

**HEARING TO CONSIDER NOMINATIONS OF:  
JONATHAN WOODSON TO BE ASSISTANT  
SECRETARY OF DEFENSE FOR HEALTH AF-  
FAIRS; NEILE L. MILLER TO BE PRINCIPAL  
DEPUTY ADMINISTRATOR, NATIONAL NU-  
CLEAR SECURITY ADMINISTRATION; AND  
ANNE M. HARRINGTON TO BE DEPUTY AD-  
MINISTRATOR FOR DEFENSE NUCLEAR  
NONPROLIFERATION, NATIONAL NUCLEAR  
SECURITY ADMINISTRATION**

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**TUESDAY, AUGUST 3, 2010**

U.S. SENATE,  
COMMITTEE ON ARMED SERVICES,  
*Washington, DC.*

The committee met, pursuant to notice, at 2:34 p.m. in room SD-G50, Dirksen Senate Office Building, Senator Carl Levin (chairman) presiding.

Committee members present: Senators Levin, McCain, Thune, Wicker, and Brown.

Committee staff member present: Leah C. Brewer, nominations and hearings clerk.

Majority staff members present: Jonathan D. Clark, counsel; Madelyn R. Creedon, counsel; Gabriella Eisen, counsel; Gerald J. Leeling, counsel; and Peter K. Levine, general counsel.

Minority staff members present: Joseph W. Bowab, Republican staff director; Daniel A. Lerner, professional staff member; Diana G. Tabler, professional staff member; Richard F. Walsh, minority counsel; and Dana W. White, professional staff member.

Staff assistants present: Hannah I. Lloyd and Breon N. Wells.

Committee members' assistants present: Daniel Trope, assistant to Senator Bayh; Roger Pena, assistant to Senator Hagan; Lenwood Landrum, assistant to Senator Sessions; Jason Van Beek, assistant to Senator Thune; and Erskine Wells III, assistant to Senator Wicker.

**OPENING STATEMENT OF HON. CARL LEVIN, U.S. SENATOR  
FROM MICHIGAN**

Chairman LEVIN. Good afternoon, everybody. The committee meets today to consider the nominations of Jonathan Woodson to be Assistant Secretary of Defense for Health Affairs, Neile Miller to be the Principal Deputy Administrator of the National Nuclear

Security Administration (NNSA), and Anne Harrington to be Deputy Administrator for Defense Nuclear Nonproliferation of the NNSA.

We welcome our nominees and their families to today's hearing. We appreciate the long hours and the other sacrifices that our nominees are willing to make to serve our country, and their families also deserve our thanks for the support that they provide that is so essential to the success of these officials. And when we call on you for your opening statements, we will give you an opportunity to introduce your family members if they are with you today.

Jonathan Woodson has been nominated to be Assistant Secretary of Defense for Health Affairs, and if confirmed, he will be principal adviser to the Secretary of Defense on healthcare policies, programs, and activities and will be responsible for administering the \$50 billion military health system. Dr. Woodson is well qualified for this position as a result of his extensive experience as an Associate Professor of Surgery and Associate Dean at the Boston University School of Medicine, Adjunct Professor of Surgery at the Uniformed Services University of the Health Sciences, and Fellow and Governor of the American College of Surgeons.

Perhaps most important, Dr. Woodson is a brigadier general in the Army Reserve, has seen military medical care firsthand during deployments to Kosovo, to Central America, to Saudi Arabia for Operation Desert Storm, and to Iraq and Afghanistan for Operation Iraqi Freedom and Operation Enduring Freedom.

Our other two nominees have been nominated for positions at the National Nuclear Security Administration, the NNSA. Neile Miller has been nominated to be the Principal Deputy Administrator of NNSA, and if confirmed, Ms. Miller will be the chief operating officer of the NNSA at a time when the NNSA faces the challenging task of constructing two major technically complex multi-billion dollar facilities.

The two new facilities, one at the NNSA Oakridge Y-12 plant and the other at the Los Alamos National Laboratory, will be a significant challenge, but they are essential to the long-term ability of the NNSA to maintain the nuclear stockpile. Ensuring that the requirements are well defined and that the design is sufficiently mature to support a fully independent cost estimate will be just the beginning of the challenges that Ms. Miller would face if she is confirmed.

Her background at the Office of Management and Budget and the experience she has gained in her current position as the Director of the Office of the Budget at the Department of Energy should help her in this effort.

Anne Harrington has been nominated to be the Deputy Administrator for Defense Nuclear Nonproliferation, and if she is confirmed, Ms. Harrington will have the challenge of managing the substantial growth plan for the nonproliferation programs at the NNSA. She will also have a large, technically complex project to complete—the mixed oxide fuel facility complex at the Savannah River site.

Ms. Harrington is well qualified for these tasks by virtue of her extensive background managing nonproliferation programs. In the very early days of the Nunn-Lugar Cooperative Threat Reduction

program, she was instrumental in getting the program off to a successful start. And since that time, she has worked to coordinate the activities of the Department of State, Energy, and Defense in ongoing nonproliferation efforts.

Senator McCain.

#### STATEMENT OF SENATOR JOHN MCCAIN

Senator McCain. Thank you, Mr. Chairman.

I join you in welcoming our nominees and their families, and I thank them for their willingness to serve in these key leadership positions.

As you mentioned, Dr. Woodson has been nominated to be Assistant Secretary of Defense for Health Affairs. He is an accomplished physician, administrator, educator, and soldier.

Having served in the Army Reserve as a medical officer for over 20 years, he has a distinguished record of active duty service, having deployed to the Middle East during Operation Desert Storm, to Kosovo with Task Force Falcon, and again to the Central Command AOR in support of Operations Enduring Freedom and Iraqi Freedom. He has staffed and commanded combat support hospitals, forward surgical teams, and medical brigades. Dr. Woodson is currently assigned as Assistant Surgeon General for Reserve Affairs, et cetera.

The challenges facing the Department of Defense and the Defense Health Program in providing care to over 9.5 million eligible beneficiaries and sustaining the All-Volunteer Force are well documented. Ensuring continued world-class healthcare, including mental health support, in theater and at home to our wounded warriors and their families is essential.

Improving the seamless transition of healthcare between DOD and the Veterans Administration has to be one of your top priorities, as well as working to make military service and careers in military healthcare professions attractive to students and practitioners alike. I look forward to your testimony about these issues, and I am grateful for your career of service.

