

**STATEMENT OF  
VICE ADMIRAL RICHARD A. NELSON, MEDICAL CORPS  
SURGEON GENERAL  
UNITED STATES NAVY  
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BEFORE THE  
SUBCOMMITTEE ON PERSONNEL  
OF THE  
SENATE ARMED SERVICES COMMITTEE  
ON  
MEDICAL ISSUES**



**Richard A. Nelson**  
**Vice Admiral, Medical Corps, U.S. Navy**

## Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery

Vice Admiral Nelson became the thirty-third Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery on June 29, 1998.

A native of Perkins, Oklahoma, Admiral Nelson received a bachelor of science degree from Oklahoma State University and a doctor of medicine degree from the University of Oklahoma. He did his internship at Baptist Memorial Hospital, Oklahoma City, and a residency in occupational medicine at the University of Cincinnati.

After entering the Navy in 1967, he spent a short time at Naval Hospital, Corpus Christi, Texas, then served as senior medical officer at the Naval Ammunition Depot, McAlester, Oklahoma. He also served as a medical officer at Naval Hospital, Bremerton, Washington, and Head of the Occupational Medicine Branch, Bureau of Medicine and Surgery in Washington, DC.

After an assignment with the Navy Environmental Health Center in Cincinnati, Ohio, he returned to Bremerton as the Director of Occupational and Environmental Health Services and Fleet Liaison Team coordinator for the Naval Regional Medical Center. Other concurrent assignments in Bremerton included Head of the Medical Department while the Naval Submarine Base, Bangor, Washington was being commissioned, and Medical Department Head at Puget Sound Naval Shipyard.

His other assignments include commanding officer of the Navy Environmental Health Center in Norfolk, Virginia; Director, Occupational Health and Preventive Medicine Division, and the Deputy Commander for Fleet Readiness and Support at the Naval Medical Command in Washington, DC; and Director of the Health Care Review Division for the Naval Inspector General in Washington, DC.

From 1989-91 he served as Commanding Officer, Naval Hospital, Bremerton. In 1991 he returned to Norfolk where he had three concurrent assignments as Fleet Surgeon, U.S. Atlantic Fleet; Command Surgeon, U. S. Atlantic Command, and Medical Advisor, Supreme Allied Command Atlantic. While assigned as Commander, Naval Medical Center San Diego, California from 1993-98, Admiral Nelson also was the Lead Agent of TRICARE Region Nine.

He is certified in Occupational Medicine by the American Board of Preventive Medicine and is a member of the American College of Occupational and Environmental Medicine and the Association of Military Surgeons of the United States. His personal awards include the Distinguished Service Medal, Defense Superior Service Medal, Legion of Merit (three awards), Meritorious Service Medal and the Navy Achievement Medal.

Good morning! I am Vice Admiral Richard A. Nelson, the U.S. Navy Surgeon General. I want to thank you, Mr. Chairman, Senator Hutchinson, and members of this Subcommittee for the opportunity to appear before you to testify on the status of Navy Medicine. In March 1999, I submitted testimony to this committee on Navy Medicine's strategic plan and goals. I would like to share with you our accomplishments over the last year. As we move into a new century, the Navy Medical Department is well prepared to meet the challenges ahead. We are in an era of unprecedented change for medicine, and the military health system must be flexible enough to embrace new technologies, new clinical practices and new business practices as they evolve. Navy Medicine has been working hard to ensure continued excellence in health services to keep our uniformed services ready.

The past year has been a busy and rewarding one for the Navy Medical Department. One significant milestone is the opening of a new facility at Naval Medical Center Portsmouth, Virginia. The Charette Medical Center, named in honor of a Korean War Hospital Corps Medal of Honor recipient, is a state-of-the-art facility that has significantly improved our ability to serve our beneficiaries in the Tidewater area. The medical center also recently opened two new TRICARE outpatient clinics

at Virginia Beach and Chesapeake, which will greatly improve access to military care for beneficiaries.

We've also been providing care in response to natural disasters, such as Hurricanes Dennis and Floyd, Typhoon Bart, earthquakes in Turkey and closer to home at 29 Palms, California. At 29 Palms, Navy Medicine responded superbly in assessing damages in the affected areas, prioritizing concerns and coordinating emergency repairs while ensuring patient care was not compromised.

For the devastating earthquake in Turkey, a Surgical Response Team from U.S. Naval Hospital Naples deployed to support the victims. 22 medical and dental specialists were on the ground setting up camp within 48 hours of the earthquake. Despite extremely hot temperatures and challenges of working in the field, the team performed superbly. The experience provided a valuable opportunity for them to hone their skills and test their readiness while providing relief to people in need.

