter circumstances, DoD components, when authorized, will participate in relief operations to the extent compatible with U.S. national security interests.

The success of this joint venture was aptly demonstrated immediately following the September 11th attack on the World Trade Center Towers and the Pentagon. In anticipation of receiving casualties, The Secretary of Health and Human Services activated NDMS whereupon both VA and DoD began to report bed availability to the Global Patient Movement Requirements Center (GPMRC) located at Scott Air Force Base, Illinois. There were however no casualties evacuated as a result of this tragedy, as local resources were able to handle health care commitments.

In summary, Mr. Chairman, the events of September 11th have highlighted the importance of a coordinated federal response to national disasters. While each of us must ensure that our health care system is capable of meeting the demands of our respective missions, we recognize the vital role the Department of Veterans Affairs plays in providing backup to the Department of Defense in the event of war or national emergency.