Ms. Neile Miller has been nominated to be the Principal Deputy Administrator for the National Nuclear Security Administration. Ms. Miller currently is the Director of the Office of Budget at the U.S. Department of Energy and, if confirmed, will bring over 20 years of experience in the fields of nuclear energy, defense policy, and budget analysis at the Office of Management and Budget and in the Department of Energy to NNSA.

NNSA is responsible for the management and security of the Nation's nuclear weapons, nuclear nonproliferation, and naval reactor programs. If confirmed as Principal Deputy Administrator, Ms. Miller will perform an essential role in continuing management reform, recapitalizing infrastructure, and ensuring that each dollar spent not only assists our friends and partners in reducing the global nuclear threat and guaranteeing the quality and reliability of our own nuclear deterrent.

Ms. Anne Harrington is the nominee to be Deputy Administrator for Defense Nuclear Nonproliferation, currently the Director of the U.S. National Academy of

Sciences Committee on International Security and Arms Control, served in the Department of State from 1990 through 2005, where she worked on nonproliferation cooperative threat reduction programs aimed at preventing the proliferation of weapons of mass destruction and missile expertise from Russia and Eurasia.

Ms. Harrington was instrumental in shaping our arms control policies in the aftermath of the Cold War and clearly understands the need for a transparent common roadmap to reduce the threat of proliferation.

One of the greatest threats we face is the possibility that terrorists or rogue states will acquire nuclear weapons or other WMD. The National Nuclear Security Administration, through its Office of Defense Nuclear Nonproliferation, works closely with a wide range of international partners, key U.S. Federal agencies and U.S. national laboratories, and the private sector to detect, secure, and dispose of nuclear and radiological material and related WMD technology and expertise. I believe that Dr. Harrington is well qualified for this key national security role.

I look forward to the testimony of the nominees today, and I thank them and their families for their service to our Nation.

[The prepared statement of Senator McCain follows:]

Chairman LEVIN. Thank you, Senator McCain.

Let me ask you all now the standard questions that we ask of all nominees before this committee. You can answer together.

Have you adhered to applicable laws and regulations governing conflicts of interest?

[All witnesses answered in the affirmative.]

Chairman LEVIN. Have you assumed any duties or undertaken any actions which would appear to presume the outcome of the confirmation progress?

[All witnesses answered in the negative.]

Chairman LEVIN. Will you ensure your staff complies with deadlines established for requested communications, including questions for the record in hearings?

[All witnesses answered in the affirmative.]

Chairman LEVIN. Will you cooperate in providing witnesses and briefers in response to congressional requests?

[All witnesses answered in the affirmative.]

Chairman LEVIN. And will those witnesses be protected from reprisal for their testimony or briefings?

[All witnesses answered in the affirmative.]

Chairman LEVIN. Do you agree, if confirmed, to appear and testify upon request before this committee?

[All witnesses answered in the affirmative.]

Chairman LEVIN. Do you agree to provide documents, including copies of electronic forms of communication, in a timely manner when requested by a duly constituted committee or to consult with the committee regarding the basis for any good-faith delay or denial in providing such documents?

[All witnesses answered in the affirmative.]

Chairman LEVIN. Thank you very much.

And Dr. Woodson, I think we are going to start with you for your statement and your introductions, if you have any.

**STATEMENT OF JONATHAN WOODSON, M.D., TO BE ASSISTANT  
SECRETARY OF DEFENSE FOR HEALTH AFFAIRS**

Dr. WOODSON. Mr. Chairman, Senator McCain, members of the committee, thank you very much for this opportunity to appear before you today.

I am honored to have been nominated by the President to serve as the Assistant Secretary of Defense for Health Affairs, and I thank Secretary Gates for his support.

If confirmed, I pledge to apply my experience and my best efforts to work with the Under Secretary of Defense for Personnel and Readiness, the service surgeon generals, and Congress to promote and safeguard the health of military personnel and their families and deliver the best medical care to the wounded warriors and all DOD beneficiaries. You will always receive my candid assessment.

With me today are my wife, Sherril, and my daughter, Sarah. My son, Jonathan, could not be here today. My family has always supported and served alongside of me throughout my career. Families are important, and those of us who have served in the military understand that when we raise our right hand and swear to protect and defend this great Nation, we not only commit ourselves to this mission, but our loved ones as well. Without our families, we could not have the greatest military in the world.

If confirmed, I will collaboratively work with leaders from other DOD components, intradepartmental Government agencies, and civilian organizations to tackle the challenges that confront the military health system to create new opportunities and solutions to advance military health, its mission, and its benefits to its beneficiaries.

I understand that the portfolio for the Assistant Secretary of Defense for Health Affairs is broad and includes policy and programmatic issues related to force health protection, readiness, wounded warrior care, deployment health, medical education and training, medical research, humanitarian disaster response, in addition to TRICARE benefits and other global health issues.

I will draw upon my career experiences as a military medical officer and leader, healthcare administrator, teacher, researcher, and physician to engage others, set the vision, and motivate and inspire others to work toward common goals.

I have always been personally inspired by the commitment and dedication of our soldiers, sailors, airmen, marines, and coast guardsmen. The highlight of my career as a surgeon has been caring for the wounded warrior on the battlefield. These talented young men and women, who have been asked to shoulder the responsibilities for defending this Nation and have suffered the consequences of nearly a decade of war, deserve the best medical care both at home and abroad.

Specifically, I will work with Congress and sister agencies on finding the most effective strategies for preventing suicide, preventing and treating post traumatic stress disorder and traumatic brain injury, and enhancing medical readiness of our military forces.

I look forward to working with Secretary Shinseki on improving the medical evaluation board and disability evaluation system and processes to produce a servicemember-centered, streamlined proc-

ess that produce efficient handoffs from active service to veteran status when warranted. I understand that we must do this while keeping in mind that we have to be good stewards of public resources as we enter a resource-constrained time in our Nation's history.

Over the past few years, Congress has been a great partner in supporting the military members, raising concerns, asking hard questions, and demanding answers when appropriate. If confirmed, I look forward to your continuing engagement and support.

I cannot complete these opening remarks without expressing my admiration for the men and women who are the heart and soul of the military health system. These true professionals have soldiered alongside their combat arms colleagues and acted as a force multiplier. They deserve not only accolades, but real assistance in helping them to perform their jobs better and more efficiently.

If confirmed, I pledge to pursue diligently and expeditiously the implementation of a new electronic health record, which will not only serve all servicemembers well, but give the healthcare providers decision support tools to enhance their ability to deliver quality care, which we can simply define as the right care at the right time, in the right amount, at the right cost, that is safe and patient centered.