We are making strides in improving TRICARE and doing so with the full support of the Joint Chiefs of Staff. Our Chief and Vice Chief of Naval Operations (CNO, VCNO) have a great appreciation for Navy Medicine and the need for leadership to be involved in making TRICARE work. The VCNO, Admiral Donald L. Pilling, volunteered to chair the newly created Defense Medical Oversight Committee (DMOC). The DMOC engages senior military

and civilian leadership in discussions and review of the health care benefit, Defense Health Program (DHP) funding requirements in the context of other service decisions, and management and reengineering initiatives.

## **FOCUS AREAS**

Much of our preparation for the future has required an introspective look at our organization, our people and the way we do business. During my first year as Surgeon General I identified five key focus points for Navy Medicine:

- Service to the Fleet
- Manage Health Not Illness
- TRICARE and Readiness are Inseparable
- Make TRICARE Work
- Embrace Best Business Practices

## **STRATEGIC PLAN**

These focus points complement our corporate strategic plan. The Navy Medical Department's strategic planning process has been evolving continually in an effort to align and increase accountability throughout our worldwide health delivery system. Our aim has been to accomplish two major objectives - reassess the Mission, Vision and Guiding Principles for Navy Medicine and

develop true strategic goals that will move us toward sustained, higher levels of performance. These goals must be translated into objectives that are applicable to our commands, activities, and customers on a daily basis. In addition, they must lend themselves to measurement so that we can assess the improvement in Navy Medicine's performance at the local and corporate levels. We are confident that our current plan reflects our organizational growth as well as the changing health care environment.

Our mission - to support the combat readiness of the uniformed services and to promote, protect and maintain the health of all those entrusted to our care, anytime, anywhere - was reworked to resolve the perennial question about our "dual" readiness and peacetime roles. We are trained for our readiness mission through our peacetime health care delivery. Thus, we streamlined our vision statement to "Superior Readiness Through Excellence in Health Services."

Our current strategic plan has four major themes - Force Health Protection, Health Benefit, People, and Best Business Practices. The overarching message of this plan is very simple - our ability to support combat readiness is directly linked to our ability to provide superior health services to our 2.5 million beneficiaries worldwide, every hour of every day.

The challenge for current and future leaders of Navy

Medicine is to maintain focus on the accomplishment of these goals and their supporting objectives while simultaneously solving the myriad day-to-day issues they face. Our leadership can and will meet this challenge.

### **Force Health Protection**

As outlined in the DoD Medical Readiness Strategic Plan (MRSP), the military medical departments exist to support the combat forces in war; and in peacetime, to maintain and sustain the well being of the fighting forces. The medical departments must be prepared to respond effectively and rapidly to the entire spectrum of potential military operations - from Major Theater Wars (MTWs) to Military Operations Other Than War (MOOTW).

Readiness to support wartime/contingency operations will require us to successfully accomplish several missions. We must be able to identify the medical threat; develop medical organizations and systems to support potential combat scenarios; and train medical units and personnel for their wartime roles. We must train and educate non-medical personnel; conduct research to discover new techniques and materiel to conserve fighting strength; and provide both preventive and restorative health care to the military force.

Force Health Protection is a strategy that maintains

readiness by promoting a system of comprehensive quality health services that ensures our people are fit and healthy; that they are protected from hazards during deployment; and that when illness or injury intervenes, they are afforded state of the art care.

We can protect our people better by emphasizing prevention and health promotion to keep them fit and healthy as opposed to giving them treatment once injuries or illness occurs. Stronger, fitter and healthier military members are less likely to be accidentally injured, heal better and faster, and are more readily able to handle diseases and stress.

In keeping with this culture shift, we have strengthened programs to promote healthy diets, exercise and tobacco cessation as well as prevent and minimize injuries. Our efforts are proving successful and are reducing injuries, curbing attrition and saving money for the Navy and Marine Corps.

The Navy Environmental Health Center runs a training program for health promotion coordinators in conjunction with the Cooper Institute, training both medical and line personnel in methods of changing health behaviors. These coordinators are then qualified to establish programs at their home units. Our surface forces have actively embraced this concept, granting the "Green H" award to ships and other units meeting specified criteria. Areas included in this program are fitness,

nutrition, stress management, occupational health issues, hypertension screening, tobacco cessation programs, and STD prevention.

