Naval Services’ Doc
Vice Adm. Adam M. Robinson Jr.
Surgeon General of the Navy and Chief, BUMED

U.S. Navy Bureau of Medicine and Surgery
Q: Tell us how the Bureau of Medicine and Surgery is making a difference in the lives of its customers.

A: We’re making a difference in a couple of ways. Navy Medicine’s long-standing, dual mission is to do two things.

First, we are a readiness platform for our men and women who go into harm’s way. This includes our ocean-sailing sailors and the Marine Corps. It’s been a long war in Iraq and Afghanistan. With the 14,000 or so IAs [individual augmentees] there is a large percentage of Navy Medicine assets. Those assets are human beings—our corpsmen, nurses, medical service corps officers and physicians. Those corpsmen and other medical assets are really at the pointy end of the spear as they say, in making sure that we can give the trauma and health care benefits to those men and women who are actually fighting.

Second, we also have the wonderful opportunity to care for their family members—those eligible family members that are staying behind. Caring for those men and women who are going forward includes the assurance that they know their loved ones will be cared for during their absence. They need to know that we are going to do everything necessary to ensure their health and wellbeing while they are deployed.

That dual mission is what I sum up in terms of the mission of Navy Medicine. That is to make sure that we are there to do the readiness mission. We do the garrison care mission where we provide patient and family centered care as our first and guiding principle. Garrison care also includes wounded warrior care. As our men and women come back from the war and as they have injuries and traumatic life events, we need to be prepared to care for them not only acutely, but also over the entire duration of whatever injuries they may have sustained and whatever the effects of what they may have sustained. We have to take care of them for the duration of those injuries. In some instances that means for the duration of their life. Navy Medicine, partnering with the Army, Air Force and Military Health System, and the Department of Veterans Affairs, is committed to making sure that happens.

Q: You mentioned the wounded warriors. How is the department doing to treat its wounded warriors who have suffered physical injuries and psychological trauma?

A: I have to address this issue in two different ways. Navy Medicine has the same challenges as our Air Force and Army colleagues, and that is we are having men and women who are coming back from the conflict who have suffered wounds and injuries. In prior wars, they probably wouldn’t have survived. So, that means we have a higher acuity and very dramatic injuries that we are now able to care for and save lives. That’s number one.

In doing that, we have much more intensive care and intensive surgical and intensive rehabilitation requirements as these men and women come back. Additionally, we have learned and have become very sensitive to the psychological and emotional injuries of war, which often leave no outward marks but can leave devastating inward and psychological, and emotional scars.

We have stood up the new National Intrepid Center of Excellence [NICOE] at the National Naval Medical Center. The NICOE is a state-of-the-art facility that will care for traumatic brain injury [TBI], that will help to understand what therapies are, in fact, efficacious in the treatment of TBI. We are looking at what treatments are efficacious in the treatment of post-traumatic stress and we are
looking at the complete spectrum of the psychological health and TBI health of our men and women going into harm’s way.

I want to also emphasize something. I am in no way suggesting that we understand and have all the answers. As a matter of fact, I want to say just the opposite. We don’t understand everything. We are completely open and we are looking to see if we can elucidate the problem even more deeply than we have in the past. But we are absolutely committed to making sure that the men and women who have suffered psychological and emotional injuries are also cared for just as those who have suffered physical injury are cared for. This means that we treat not only treat them from the acute aspect but also into the future.

**Q:** What are the three leading challenges of supporting a nation at war and providing quality health care for the rest of your force, their families and retirees?

**A:** Our challenges are to make sure that we can have the cadre of professional men and women. In my professional men and women cadre, I include my Hospital Corps as well as my Nurse Corps, Medical Service Corps, Medical Corps and Dental Corps colleagues. I have to have a complete full up round cadre of medical professionals that can go forward in the fight and also be able to do the garrison care mission to ensure we take care of our patients’ families and provide quality patient and family centered care.

I have to make certain that we don’t lose focus of things that are very important. First of all, in medicine today—in the 21st century—disease prevention is going to be paramount. It is more important than disease intervention. Keeping a prevention and a proactive stance on how we look at medicine is something that we need to do. This is something we need to do not only for our active duty force but for our eligible family members.

We need to make sure that we have a holistic and comprehensive approach to the medical care for our members. We should ensure we are not looking at any one specific thing or focusing on just disease intervention. We need to be looking at not only the tried and true modalities of therapy, but we also need to explore new modalities of therapy and things that are not necessarily in the traditional mode. Here I speak of things like acupuncture, things like making sure that we can give that complementary medicine modalities and opportunities to be used and utilized by our patients if in fact they are efficacious. I can tell you that many appear to be.

We also need to make sure that we take care of our patients throughout their life cycle. The key to the military health system is we have promised our men and women in uniform that if they stay with us for a career that we will care for them for a career. We will care for their children and we will take care of them [the servicemember] as they become elderly. We promise to take care of people, and I say this seriously, from cradle to grave. And that is the promise that we have made to our active duty members and families, and that’s what we absolutely need to be prepared to do.

**Q:** Describe how Navy Medicine is seeking to contain medical costs while at the same time ensuring force medical readiness and providing quality care to its customers.

**A:** Navy Medicine and the overall Military Health System [MHS], are constantly looking at efficiencies that we can garner in terms of how we care for our patients and how we become good stewards of the monies that the people of the United States give us in order to have the medical system that we have developed.