I believe the military health system has the ability to establish new models in the delivery of medical care, evidence-based treatment algorithms, and medical education that the civilian sector will want to emulate.

I thank the committee and you, Mr. Chairman, for the privilege and opportunity to make these opening remarks, and I stand ready to answer questions that you have for me.

[The prepared statement of Dr. Woodson follows:]

Chairman LEVIN. Thank you very much, Dr. Woodson.

Ms. Miller?

**STATEMENT OF NEILE L. MILLER TO BE PRINCIPAL DEPUTY ADMINISTRATOR, NATIONAL NUCLEAR SECURITY ADMINISTRATION**

Ms. MILLER. Mr. Chairman, Senator McCain, members of the committee, thank you very much for the opportunity to appear before you today.

I am honored to be nominated by the President to serve as the Principal Deputy Administrator of the National Nuclear Security Administration, the NNSA.

I am also very grateful for the confidence placed in me by Secretary Chu and Administrator D'Agostino in recommending me for this position, and I am excited about the opportunity to serve as a member of the NNSA leadership team.

Only part of my family is here with me today. My husband, Dr. Werner Lutze, and our sons, Max Lutze and Daniel Lutze, are waiting for me to rejoin them in Italy as we continue our vacation. I thank them for their endless enthusiastic support and understanding, without which nothing I do would be possible.

However, I am delighted that my mother, Belle Miller, and my sisters, Lisa Miller and Abbey Kreinik, are here with me today. I consider myself truly blessed to have always been able to count on

their love and support, as well as that of my late father, Arthur Miller.

I would like to thank the members of this committee for your strong support for the NNSA mission. If confirmed, I look forward to working closely with you and your respective staffs in carrying out to the best of my abilities the duties and responsibilities of the Principal Deputy Administrator.

The NNSA has been charged by the President and Congress with the principal responsibility for carrying out the Nation's nuclear security agenda. Even as the Senate prepares to deliberate further reductions in the Nation's arsenal of strategic nuclear weapons, the challenges facing the NNSA are increasing. This committee is very aware of the challenges facing the NNSA, and I am greatly appreciative of their support in the annual NNSA authorization process.

Based on my prior experience as a senior analyst at the Office Of Management and Budget and, most recently, as the senior career executive at the Department of Energy's Office of Budget, I have gained a unique set of qualifications and experiences to serve as the Principal Deputy Administrator.

Over the past 10 years, I have developed a detailed knowledge of the programs, the budgets, and the personnel of the NNSA, from both the OMB as well as the secretarial perspectives. I am well aware of the significant challenges facing the NNSA in implementing the National security policies established by the President and the Congress.

If confirmed by the Senate for this position, I plan to work closely with the Administrator in making the difficult decisions needed to ensure that the Nation's nuclear security enterprise operates in the most effective and efficient manner possible. It is my intention to focus my efforts in three areas.

First, I will strive for excellence in the execution of the major new projects assigned to the NNSA for implementation. These investments are needed to ensure the safe and efficient operation of the nuclear weapons complex. These projects must meet our National security objectives with an increased attention to the Federal budget. Plus, it is important that NNSA be agile as well as efficient in project execution.

Second, I plan to work to maintain and strengthen the scientific and technological basis for NNSA activities so that we will be adequately prepared to meet the demanding challenges of the future. History has repeatedly shown that a robust science and technology capability is the best way to prepare for future uncertainties.

Third, I will lead efforts to improve the professional capabilities of the NNSA staff personnel. My Federal career experience at OMB and DOE has taught me the key role of the professional staff in ensuring effective program execution. If confirmed for this position, I intend to work constructively with the NNSA career managers and staff to develop the institutional capabilities to ensure continuous improvement in NNSA program execution and performance.

In closing, I commit to communicating with you and your staffs in a timely and highly effective manner to further the overall goals and objectives of the NNSA. With your approval, it would be my great privilege to serve as the Principal Deputy Administrator of the NNSA.

I sincerely appreciate the opportunity to appear before you today, and I look forward to your questions.

Thank you.

[The prepared statement of Ms. Miller follows:]

Chairman LEVIN. Thank you, Ms. Miller.

Ms. Harrington?

**STATEMENT OF ANNE M. HARRINGTON TO BE DEPUTY ADMINISTRATOR FOR DEFENSE NUCLEAR NONPROLIFERATION, NATIONAL NUCLEAR SECURITY ADMINISTRATION**

Ms. HARRINGTON. Mr. Chairman, Senator McCain, and members of the committee, I am honored to appear before you as the nominee for Deputy Administrator for Defense Nuclear Nonproliferation at the Department of Energy's National Nuclear Security Administration.

I am grateful to President Obama for nominating me for this position and for the confidence expressed by Secretary Chu and Administrator D'Agostino in his selection.

I am very fortunate to have the support of a wonderful family, most of which could not be here today. My mother, Margaret LaRocque, lives in northern New York. And my daughter, Meredith Lynch, is finishing her dissertation at the University of St. Andrews in Scotland. My sister, Eileen Wetmiller, and my brother, George Harrington, also were not able to be here.

I am delighted that my son, Owen Lynch, a student at Virginia Tech majoring in physics and philosophy, is here. And finally, I would like to thank my friends and colleagues who are here to support me today.

I have devoted the last 20 years of my career to preventing the proliferation of weapons of mass destruction, first in the Department of State and for the last 5 years at the National Academy of Sciences. Those experiences have demonstrated what enormous challenges face us every day and also demonstrate the incredible value that rests in developing the partnerships, both within our Government and without, to accomplish the tasks that we must confront.

Mr. Chairman, I am truly humbled by the opportunity President Obama has given me. And if confirmed, I pledge to work closely with you and with this committee to strengthen the Nation's security against nuclear threats.

I thank you for your consideration and welcome any questions you may have.

[The prepared statement of Ms. Harrington follows:]

Chairman LEVIN. Thank you very much, Ms. Harrington.

Let us try a 7-minute round. First, Dr. Woodson, the Defense Health Program budget request, including retiree healthcare costs, has tripled from \$16.6 billion in 2001 to \$51.7 billion in 2011. That is a huge increase, way above inflation in 10 years.

Secretary Gates made the statement last year that, "Healthcare is eating the department alive." In February of this year, he said that he "would like to work with the Congress in figuring out a way to try and bring some modest control to this program."

If you are confirmed, what would you do to try to address the rising costs of providing healthcare to our almost 10 million eligible beneficiaries?

Dr. WOODSON. Thank you, Mr. Chairman, for that question.