Disease and illness among any population is an unavoidable fact of life despite our emphasis on prevention. To provide further intervention, Navy Medicine initiated a Disease Management program in partnership with Lovelace Health Innovations at our medical centers in Bethesda, San Diego and Portsmouth with a focus on diabetes at the first two facilities and asthma at the latter. All three sites have made significant inroads in identifying their diabetic or asthmatic population, giving their providers tools to better manage their patients' disease, integrating health care for diabetic and asthmatic patients and developing health promotion programs specifically targeting these diseases.

Musculoskeletal injuries also pose a significant challenge to the readiness and retention of Sailors and Marines and are the number one medical reason for first term separations. The Naval Health Research Center in San Diego has been involved with the Marines and the Naval Training Centers to decrease stress fractures in personnel by adjusting the frequency, intensity and speed of progression of physical training. As a result, fewer Sailors and Marines are seeking costly medical intervention for sprains, stress fractures, shin splints, dislocations and other

injuries sustained during training. Lost training days are down and personnel are back on the job sooner, helping to support the Navy's mission-readiness.

Our mission in military medicine is to support warfighters and all our TRICARE beneficiaries. The war fighters support mission is the reason for our existence and drives our requirements, endstrength and mission. Training and sustaining a ready force which has significant operational and peacetime responsibilities and commitments is a major challenge.

During the past several months, we have been working diligently to ensure the readiness of our medical department personnel charged with manning our Fleet Hospitals, Hospital Ships, Casualty Receiving and Treatment Ships, and Marine Force augment. Just as ships of the line returning from deployment enter a lesser readiness phase while receiving needed upkeep and crew training, so do our medical platforms. As units are reconstituted and become more likely to deploy, their readiness status is increased. We are testing this concept with the 84-man augmentation elements assigned to each of our Fleet Surgical Teams on the large deck amphibious ships. So far, we have every indication this model is meeting our readiness requirements while reducing the training demands on our hospital-based medical personnel. We can thus provide the maximum peacetime care possible to our Sailors, Marines, and

their family members, and still keep our units in a high readiness status.

By performing priority tiering of medical platforms in line with the Fleet's Inter-Deployment Training Cycle (IDTC), Navy Medicine will have achieved an alignment of our deployable assets with our line constituents. This approach allows some predictability on the operational schedules of deploying platforms, promotes unit integrity by training, deploying and preparing as a cohesive force, and makes the most productive use of our medical manpower in support of both our readiness and peacetime roles.

As you can imagine we are concerned about chemical/biological incidents and have formulated various initiatives to address the threat. Navy Medicine has developed a three-day Chemical, Biological, Radiological and Environmental (CBRE) Casualty Care Management Course. So far over 250 providers have received training in 1999. In addition to providing the necessary CBRE training to medical personnel, our Naval Environmental and Preventive Medicine Units (NEPMUs) have designated specific staff members as primary responders to requirements for CBRE medical surveillance. Deployable biological laboratory equipment is also available in each of our NEPMUs and staff members are developing expertise and protocols for use.

The Anthrax Vaccine Immunization Program (AVIP) is one of our highest priorities for Force Health Protection. Navy Medicine began vaccinating service members in March 1998 and as of 6 December 1999 has completed the immunization series on approximately 78.2 thousand Navy and 67 thousand Marine Corps personnel. The Naval Medical Information Management Center (NMIMC) consolidates DON data for entry into DEERS.

The DON has an ongoing education/training program within the fleet, Marine Forces and MTFs. The Navy Lifelines and the Navy Environmental Health Center Web sites provide links, briefings and forums for both medical and non-medical personnel and a toll-free number staffed by AVIP agency staff is also available. Several messages have been released by Navy Fleet CINCs, and myself reiterating AVIP guidance. Refusals to take the vaccine within DoN have not had an impact on unit effectiveness from the readiness standpoint. Navy and Marine Corps have issued guidance to commanding officers regarding courses of action available to manage refusals.

In order to help us enhance our understanding of the types and magnitude of reactions experienced by our personnel, Navy health care providers are encouraged to submit Vaccine Adverse Event Reporting System (VAERS-1) forms and to assist members desiring to submit VAERS-1 forms for reactions experienced. Submission of a VAERS-1 form does not establish a causal

relationship between the reaction and vaccination. The Anthrax Expert Committee, under the auspices of the FDA reviews each VAERS-1 for determination of causal relationship. As of 21 January 2000, a total of 52 VAERS-1 forms have been submitted on Navy/USMC personnel. All members have returned to duty.

