

PREPARED STATEMENT  
OF  
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REGARDING  
DEFENSE PERSONNEL POLICIES AND PROGRAMS IN REVIEW OF THE DEFENSE  
AUTHORIZATION REQUEST FOR FISCAL YEAR 2027 AND THE FUTURE YEARS DEFENSE  
PROGRAM  
BEFORE THE  
UNITED STATES SENATE ARMED SERVICES SUBCOMMITTEE ON PERSONNEL

MAY 20, 2026

**INTRODUCTION**

Chairman Tuberville, Ranking Member Warren and distinguished Members of the Committee: Thank you for the opportunity to testify before you today, alongside other leaders of the Office of the Under Secretary of War for Personnel & Readiness (OUSW(P&R)). I am here to discuss how the proposed Fiscal Year 2027 President's Budget (PB) for the Military Health System (MHS) will improve the readiness and lethality of our warfighters.

I am proud to represent the more than 130,000 men and women who serve in our MHS. As we meet today, American warfighters are deployed around the world keeping our nation safe and our military medical forces are deployed alongside them, sustaining their health and readiness and providing care for illness and injury. For years, the MHS operated under significant structural uncertainty by delayed purchased-care liabilities, workforce transitions, DHA consolidation, shifting beneficiary utilization and temporary funding mechanisms that obscured underlying cost growth. The President's Budget prioritizes stabilization and baseline

validation to prepare for and overcome the modern threats our forces are encountering and to best meet the military medical needs of those who serve.

## **MHS PRIORITIES**

As the Secretary stated in his posture testimony, MHS priorities are focused on supporting a robust and efficient MHS, the bedrock of a ready force. Critical resources and initiatives sustain warfighter health and medical readiness as well as the readiness of our medical forces. As you know, we are conducting a holistic review and evaluation of all our programs for effectiveness. This includes a continuous assessment of Military Treatment Facilities (MTFs) using key performance indicators such as access to care, quality of outcomes, and cost-effectiveness.

### **Aligning Staffing and Resources In Support of Readiness**

The MHS must ensure that our military medical force is able to maximize the readiness of the force and provide the best opportunities to develop and sustain the clinical skills required in garrison and on the battlefield. As Secretary Hegseth stated last month, our primary objective is to ensure that every warfighter is prepared to deploy and that our medical force itself is proficient in the critical skills needed for combat.

We have made investment and resource prioritization decisions that ensure we meet these needs and have initiated strategies that increase complex care and re-attract beneficiaries to select military hospitals and clinics. In addition, we are seeking to enroll more of our over 65, “TRICARE FOR LIFE” population at these same facilities under the TRICARE Plus program.

We are also expanding DoW and VA partnerships that allow both departments to deliver joint healthcare services, optimize the use of clinical and non-clinical resources, and enhance

access for patients across both systems. DoW and the VA have 179 sharing agreements involving 23 co-located facilities and other key sites where the sharing of complex cases offers military healthcare professionals more opportunities to treat VA patients in an effort to increase clinical case volume and complexity for skill sustainment. As just one example of this approach, collaboration between the William Beaumont Army Medical Center at Fort Bliss, TX, and the VA hospital in El Paso, TX, has enabled surgeons there to perform more than 1,000 additional surgeries.

### **Improving Medical Facilities**

DoW is committed to making its hospitals and clinics the best choice for our patients' healthcare needs. The MHS owns approximately 3,000 buildings totaling nearly 34 million square feet. The average medical facility in the system is over 40 years old. As in any large and aging system, we must address maintenance issues that impact healthcare operations and access to care. When unanticipated issues occur, they become the highest priority of my office, and we allocate our resources to solve the problem. I am grateful for the additional funds that Congress allocated last year to help us address critical infrastructure needs in FY26 and FY27, and we are directing those resources to the highest prioritized infrastructure needs.