Obviously, the cost of healthcare is a concern not only in the military, but in the civilian population as well. I think, going forward, what we would need to do is work with a number of constituents and try and stem the rise of that cost.

One opportunity is to look at more cost efficient and do appropriate research in terms of therapies that are really effective. There is a lot of potential waste in the way we deliver care because of the culture of medicine, and there is opportunity to decrease the variability in care that might result in cost savings.

We need to look at the issue of inter-service coordination within the military health system and see where we can make—streamline measures there as well to increase the efficiency of the administrative process.

There are a lot of other ideas and issues that need to be looked at and researched and developed, but those are two off the top of my head.

Chairman LEVIN. One of the areas where there is a great deal of waste in the medical world has to do with the lack of use to date of electronic health records. We have taken some steps in a number of bills to try to promote this.

But it is also important in terms of providing good care to our beneficiaries that there be a seamless transition between the Department of Defense and the VA healthcare systems so that we can share medical records of servicemembers who are moving from one system into another, and so we can share those records.

In addition, there is still a lack of adequate interoperability between the DOD and the VA electronic record systems and the outside civilian contractors. I am wondering—and you made reference to this in your opening comments, Dr. Woodson—can you give us your assessment of the strengths and the weaknesses of the DOD's electronic health record system called ALTA—if I am pronouncing it correctly? And how would you compare that system, that information technology system to the system which is used in civilian medicine today?

Dr. WOODSON. Again, thank you for that question.

First, I would make a comment that I don't think you can find a common system within the civilian sector. Electronic health records are not that ubiquitous, number one, in healthcare systems. But number two, they utilize a number of off-the-shelf and homegrown technology to create the electronic health records. And as a result, many don't talk to each other at all.

It has been my experience, working both within the military health system and outside, that, actually, the ALTA system is a little bit ahead of the curve. The problem with the ALTA system is that it was developed mainly to capture a lot of administrative data. And so, from the health provider user end, it is not an efficient tool to take care of patients.

It is a little bit cumbersome. The various databases don't talk to each other, and it doesn't provide the decision-making tools to lead

to efficient provider care that might actually reduce the cost of care.

So, for example, decision-making tools on the right antibiotic at the right time, the issue that might lead to a safer use of drugs. For example, if you are going to use an antibiotic that might affect the kidneys, what the proper dosage should be.

So the issue is that it has got a lot of administrative features to it that don't help the provider. And so, that would need to be reformed.

Chairman LEVIN. Is this system, the ALTA system, used between the DOD and the VA, and between the two of them and the outside contractors?

Dr. WOODSON. So, once again, I think the VA has a different system. The military health system has another electronic medical record. And then when you go out in the civilian world, there are a lot of varieties and flavors of electronic health records, and that is part of the problem.

Looking ahead to 2015, of course, in some of the legislation that has been passed, the whole idea is to create some common properties of electronic health records so that they can talk to each other and information can be shared.

Chairman LEVIN. So the VA and the DOD are not now talking to each other through the ALTA system?

Dr. WOODSON. Currently, there are a lot of efforts under way to be able to share the information. I don't think it is there yet.

Chairman LEVIN. Okay. Now we, as a Congress, are extremely concerned about the increase in suicides in each of the services over the last several years. Can you give us some of your thoughts on what role you might play in addressing that tragic problem?

Dr. WOODSON. Thanks again for that question. And of course, it has been of significant concern to both members of Congress and a number of officials within the military health system, as well as providers and the Joint Chiefs of Staff.

General Chiarelli came out with this report last week of a Department of the Army study, and I thank General Chiarelli for undertaking that effort. What he has done, I think, is painted a holistic picture of the many complex issues that come into the issue of suicide. He has made some 250 recommendations, some of which fall in the lane of health affairs and others within the institutional Army.

The issue really is I think we have got a better profile of who is at risk. Clearly, perhaps on the front end, we need to do a better job of screening candidates that might come into the military and see if they are fit to remain in the military. It appears that first year and that first tour and that first enlistment is a vulnerable period.

We need to build resiliency training into the basic introduction of recruits into the military. And then, of course, we have got to do better longitudinal assessment of their behavioral health needs. We are beginning to understand what the markers are for soldiers at risk—those with failed relationship, financial difficulty, drug and alcohol abuse.

And so, there is a piece of this that can be, I think, fixed with better monitoring and adherence to discipline. And I think General

Chiarelli has come up with a number of very good recommendations that we will have to examine further and help implement.

Chairman LEVIN. Thank you, Doctor.

Senator McCain?

Senator MCCAIN. Doctor, do you agree with Secretary Gates's statement, and I quote, "Healthcare costs are eating the department alive?"

Dr. WOODSON. I agree with that statement, and there has been—

Senator MCCAIN. Can you give me a couple of specific examples of steps that you think could be taken right away?

Dr. WOODSON. Sir, once again, I think Senator—

Senator MCCAIN. Specific examples.

Dr. WOODSON. Right. I think we have to look at the inter-service coordination to decrease some of the administrative costs of administering the healthcare system—the training costs, the cost of running military health facilities. These are things that we can look at.

Senator MCCAIN. Well, again, I would like to hear a specific example. Is that by putting health records online? In other words, it is nice to say we could do a better job. I would like a couple of specific examples.

Dr. WOODSON. So I think we can decrease the administrative costs. So I think each—

Senator MCCAIN. How do you do that?

Dr. WOODSON.—each of the Service—

Senator MCCAIN. How do you decrease the administrative costs?

Dr. WOODSON. Each of the Services has an obligate structure that supports their delivery of care. And as a result, if you have better coordination, you can reduce that structure.

We also have to look at the delivery of healthcare within each military health facility. I think the electronic health record also, because it will be more efficient and have decision-making tools, will reduce the variability in care so that the individual practitioner will not be ordering extra tests, if you will, that add to the cost of delivering care.

Senator MCCAIN. Well, you have got a very tough job, Doctor, and the fact is that healthcare is really an incredibly increasing cost burden. And I hope that as you get into your job more heavily, you will be able to give this committee some very specific ideas. And I understand your answer, but we have got to come up with some specific ideas and proposals, and I thank you for your willingness to serve.

Ms. Miller, we have had the heads of the laboratories here, as well—directors of the laboratories, as well as the former directors here before the committee. I hope you will consult with both former as well as present directors of the laboratories. I think there is a lot of knowledge and wisdom from past experience, as well as present experience.

Ms. MILLER. I absolutely will be doing that, and I can add that from a long career of working in and around DOE's laboratories, both the Defense laboratories as well as the others, I have had the opportunity to develop relationships now over the years with many who were directors when I first met them and are now former directors, as well as the current directors. And even in my capacity

at OMB, these have been ongoing relationships that I have had and certainly will continue to do so.