One other important point to mention under the Force Health Protection strategy is that we recently revised our corneal refractive surgery physical standards and waiver policies for the Navy and Marine Corps. Our new policy directly addresses general accessions, as well as active duty personnel currently serving in undersea/diving/special warfare, surface warfare and air warfare communities. The most significant contribution the surgery offers our active duty forces is its ability to enhance human performance in operational environments where glasses or contact lenses may compromise the ability to safely perform required duties. Laser vision correction will be an important contribution to improving operational readiness.

#### **Health Benefit (TRICARE)**

The complementary partner to Navy Medicine's readiness mission is the health benefit mission. Fundamental changes are ongoing in the way health services are organized, delivered, and paid for, in both civilian and military sectors. Today, all health plans are competing on the traditional bases of access,

quality and cost. An intrinsic element that distinguishes the truly outstanding programs from the rest is the health outcomes the system achieves for its beneficiaries. Thus, just as health and fitness are critical barometers of the readiness of our Navy and Marine Corps forces, so too is the health and fitness of our extended military family. This family includes the spouses and children of our active members, and our retirees, their family members or survivors.

I want to take this opportunity to share with you an update on the state of TRICARE as I see it today. TRICARE is the tangible tool that supports readiness by offering a uniform benefit, with guaranteed access and specialty care when needed whether forward deployed, near an MTF, remotely stationed in CONUS or overseas. Managed health care keeps Sailors and Marines fit for duty and directly contributes to optimal readiness. TRICARE provides that managed health. It's a good program that was fully implemented last year and has already made a very positive impact. However, nationwide implementation also revealed areas for improvement that we will need to address as quickly and aggressively as possible. The initial TRICARE contracts are only partially successful. Difficulties have been experienced in areas of billing and claims payment, telephone access, timely appointing, and provider network development. Stricter requirements have been implemented, and as the

contracts begin to expire over the next two years further improvements will need to be made.

We also need to address leadership education and beneficiary education. The TRICARE options while offering a choice, can lead to confusion and indecision on part of some of our beneficiaries. While TRICARE Prime is clearly the most beneficial program for the majority of our population, our efforts to communicate this message have been complicated by numerous program changes as TRICARE has grown and matured.

Along this marketing and education journey, we need to improve on administrative and customer service concerns. Extensive patient satisfaction surveys have shown that patients are very satisfied with the healthcare they receive, but are often frustrated by administrative and customer service issues. In time, the sum total of our education and customer service initiatives will directly contribute to our steadily improving enrollment rates.

Customer satisfaction will be greatly enhanced by the new MHS optimization initiative of "PCM by Name." Linking beneficiaries to a specific Primary Care Manager will not only give them the personal touch they seek in health care, but also improve accountability for the proper management of their health. I'm confident Navy medical treatment facilities will work hard to implement this policy promptly and smoothly.

We may not have reached our goal, but are well on our way to a more solid, dependable system for providing quality health services to our beneficiaries. We must maintain high quality health care, improve customer service and access, while monitoring costs.

TRICARE 3.0 and other TRICARE improvements are designed to address many of current problems, including improved business practices, making regional boundaries transparent and focusing on the MTF as the centerpiece of healthcare delivery. Region 11 has been selected to serve as a demonstration site for TRICARE 3.0 and will provide valuable insight for program improvements.

Senior leadership and I remain concerned that many older military retirees do not have full access to the Military Health Care System. In an effort to better serve the medical needs of military beneficiaries who are 65 and over, DoD is testing several programs, including TRICARE Senior Prime, a managed care demonstration program, at selected sites across the country. It provides enrollees with all of the benefits available under Medicare, plus additional benefits under TRICARE Prime. I fully support the demonstration programs designed to evaluate the incorporation of these beneficiaries into our system. I am pleased to report that Naval Medical Center San Diego, the single Navy site, has enrolled 95% of its capacity of 4,000. Indications are that enrollees have greater access and improved

satisfaction with the delivery of their health care.