### **Strengthening Combat Support Responsibilities**

Our proposed budget fully funds our critical combat requirements to include, but not limited to, blood programs, joint trauma care, public health, medical logistics and critical medical research and development programs. Congressional support for emerging technologies and scientific advancements are providing the MHS with the opportunity to more rapidly develop and deploy capabilities that address long-term gaps. For example, investments in virtual and digital health technologies offer immediate assistance in addressing access to care challenges

on geographically remote or medically underserved communities. However, these same technologies offer strategic value for providing medical combat support services to deployed forces in contested spaces or otherwise geographically dispersed forces. We will continue to invest in these areas to ensure our medical forces are ready to save lives on the battlefield, return our warfighters safely home, and restore them to the fight.

### **Pharmaceutical Supply Chain Resilience**

The DoW's is systematically addressing potential risks to access for mission-critical medicines where there is exclusive or significant reliance on foreign nations for raw materials and manufacturing. We are employing a whole-of-government strategy to mitigate risks and establish aligned interagency investments in proactive risk identification, supplier diversification, procurement reform, and advanced domestic manufacturing technologies to build a resilient and secure pharmaceutical supply chain for the warfighter. We are engaging with industry partners to explore innovative technologies such as continuous manufacturing and 3D printing to onshore production capabilities.

### **Addressing Brain Health and Mental Health Needs**

While Military Health System (MHS) advancements exist across the full spectrum of medical capabilities, I want to briefly highlight specific initiatives to prevent, treat and support brain health and mental health.

In recent years, the Department continues to study and address brain injuries resulting from low-level blast overpressure (BOP) from firing heavy weapon systems or explosives in combat or training environments. Concerns regarding repetitive sub-concussive BOP and its effects on brain health have resulted in significant research investments to improve warfighter

health and mission readiness. In early 2025, the Undersecretary of War for Personnel and Readiness released the memorandum, “Department of Defense Performance Measures of Managing Brain Health Risks from Blast Overpressure” that set forth criteria and performance metrics to gauge the progress of mitigating risks. Lessons from recent conflicts are showing an increase in top-down wounds caused by drones that can inflict complex, multi-site trauma to the head, neck, and extremities.

This evolving threat landscape is one of the reasons why we are advancing our “Warfighter Brain Health 2.0” initiative. The Uniformed Services University of the Health Sciences (USUHS) and its industry partners have translated insights from injury trend analysis into new clinical practice guidelines for managing penetrating brain injuries. Our investments also focus on developing strategies and interventions that build psychological resilience and emotional fitness, which are crucial for recovery from injuries such as BOP-induced trauma.

DoW monitors cognitive health and performance of warfighters to help ensure cognitive dominance and protect brain health in battle and training. Monitoring cognitive function throughout a Service member’s career provides an early warning system for detecting cognitive changes in time for proactive intervention. As of March 2026, we completed more than 316,000 initial baseline assessments from 15 initial entry locations. That means all armed forces new recruits now have a baseline assessment on record. By the end of Fiscal Year 2027, we will have expanded cognitive screening to the entire active and reserve force.

Cognitive testing will be repeated at least every five years for all Service members, Active and Reserve. Military Departments have the authority to direct more frequent assessments for those personnel determined to have increased risk to hazards that may threaten brain health.

Expansion of the cognitive monitoring program will improve the Department's ability to manage the total health of the force.

The MHS is finding innovative ways to expand access to mental health services. The BRAVE Telehealth Program was created to increase access to mental health care by providing virtual low-acuity mental health services in areas with fewer mental health resources. This allows local mental health experts to focus on patients with more acute needs. BRAVE offers service members in those areas around-the-clock access to care through secure virtual telehealth services.

The MHS is advancing other innovative, data-driven approaches to proactively address the mental health crisis. The SAFEGUARD initiative, led by clinical subject matter experts at USUHS, uses machine learning to analyze Department of the Army records and predict suicide risk among soldiers. This approach enables tailored interventions to ensure support is delivered when and where it is most needed.

I am grateful for the ongoing support that this Committee has provided to the Department and to the MHS in support of our service members, their families and all who have served. The FY27 PB reflects the solemn obligation we have to all who are entrusted to our care.

Thank you again for the opportunity to address you today and briefly highlight our priorities and programs. I appreciate your vital support to the MHS and look forward to answering your questions.