Senator MCCAIN. Thank you.

Ms. Harrington, what is your assessment of the ability of Pakistan to secure their nuclear material and prevent proliferation?

Ms. HARRINGTON. Thank you for your question.

That is a complicated issue, and I think if you give me the opportunity to be fully briefed on that subject, I would like to come back to talk to you and the rest of the committee, probably in a classified environment.

Senator MCCAIN. Would you rather we do that before or after your confirmation? [Laughter.]

Ms. HARRINGTON. Since I still have a day job at the National Academy of Sciences, it probably would be more appropriate afterwards.

Senator MCCAIN. But you do not have previous experience with the issue of the Pakistani nuclear stockpile?

Ms. HARRINGTON. I have had some contact with Pakistan in my current position. I visited there several years ago where we were hosted by General Kidwai and others involved in the Pakistani military. But specific questions on the security and safety of their stockpile were beyond the range of those discussions.

Senator MCCAIN. Do you believe that the A.Q. Khan network is still functioning? In other words, are still providing expertise and equipment to other nations on nuclear weapons?

Ms. HARRINGTON. In my current position, I do not have full access to the intelligence that would allow me to give a comprehensive answer to that, but I think we must always be vigilant, and we must always assume that there are those who would sell expertise or sell technology for their own personal—

Senator MCCAIN. I was speaking specifically of the A.Q. Khan network.

Ms. HARRINGTON. Again, I would have to say I don't have the full benefit of intelligence to be able to answer your question, but I am happy to do that when I am fully briefed.

Senator MCCAIN. Thank you.

Again, Dr. Woodson, you got a very, very tough job. On the issue of suicides, it is a very serious question, and the thing that I don't quite understand is it does not seem to be related with deployment. It seems to be related to other issues which are hard for us to really grasp, but it is obvious that it is a serious issue.

We have made great progress in the transition from active duty military care to VA care, but there still emerges quite often glitches, problems, delays, paperwork, or computer work, and I hope you will continue to look at that aspect of your responsibilities.

We spend and I know every member of this committee spends a great deal of time with our constituents who come to us who are veterans who have not received either timely or, in their view, appropriate addressing of the issues that arose as part of their military service. So I hope you will pay close attention to that.

I know you will. But your major challenge is to get this cost under control, and frankly, I don't know if you can do it, isolate military healthcare from the overall rising cost of healthcare in

America. And maybe when we—next January, when we repeal and replace Obamacare, we will have a better shot at it.

Thank you, Mr. Chairman.

Chairman LEVIN. Thank you, Senator McCain.

Senator Wicker.

Senator WICKER. Thank you very much.

And I appreciate all three witnesses coming, and I appreciate their families joining them.

I do want to talk to Dr. Woodson a little more. You do have a tough job. There is no question about it. And there is also no question that you bring some unique qualifications to this job, should you be confirmed.

Not only are you a very experienced vascular surgeon, but you served in the Army Reserve as Assistant Surgeon General for Reserve Affairs, Force Structure and Mobilization. And I believe it is also correct that you are Deputy Commander of the Army Reserve Medical Command. Is that correct?

And also, you have been there. You have served us in Saudi Arabia with Operation Desert Storm, also in Kosovo, Operation Enduring Freedom, Operation Iraqi Freedom, and also you responded in New York City to the September 11 attack. Is that all correct?

Dr. WOODSON. Yes, Senator.

Senator WICKER. Well, thank you very much for your service there. And I do think that will bring a great deal of experience to this very tough job you have.

We are saving a lot more of our troops that are injured. And while we grieve the fatalities that we have and we regret the injuries we have, we do have to celebrate the fact that we are bringing a lot more people back to treat their injuries, rather than losing their lives on the field of battle.

This affects our doctors and our medical personnel, no question about it. The length of deployments is decreasing for doctors and medics, but the rate of deployment among these personnel is increasing.

Do you agree, Doctor, with the recent GAO report stating that military medical physicians are in high demand, and the services have been consistently unable to meet their authorization levels?

Dr. WOODSON. I believe that is true. We have seen, particularly in the Army Reserve, that we are now at about 89 percent of fill rate for some of these professionals.

Senator WICKER. Okay. And would you characterize the shortages among medical professionals, including physicians, dentists, nurses, and the like as—would you characterize those shortages as severe at this time?

Dr. WOODSON. I would not characterize them as severe, but we need to implement some new strategies to ensure that we have the members in the ranks that we need for the future.

Senator WICKER. All right. You may find yourself at odds with a majority of the members of this committee and with the leadership of this committee. One of the questions submitted to you by the joint leadership of this committee states flatly under the term “medical health professional recruiting and retention,” and I quote, “The DOD is facing severe shortages of military medical profes-

sionals, including physicians, dentists, nurses, and needed for its peacetime and wartime missions.”

So, and as a matter of fact, you answered several questions based on that premise. So I want to ask you as this confirmation process continues, for you to rethink that, and it may very well be that we need someone in your position who understands the severe shortage of medical military professionals, as the chairman and the ranking member apparently do in submitting that question.

You stated in your answers, “Having fewer than the optimum number of uniformed healthcare professionals could result in increased private sector care costs and lower medical force morale.” That might have been, perhaps, an answer to the request for specifics that Senator McCain propounded to you.

You further say it is important to properly manage recruiting, pay, and retention programs to ensure appropriate balance. But then when asked, based on your service, which is extensive, “Do you have any recommendations about the effectiveness of incentives?” your answer is specifically “not at this time,” that we need to do constant review and updating.

You were further asked, Doctor, “What other steps can be taken to eliminate shortages of medical personnel, including nurses and mental health providers?”

And your response there is, “I do not have any specific recommendations at this point. But if confirmed, I will work to understand what factors contribute to these shortages and take action to resolve these matters.”

I just want to say I don’t know how controversial this nomination is going to be, Doctor. But you have been asked by the first three questioners about this issue, and I would submit, with all due respect for your qualifications, for your educational level and your experience and your service to this country, that a lot more thought, sir, needs to be put into this issue as we go forward because I do think it is, indeed, severe.

Let me tell you, I talked to a servicemember the other day. Now he is stationed in the continental United States. His wife has to routinely wait more than 3 weeks for an appointment for their infant because there are not enough doctors at their military medical clinic. And this is not in a remote location, Doctor.