The implementation of TRICARE Prime Remote for active duty members will significantly enhance healthcare quality and access to our beneficiaries attached to geographically separated units within the regions. This initiative is a great benefit to our active-duty service members - by delivering the uniform benefit through the civilian provider network, and needs to be extended to their family members. An extension of this program to active duty family members is included in the President's Budget proposal for fiscal year 2001. A key component of the MHS Optimization Plan is to initiate a beneficiary shift back to the direct care system to ensure optimal use of our military treatment facilities (MTFs). The optimization plan is designed to change the focus of care from the contract provider network to the direct care system, resulting in additional cost savings. The main aspects of this plan are population health improvements, with additional emphasis on optimal use of the MTF. This plan will shift the emphasis of providing primarily episodic and costly intervention services to better serving our beneficiaries by preventing injuries and illness. Instead of waiting for our beneficiaries to become ill or injured, we will deliver preventive services and anticipate their health care needs. Our beneficiaries will be healthier and operational readiness will improve.

## **People**

Our people are the critical resource in accomplishing Navy Medicine's mission. Their professional needs must be satisfied for Navy Medicine to compete. Their work environment must be challenging and supportive, providing clear objectives and valuing the contributions of all. Their commitment must be reinforced by effective communication, teamwork, respect, and outstanding leadership. Job satisfaction is an essential element in recruiting, retention and development of a professional, career-oriented Medical Department. In addition, Navy Medicine must align and train its military, civilian and contract partners to support the mission.

Over the past year, we have been focusing attention on our General Medical Officer (GMO) Program to see how best to conform to a congressionally supported GMO-conversion plan. GMOs are highly suited to the Navy's operational environment and the benefits are mutual for the line and Navy Medicine. GMO tours help broaden our physicians' perspectives on life in the Navy and Marine Corps. GMOs constitute a significant source of high quality primary, urgent and emergency care in operational and clinical settings around the world. Customer satisfaction surveys rate GMOs equal to specialists. In addition, quality reviews demonstrate that GMOs practice excellent medicine with a

very low rate of adverse events.

A Task Force recently convened to conduct a review of our GMO billets and to address which should remain GMOs and which are suited for fully trained specialists, nurse practitioners, physician's assistants or independent duty hospital corpsmen. We need to preserve the GMO where their skills are well matched to patient needs.

We have also placed a renewed emphasis on the health of the Hospital Corpsman (HM) and Dental Technician (DT) enlisted communities. We are looking at new methods and innovations in education, reviewing curricula, and focusing on training to real needs. We have increased the specialty school (C school) quotas in many of our HM schools to improve our community manning. In order to keep our pipeline for career development and the corpsman "C" school seats filled, we have promoted career fairs at many of our medical and dental treatment facilities. Utilizing the Enlisted Technical Leaders and the Detailers, we are able to recruit hospital corpsmen and dental technicians into "C" schools and write orders on the spot.

As the Fleet Marine Force (FMF) corpsman is such an integral part of our enlisted community, a special advocate for the FMF hospital corpsman has been placed on our BUMED staff to better align us to the issues and concerns of those corpsmen and dental technicians serving with the Marine Corps. And in

further support of fleet marine force corpsmen, an FMF warfare device is being proposed as an outward recognition of this important and unique duty.

Of course our Reservists also play an integral role in supporting our mission. Our Reserve Utilization Plan will optimize our use of reservists during peacetime and contingencies. At the recent AMSUS meeting Reserve Component (RC) and Active Component (AC) leaders sat down and negotiated the FY01 personnel needs of Navy Medicine to support both operational forces and military treatment facilities. Additionally, they laid out a plan to integrate RC and AC to attain those needs. This will allow long-term budgeting and personnel management. It is another way of saying "The right reservist, at the right place, at the right time" but adding "planned for and funded" to the equation.

### **Best Business Practices**

Navy Medicine must carry out our mission as a business, recognizing the readiness, social, personal, professional and economic impacts of our decisions. The resources required to improve health vary greatly depending upon the environment, beneficiary mix, duration of support, echelon of care and alternatives available.

A key to our long-term success is the employment of sound

business practices throughout Navy Medicine. They will cross the entire spectrum of our activities - clinical care, forward-deployed medical care, education and training, research and development. The successful use of business case analyses will provide documentary support in our decision-making. We've published a BUMED Guide to Business Case Analysis (BCA) for use as a reference.

The fundamental base of a BCA is the use of quality data. The guide will help local commands transform the raw data into useful information. It will standardize the analysis process and help identify opportunities that will best benefit the organization.

The integrity of our data and our analytical process has never been more important than right now. Our ability to finance additional programs will continue to be constrained by resources. We must do a better job in Navy Medicine of fostering innovative solutions, managing risk, and anticipating resource requirements.

