

RECORD VERSION

STATEMENT BY

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VICE CHIEF OF STAFF  
UNITED STATES ARMY

BEFORE THE

COMMITTEE ON ARMED SERVICES  
SUBCOMMITTEE ON MILITARY PERSONNEL  
UNITED STATES HOUSE OF REPRESENTATIVES

SECOND SESSION, 109<sup>TH</sup> CONGRESS

29 MARCH 2006

NOT FOR PUBLICATION  
UNTIL RELEASED BY THE  
COMMITTEE ON ARMED SERVICES

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Mr. Chairman, Representative Snyder, and distinguished Members of the committee, thank you for the opportunity to testify today on the Department of Defense's Sustaining the Benefit proposal. Military medicine is absolutely critical to the United States Army. During the past five years, military medicine has consistently exceeded all established measures of success – we have recorded the highest casualty survivability rate in modern history during combat operations in Afghanistan and Iraq.

The Army requires a robust military medical system to meet the medical readiness needs of active duty service members in both war and peace, and to train and sustain the skills of our uniformed physicians, nurses, and combat medics as they care for family members, retirees, and retiree family members. Therefore we share the Department of Defense's (DoD) concern that the explosive growth in our healthcare costs jeopardizes our resources, not only to the military health system but in other operational areas as well.

Let me emphasize that the service and sacrifice of our Soldiers – and their families – can not be measured with dollars and cents. The truth is that we owe far more than we can ever pay to those who have been wounded and to those who have suffered loss. We honor their commitment to our Nation by providing them with world-class medical care.

Expansion of TRICARE to the Selected Reserve in the Fiscal Year 2005 and Fiscal Year 2006 National Defense Authorization Act highlights the challenge presented to DoD by expanding benefits with limited resources. We are very concerned by the projections of cost growth in the Defense Health Program over the next ten years. This growth represents a very real threat to military readiness. Without addressing the issues, our healthcare costs will total approximately 12 percent of the DoD budget by 2015.

The Army fully supports the Sustaining the Benefit proposal for working age retirees, as it represents a reasonable approach to meeting the challenge of providing for our Soldiers and the future of our force. After the proposal is fully implemented, TRICARE will still remain a very affordable option for our military retirees under the age of 65, with out-of-pocket costs for retirees still projected to be little more than half of the costs for members of the Federal Employee Health Benefits Program. The change merely begins to bring the cost share for working age military retirees in line with the same proportion it was when Congress created TRICARE.

The Army believes Sustaining the Benefit allows us to sustain our medical readiness programs; continue to offer the best available healthcare to Soldiers and their families; and fulfill our commitment to provide an affordable healthcare option to military retirees. We applaud Dr. Winkenwerder's willingness to reach out to members of the military coalition to explore other alternatives to improve these proposals.

The Department has and continues to explore other opportunities to help control costs within the Defense Health Program. The 2005 Base Realignment and Closure decisions demonstrates action to improve the joint delivery of healthcare in both the National Capital Area and San Antonio, Texas. Recommendations to collocate medical training for all three Services at Fort Sam Houston, Texas and to collocate a number of medical research and development activities at Fort Detrick will allow for enhanced synergy, collaboration and cost effectiveness. The next step is to move beyond a collocation of these activities to implementation of a business plan that realizes a true integration of DoD's medical training and research activities.

The Army continues to support the development of a Unified Medical Command and is working closely with our sister Services and the Joint Staff to examine the full potential of this initiative. A fully functional unified command represents an opportunity to reduce multiple management layers within DoD's medical structure, inspire collaboration in medical training and research, and gain true efficiencies in healthcare

delivery. These and other suitable changes that may be identified need to be made in conjunction with the Sustaining the Benefit proposal to ensure continued quality health care that is commensurate with the service and sacrifice of Soldiers and their families.

Let me close by saying that our Army is an Army at war. On any given day, approximately 14,000 Army Medical Department personnel are deployed around the world in support of the Global War on Terrorism, serving as goodwill ambassadors in humanitarian assistance, and training to support our Army for a variety of missions. In the past six months Army medics have cared for approximately 2,825 combat casualties evacuated from Iraq and Afghanistan; deployed a combat support hospital, a medical logistics company, and several preventive medicine and veterinary teams in support of Gulf Coast hurricane relief operations; and deployed the Army's last remaining Mobile Army Surgical Hospital to support earthquake relief operations in Pakistan.

Our combat casualty care systems have performed remarkably. Ninety percent of those wounded survive and many return to the Army fully fit for continued service. Our investments in medical training, equipment, facilities, and research – which you have strongly supported – have paid tremendous dividends in terms of preparing Soldiers for the medical threats of the modern battlefield; restoring their health and functionality to the maximum extent possible; and reassuring them that the health of their families is secure. We continue to care for nearly 400 amputees at Walter Reed and Brooke Army Medical Centers. Technology and medical care for amputees has advanced so much in the past 10 years that many of these Soldiers, Marines, Sailors, and Airmen will be able to remain on active duty if they desire. In many cases, military medicine has been out in front of her civilian counterparts and is benefiting this Nation as a whole in the advances military doctors and technicians make. In short, military medicine is absolutely an essential readiness program and an integral quality of life program for the United States Army.

I assure you, our Soldiers, and our retirees and their families, that the United States Army is committed to sustaining the tremendous healthcare benefit we enjoy

today and that quality healthcare will continue to be available to our retirees. With your help it will remain the peerless military force protection asset that it is today.

Thank you again for inviting me to participate in this discussion today. I look forward to answering your questions.