There was a one-half hour slot available during an entire month. There clearly are not enough doctors because the clinic is forced to deploy doctors to meet the demand overseas. It seems to me that many State-side clinics are stretched too thin.

Do you encounter this? And would you say this is an exception to the rule or that this is a frequent problem that we might have?

Dr. WOODSON. So, Senator, thank you very much for your comments and your question.

I cannot speak specifically to the situation that you have just illustrated. I have spoken with Admiral Hunter, and she tells me that this situation is improving across the spectrum and cites that care is being delivered. But, again, I cannot speak to the specific example that you have given.

Senator WICKER. Okay. Well, thank you very much.

And I think the chair has indicated we may have time for a second round. And if so, Mr. Chairman, I will be here for that second round.

Chairman LEVIN. There will be a second round if members desire. Absolutely.

We have—I think Senator Brown is next.

Senator BROWN. Thank you, Mr. Chairman. Good to see you.

Dr. Woodson, I am always approached, being in the military and, obviously, with the healthcare reform that we—that was passed, a lot of military folks are concerned about TRICARE and their coverages with TRICARE and how they match up with the new Federal plan. And I have heard that there is going to be no change. Is that your understanding as well?

Dr. WOODSON. Yes, Senator, that is correct. That is my understanding.

Senator BROWN. So we are going to have a national healthcare that is supposedly going to reform, obviously, the way that healthcare is delivered, yet we have a system in the military, and these folks are going to—your understanding, they are going to be completely excluded from that? They will still get the TRICARE coverages that they have had for quite a while?

Dr. WOODSON. That is my understanding, Senator.

Senator BROWN. Okay. I echo what the folks have said here, what the Senators have said here. And my biggest concern is it is about the money. You know, what efforts can we do and make to save money so we can have more available for the soldiers individually?

So if you are looking at—I just thought right off the top, I mean, how do you save money? I would say, well, we can consolidate the way we communicate between the different services. We can update and modernize the billing procedure, the scheduling, the records keeping.

We could also look if there is any duplication of services between the agencies. Can we share? Is there a base down the road that does that specialty better than shipping it outside, you know, our bases.

Because when we talk about pushing things out the door and the civilians will cover it, my impression—and I know you obviously have Massachusetts roots—is that they are not—they don't have any ability to care for the soldiers either. So now what are they forced to do? They are forced to go to the emergency room.

And then we are in a vicious cycle again of one of the reasons we in Massachusetts passed the healthcare reform that we did is because the folks were going into the emergency rooms and just using that care and not trying to go through the appropriate channels.

So a couple of things I am concerned with. I mean, here it is. I just reeled off a few things. I would really focus and provide answers, if possible, as to what specifically you plan to do, because it seems like that is what you are going to be tasked to do, to save the Government money, which, in turn, can be used, I am hopeful, to provide better and quicker service, hire more doctors, nurses.

What do you need? What are the tools and resources you are going to need to do it better? So that is kind of a statement. But

a question, I guess, would be what is your philosophy with regard to what I just said? Am I going down the right path here with your philosophy, or is it different somehow?

Dr. WOODSON. Thank you much—very much, Senator, for those comments. And in fact, you have hit upon a number of very key issues.

I mean, if you look at the issues of TRICARE, a lot of the costs are in the retiree population that actually uses services on the economy. So both you and Senator McCain have hit the nail on the head that we have got to be able to communicate with the civilian sector and be able to control those costs as they become consumers on the economy.

And so, this gets into the issue of information sharing and making sure that we put out good algorithms of care, that we reduce the variability, that we understand what sorts of treatment that they are receiving. Because, in fact, the way doctors practice contributes a lot to the cost of care. So we are going to have to look at all of those issues comprehensively.

Senator BROWN. Well, I would encourage you to do so because the fact that when I had my children and they were younger, the thought of waiting 3 weeks to have an ear infection taken care of or something like that, or some type of throat or other child—it would be torture, you know, not only at home with the constant, obviously, yelling and crying and the like.

But—so if there is a way to certainly address that, you know, the line issue, that would be, I think, greatly appreciated.

And for Ms. Miller and Ms. Harrington, how critical do you both feel the uranium processing facility and the chemistry and metallurgy research replacement facilities are to our future stockpile? And do you think that—could the delays in construction lead to a need to either conduct an underground nuclear test or to withdraw from the New START Treaty?

Ms. MILLER. Thank you, Senator. I am going to answer that question on behalf of both of us.

Both of those facilities are absolutely critical to the continued health of the nuclear weapons stockpile and certainly to the long-term commitment to nuclear security in this country. At this time, we do not anticipate any type of catastrophic delay in either of these facilities, although they are not meant to come online for a good number of years yet, that any sort of delay that would lead us to go down a different path than we are currently on with regard to the treaty or with regard to resuming testing right now. And I have every reason to believe we are going to stay successful on the path we have established for both of those facilities.

Senator BROWN. The other thing—once again, it comes down to the money, Mr. Chairman. You know we are struggling to pay the bills. What do you see your role will be as to streamline, consolidate, update, upgrade?

Do you think there is any cost savings in what you are doing or plan to do in the future, in addition to obviously getting funds to do upgrade, update? What do you think you could do to help save the bottom line?

Ms. MILLER. I think, in my experience, this is in several directions that you have to look. One is how things are done now and

whether there are ways to do them in a more efficient or a more cost-effective way, and that is certainly true of all the operations in the NNSA and certainly something that I will be looking at strongly.

At the same time, I think what we would want to look at and, if confirmed, what I would be looking at personally is as these projects develop, both in design and as they go toward construction, to be sure that cost growth does not get ahead of good analysis. In other words, I think it is absolutely vital to be cognizant of the design and the construction plans as they proceed so that cost growth can be contained early and you do not wind up on a path of uncontrollable costs and unsustainable growth.

Senator BROWN. Thank you.

I would also just suggest that some of these contracts that are awarded, you have got to keep an eye on them and make sure they are timely, and they are not going over budget, and they are not doing some of these crazy reward packages for not hitting deadlines. I have never seen anything like it. So, thank you.

Thank you, Mr. Chairman.

Chairman LEVIN. Thank you, Senator Brown.

Let us try our second round, maybe the same length. But there could be a third round, too, Senator Wicker, should you want one.

Ms. Miller, for you, the National Nuclear Security Administration has two major new first-of-a-kind, technically complex, multi-billion dollar facilities that it needs to build over the course of the next decade or so—one at Oak Ridge, one at Los Alamos. You are going to be playing a major role in the oversight of these projects, if you are confirmed.