To this end, BUMED participated in drafting a Memorandum of Agreement (MOA) between the Department of Defense (DOD) and the Department of Veterans Affairs (DVA) combining the strengths and buying power of the DVA with those of the DOD. The objective of the MOA is to combine the contracting requirements from both agencies and leverage that volume to negotiate better pricing.

This business initiative will allow the customers of both agencies to select the product and pricing that best meets their needs, thus lower pharmaceutical and medical materiel costs.

Research and Development (R&D) initiatives are another aspect of improving our business practices. In order to prioritize the Science and Technology Account applications, the Department of the Navy has developed an Integrated Product Team (IPT) process for 12 discrete Future Naval Capability (FNC) areas. Navy Medicine's focus is on the FNC "Warfighter Protection". To achieve this FNC, the following enabling capabilities have been developed:

1. Combat Casualty Care and Management: Maximize as far forward as possible with reduced infrastructure and logistics,
2. Enhance Warfighter situation awareness and counter threats from disease, battle and non-battle injuries , and
3. Preserve health and enhance fitness of ready forces.

I feel we have already made significant strides towards achieving some of these capabilities:

Recent tuberculosis (TB) outbreaks among the crew of a Navy ship have underscored the importance of testing operational units for exposure to TB. The skin test for TB may no longer be necessary thanks to the ground breaking work of scientists at the Naval Dental Research Institute (NDRI). NDRI researchers

have developed a technology for testing oral fluids for immunogenic proteins, and believe they will be able to develop a rapid, inexpensive, screening test for exposure to tuberculosis. Salivary diagnostics present tremendous readiness possibilities for the military. This technology holds potential for rapid detection of antibodies signaling exposure to diseases and environmental toxins.

Last October, Captain Stephen Hoffman, Medical Corps received the Robert Dexter Conrad Award, the Navy's highest honor for scientific achievement, for his contributions to malaria vaccine research. As Director of the Malaria Program at the Naval Medical Research Center, Hoffman led the effort to sequence the first malaria chromosome (*Plasmodium falciparum*), thereby elucidating numerous new targets for vaccine and drug development. His work has paved the way for a future multi-gene DNA vaccine against malaria and other infectious diseases as well as biological threats. Hoffman's other accomplishments involve creating the world's leading malaria vaccine program, internationally acclaimed in the pursuit of one of nature's most challenging biological problems.

One last aspect of best business practices that I would like to touch on is exploiting Information Technology and Information Management. I have already mentioned that information management and data integrity are vital to improving

our business practices. Navy Medicine is also involved in some very innovative ways of utilizing Information Technology to assist us in meeting our mission requirements:

As you are aware, telemedicine has been instrumental in improving medical care fleet wide by increasing patient/provider access to specialized medical facilities and services across time and distance. Shipboard use of this technology has seen a significant decrease in medevacs which is not only keeping our sailors on the job, but according to the Center for Naval Analyses, realizes a cost savings of \$4,400 per avoided medevac. Telemedicine is also being utilized by U.S. Forces in locations such as Bosnia, Macedonia, Haiti, and Southwest Asia and has proven useful during exercises involving both land and naval forces. Current telemedicine projects include teledermatology, rapid transmission and receipt of medical data, as well as expanded efforts in teledentistry, teleradiology, and home health care. The technologies and lessons learned from these projects are the foundation for formulating convergent strategies for research, education, and clinical practice. These strategies will ultimately change the way DoD uses information and technology to provide health care.

The use of Smart Card technology is also improving on the way Navy Medicine does business. About the size of a credit

card, the Smart Card contains an embedded integrated circuit which contains both memory storage capability and a central processing unit. The cards enable quick expedient tracking and recording of immunizations and episodes of care, which saves time, improves access to health care information by authorized providers, and reduces redundant data entry and transcription errors. Although not fully implemented, the program is a glimpse into the future and has seen success with the recruit population at Great Lakes, Illinois. In the future the card will contain not only medical information, but a Sailor's service record as well.

## **Conclusion**

With a strong viable strategic plan in place, Navy Medicine looks to the future with excitement. As we work together to reach our corporate objectives in our goal areas of force health protection, the health benefit, people, and best business practices, we are confident that the entire Navy and Marine Corps team will reap the benefits. However, a major distraction to our initiatives are budget challenges and unexpected reprogramming events. A stable fiscal environment is essential for planning to be successful. Operating on a mere sustainable budget also limits the amount of reengineering we can undertake and reduces investments in efforts that have long term cost

savings and benefits. Our ideas are promising, our people are bright, talented and motivated. I am privileged to be a part of such a vibrant and evolving organization during this historical time.