What—by the way, the Department of Energy is on the GAO list as a high-risk agency for project management. So the DOE is not doing well from the GAO perspective in terms of managing projects. These are huge projects. So now I guess the question will be what do you think that NNSA can do to get off the GAO list?

Ms. MILLER. With regard to the list, of course, the list includes NNSA projects, as well as projects from the rest of the Department of Energy, and there are problems in many different directions that have brought these projects to be on that list.

Specifically, with the NNSA and with regard to the two projects that you referred to, I think that certainly the Administrator has testified to the increased efforts to be made at project management, both within the current Department of Energy guidelines for the construction management, the Order 413, as well as beyond that, the restrictions or the directions of that order. And that includes, for example, strong, independent cost analysis at the outset.

So the Administrator is committed to, and I, if I am confirmed, would be certainly helping to lead the effort to have an independent cost analysis performed for those projects early on so that we have a better sense really of what we are looking at in costs.

Right now, we have organized with the Department of Defense's cost analysis group, as well as the Department of Energy's Office of Cost Analysis, an independent review that we expect to be carried out and completed in September in time to be able to inform the OMB Fiscal 2012 process. These are—cost analysis needs to be done at the beginning, and it needs to be done later, as the design

develops and the project develops. I think really good project management starts with good cost analysis.

I think regular reviews with both the contractor, as well as all of the program requirements, is also going to be essential in all of these cases. Has this gone on in the past? Of course, it has—probably not to the depth and length that it needed to and the frequency.

Chairman LEVIN. The NNSA utilizes contractors to operate its major facilities and laboratories. Now that is an organizational structure unique in the Federal Government. I believe you just made reference to those contractors. Within that structure, there are some who think there is too little oversight. That is folks like GAO. And there are folks that think there is too much oversight, and that is probably the contractor.

The Strategic Posture Commission raised this as one of the issues that has led to inefficiencies in the execution of NNSA projects. Is it your view that there is too little or too much oversight of the contractor?

Ms. MILLER. It is my experience that it is very much dependent on the given situation. I can recall projects when I was at OMB that I was informed about after the fact. The project had gone very far afield from the original cost estimates, and the analysis at the end was there was insufficient Federal oversight. This is not a new problem with any of these projects, again, at the Department of Energy.

I think it has been a problem that has very much got the attention of the current administration, and I think there are strong efforts, and again, this goes beyond the NNSA, but certainly within the NNSA, to be cognizant of how much Federal oversight is going to be necessary in particular with these large, expensive, complicated nuclear projects that we have to build.

So, at the same time, I know it has been the view of many of the people of the science laboratories that oversight can, at the same time, becomes so micro that it prevents them from doing the science the way they think that science needs to be done. I think this really depends on the given situation, but I do believe that hard questions need to be asked and answered.

Chairman LEVIN. The Deputy Secretary of Energy is engaged in a review now of the various DOE regulations and orders that govern the operations that you just talked about of the DOE contractors, including the NNSA contractors. Do you know what your role is going to be if you are confirmed in this review process?

Ms. MILLER. I do not, Senator, except to say that depending on at what point my confirmation might occur and at what stage of his review that would happen, I would be confident that I would be playing a role in it. But I can't speak to it specifically right now.

Chairman LEVIN. The management of the protective forces at NNSA facilities is an issue which has been of concern to the committee, and a report on the way ahead for the management of these protective forces was supposed to be here by the end of April. Do you know the status of that report?

Ms. MILLER. My understanding is that the report is soon to be submitted to the committee. But beyond that, I am not sure.

Chairman LEVIN. Okay. If you are confirmed, will you give us an update?

Ms. MILLER. I definitely will, Senator.

Chairman LEVIN. Ms. Harrington, let me ask you about the mixed oxide fuel program, the MOX program. That is the U.S. portion of the U.S.-Russia joint commitment to transform and reuse 34 metric tons of excess weapons-grade plutonium to power commercial nuclear reactors.

A facility to convert the plutonium into commercial power reactor fuel is underway, but apparently way beyond schedule—way late and over budget. The approach to the companion facility to take apart the plutonium parts of a nuclear weapon has changed over time. So a decision needs to be made and implemented quickly, as there is already a risk that enough plutonium will not be ready in time to keep the new MOX facility running for more than a year or so.

Have you had an opportunity to examine the options for the pit disassembly? And what are your thoughts on how to approach the critical issue of timing to support the MOX facility, if you are familiar with it?

Ms. HARRINGTON. Thank you for your question, Senator.

I have not been briefed in depth yet on this issue, but my understanding is the following. That the option is being considered at the moment to integrate both the MOX facility and the pit disassembly and conversion facility at the Savannah River site. That they—there is an awareness that there needs to be feedstock flowing into the MOX facility when it is completed and that the pit disassembly and conversion plant may not be prepared to provide that feedstock at that point, but that there have been I believe it is 10 metric tons of plutonium identified that can be the initial feedstock into the plant while the other facility is being completed.

As I said, I haven't had a full briefing on this yet. I would be happy to come back and talk to the committee further on this after I have had an opportunity to learn more.

Chairman LEVIN. Thank you, Ms. Harrington.

Senator Wicker?

Senator WICKER. Thank you, Mr. Chairman.

Dr. Woodson, let me just get back to the shortages we have. Do you have any reason to quarrel with the assertion of the Navy leadership that the Navy falls short in these areas of personnel—aerospace medicine, preventive medicine, radiology, general surgery, cardiothoracic surgery, orthopedic surgery, and nursing? Would you say that is a fair and accurate statement that has been made by Navy personnel?

Dr. WOODSON. If Navy personnel have made those statements, I have no reason to quarrel with it.

Senator WICKER. Okay. And likewise, if the Air Force leadership say they lack comprehensive dentists, oral surgeons, specialty nurses, independent duty medical technicians, and orthopedic technicians, you would have no reason to disagree with that assertion either?

Dr. WOODSON. Correct, Senator.

Senator WICKER. And it is correct that these types of personnel, both physicians and related medical personnel, are needed for our

wounded when they return home. They are needed for our families, whether the service personnel themselves are stationed overseas or at home. Is that correct?

Dr. WOODSON. That would be correct, Senator.

Senator WICKER. Do you have enough information at this point, based on your experience, to tell us whether, likewise, we have a problem with facilities? Or is it simply personnel where there is a shortage?

Dr. WOODSON. So, Senator, thank you very much for the question and the comments. I have not received a detailed briefing from all of the services on their personnel and health facilities issues. So I can't speak to the details of that.

I would make one comment to bring context is that we do know that we have issues with certain what we call AOCs or specialties. General surgery, for example, is one of those specialties that has been difficult to recruit.

And I would just make one other comment to bring context to this, that the way medicine is now practiced in the civilian community, where we draw a lot of the practitioners from, and the way they train has produced particular issues and restrictions in terms of accessing these individuals into the military.

Very early in careers now, doctors narrow the scope of their practice and practice in very narrow specialties, and oftentimes, we need them to come into the service and practice more broadly. So the numbers of individuals that are out there in civilian practice that could be accessed into the military has changed because of the way training is conducted and the way physicians practice in the civilian sector. And so, we are going to have to look at this as well.

Senator WICKER. A further problem that enhances the shortages. I would note at this point that this committee, if it persists in the Burris amendment, is about to make the situation worse. The Burris amendment would allow abortions to be performed in military health facilities, provided the patient pay for the abortion herself or through a different insurance program.

Now, when we went to this procedure back in 1979, in that fiscal year, there were approximately 1,300 abortions performed during that fiscal year. Should we—should the Burris amendment prevail on the Senate floor, where I will be moving to strike it, or should it prevail in the House of Representatives, where there is no such provision, there is no telling how many abortions our already taxed personnel and already strained facilities would have to accommodate, even though, theoretically, the abortion would be paid for by private sources or private insurance.

If we perform—next year, if we perform 1,300 abortions in military facilities, Doctor, that is going to take personnel away from treating our wounded servicemen or treating their families. Isn't that correct?

Dr. WOODSON. Senator, I appreciate your concern, but I can't speak to that directly because I would have to do some analysis of personnel and where they are at. Also, we would have to consider the specialty that is involved in that procedure and see the numbers that are available. So I am sorry I can't give you an answer at this time.

Senator WICKER. Okay. Well, if a facility—if a women’s facility or if a women’s ward in a military hospital has to take up space to accommodate abortion, that is a facility that—and a use of that facility that is not available for other uses, it stands to reason, doesn’t it?

Dr. WOODSON. Again, I appreciate your concern. Generally, those are ambulatory procedures and use a different specialty. But I am sorry, Senator, I can’t answer your question directly because I would have to do the personnel analysis and the facility utilization analysis in order to see how much of an impact that would have.

Senator WICKER. Clearly, it would take a medical doctor to perform that abortion, would it not?

Dr. WOODSON. Correct, of a certain specialty.

Senator WICKER. Exactly. And it would require a facility to be taken up for a certain amount of time. Is that correct?

Dr. WOODSON. Again, most of those are ambulatory procedures.

Senator WICKER. And that ambulatory facility would be taken up, at that point, for that abortion. Isn’t that correct?

Dr. WOODSON. Yes, sir.

Senator WICKER. It stands to reason.

I would just say this. And Mr. Chairman, I will not take another round. But if we continue with the Burris amendment, it is going to weigh down this legislation to the extent where I do not know if we can have a bipartisan consensus to go forward with an essential DOD authorization bill during calendar year 2010.

Abortions not only would create demand in the hospital, they would create demand among—for facilities and among practitioners. They also are going to create demand for mental health professionals. And you don’t have to take my word for it as a layman. The Journal—a 2008 study in the Journal of Psychiatric Research showed that abortion is a risk factor for PTSD, major depression, and more than a dozen different psychiatric disorders. That is the Journal of Psychiatric Research.

The Medical Science Monitor found that of the women studied, 65 percent who had undergone abortions reported symptoms of PTSD. That is 65 percent. And 14 percent reported all of the symptoms necessary for a clinical diagnosis of PTSD.

So, in addition to the drain on practitioners, the drain on facilities, we are going to have additional conditions and disorders to take care of. And I would cite also to the committee members the Journal of Child Psychology and Psychiatry from New Zealand that found conclusively that abortion in young women is associated with increased risks of some of the things we have had questions about today—major depression, anxiety disorders, suicidal behaviors, and substance abuse.

So I appreciate the challenges that Dr. Woodson is going to have. I think this committee can lessen the burden that he is going to have if we will retreat from this Burris amendment. In the middle of two wars, constant deployments, and undermanned medical facilities, we should not add to the pressure on our military personnel. Instead, we should be looking for ways to lessen that pressure.

Thank you very much, Dr. Woodson, for your indulgence.

And I thank the chairman for the time.

Chairman LEVIN. Thank you very much, Senator Wicker. That decision, of course, as to whether to strike that amendment would be left up to the Senate.

I would point out that the language there is—leaves it up to a voluntary decision on the part of a doctor, and it is paid for, as you pointed out, Senator Wicker, by nongovernment funds, if a doctor volunteers to do it.

I think, as a practical matter, it is aimed at the overseas facilities, which then if they are not available, if it is prohibited, then require a woman who has a right to an abortion, assuming it is legal, would have to then come home for that procedure.

But I think that debate is best left for the Senate, if we can—assuming the bill will come to the floor, which I am hoping will happen soon after we return in September. And then, Senator, you know this debate is a debate which is an honest debate, and it would occur properly before the whole Senate on a motion to strike. I think that is the appropriate way to handle that debate.

Senator WICKER. Do I understand—and I will not belabor this at length, Mr. Chairman. But do I understand, though, that under the Burris language, if physicians at a facility conscientiously object, then it would be—it would be the obligation of the service to spend the money and—or the time and bring a private physician onto the post to perform that which the military personnel would conscientiously object to doing?

Chairman LEVIN. I am looking at my staff. I don't have the language in front of me. I don't believe that is the case, but that is based on my memory.

Senator WICKER. Well—

Chairman LEVIN. I don't have that language in front of me. I just don't think that is correct.

Senator WICKER. It is my understanding that under the previous language, that was very much like the Burris amendment, when that was the law of the land, many doctors objected as a matter of conscience—and I commend them for that—to performing an abortion. And so, a civilian physician had to be brought on post to perform that abortion.

I would simply return to my major point, and that is this, if enacted, will be a burden on military personnel, on administrative personnel at the facility, and on the scarce space in the facility itself. And I do agree it is a debate that we will have, and we will have a lot more opportunity to discuss that.

Chairman LEVIN. Thank you very much, Senator Wicker.

And then I think I only have one more question of our witnesses. [Paused.]

Chairman LEVIN. I think that has already been answered.

There are no other questions, and we will attempt to bring these nominations before the full committee for a vote, if possible, this week. And if all things go well, which happens once in a while around here, we would be able to vote on these nominations before the end of the week.

We thank you again. We thank your families. And we will stand adjourned.

[Whereupon, at 3:49 p.m., the committee adjourned.]