We are doing our best to look at the balanced scorecard approach, which is something that is used by the DoD Health Affairs and by all three services to look at indicators and metrics, such as the ability to see patients in a timely fashion and the quality of the care that we provide. That policy is estimated by surveying our customers, our patients and their families; and seeing if we are meeting the mark. We look at the amounts of infections that may be occurring in different areas of the hospital, make sure that we have joint accreditation for our facilities—both on an outpatient and an in-patient point of view. We make sure that we have things like electronic health records [EHR] so that we can leverage the care and also the mobility of the military health system. The EHR will help as men and women move into combat zones or back into other areas, that we have an EHR that will follow them and will be complete with everything that they have whether that be Air Force, Navy or Army bases. These electronic records would include immunizations, past medical history, current medications and allergies to those medications. This is the type of thing that would be of great value, and I think over the long run would create a system that would be much more efficient in how we handle medical care, and the accuracy and quality of that care.

And one more thing comes to mind—to leverage our pharmacy usage. We are issuing about 2.5 million prescriptions daily in the MHS. We need to make sure of how we are, in fact, pricing our medications, asking, Are we getting the best discounts that we can get on the medications? I am talking about discounts used by a very large medical system. I am suggesting that we leverage the MHS so that we can get the most efficiencies. This not only serves our customers, but it help us to become much more efficient in using our tax dollars in giving care.

Most of these are not Navy specific, but are MHS specific. They are critical to Navy and how we can become more efficient in giving care.

**Q:** Your help wanted list. Reviewing your entire portfolio, discuss the three top medical technology challenges you need the help of industry and academia to solve.

**A:** The first is the electronic health record. Here’s what I think I need from the EHR and I want to be clear. I will tell you that the EHR that we now have [AHLTA] is not a perfect record. It has its problems. But if you look at the totality of AHLTA, it is what we have and it has the potential to be quite successful. It can give us the EHR that we want and I think as a backbone it is quite an adequate EHR. With that said, we are going to need to improve many aspects of that. I think we are slowly moving in that direction from the DoD Health Affairs perspective and the MHS.

There are some new technologies coming that are going to be cutting edge. These new technologies include advancements in transplantation. These advancements include leaps in hand transplantation and extremity transplantation. There have been face transplantations. There has also been some very exciting new work in retinal and visual rehabilitation. There have been electrical and physiologic means of helping people to gain vision who
have lost vision. This is cutting edge. I am not suggesting that we can now do Star Trek type of things, but we are at the beginning of some exciting new technologies that will actually, over the course of this century, experience some dynamic medical breakthroughs. The reason that this is important is that we bring people back from the war with extensive injuries, we will be in better positions to help them recover.

With regards to mental health, there is a bit of good news. As an example, we see that over time, head injured patients, patients with TBI and even patients with post-traumatic stress, have actually improved over time. I am not suggesting that we don’t treat them or try to keep post-traumatic stress from becoming a disorder, but over time, it appears people will improve. Over time, there is going to be an amelioration of many of the symptoms that we now see in many patients. But if you lost eyesight, or lost a hand or lost something else, it would be incredibly powerful if we could give you back something that was a reasonable facsimile. It may not be what you were born with, but something that is quite functional and has the utility of being part of you.

I am not in any way downplaying prostheses and all of the other things that we are doing. I am suggesting that we are entering a new phase where we may actually be able to transplant many of these successes into our men and women with injuries. And we are bringing them back from the war, so we need to look at how do we in fact care for them and rehabilitate them to give them a better quality of life for the future.

The priorities that I have listed as the surgeon general of the Navy have not changed, but the priority is treating the traumatic injury and psychological health treatment of those coming back from the war. The NCoE is now up with full operating capacity. It is going to be receiving more patients. It is going to be a focal point of activity and show us the way with TBI and psychological health.

The expeditionary medical capabilities of the Navy and how we support our Maritime Strategy by doing both our kinetic [wartime] care of our people, as well as supporting the non-kinetic [humanitarian assistance and other missions] care. This has become a major part of Navy medicine and the overall Military Healthcare System.

Then there is research and development. People say ‘how can you be thinking about research and development [R&D]—you need to be providing that frontline medical care to our people.’ Well, that frontline care comes from R&D. We get things like wound management and things that are saving lives on the battlefield. From research, we get the capability of actually changing the dynamic of not only injuries, but we enhance the ability of our patients to survive the injuries. We are looking at vision and hearing restoral in some patients, and again, this is cutting edge type of medicine. And then there’s the domain that is purely Navy. Navy Medicine has quite a big part is undersea medicine—making certain that we keep our diving and our submarine medical and the abilities to care for the men and women in both domains.

Q: Looking downstream, tell us about several new programs and initiatives your customers will see in the next 12 months.

A: We are going to see two significant things in the next two months in the National Capitol area. The Walter Reed National Military Medical Center is coming together and will be opened by September 2011. The NCoE is also located at the National Naval Medical Center campus. It is up and operating and you are going to see a lot more of it in the future.

You are going to see Navy Medicine continue to do first class graduate medical education programs at our medical centers, both at National Naval Medical Center and Walter Reed National Military Medical Center. You will also see it occurring at Fort Smith, Balboa, our five family practice teaching hospitals at Camps Lejeune and Pendleton, Naval Air Stations Jacksonville, Pensacola, and Naval Base Kitsap [Bremerton]. We’re going to continue to put an emphasis on graduate medical education, and research and development, both the clinical and the bench types of research and the translational research that will make Navy Medicine stay not only relevant, but also relevant in teaching the next generation of the Navy’s medical professionals. We need to get ready to take over as those of us in my and other positions leave.

The last thing is we will continue to focus on first principles—we will focus on the mission of Navy Medicine. That mission is to take care of the men and women who go into harm’s way and ensure they have the best possible medical care always, and that we always care for their eligible family members they leave behind. We do that with the emphasis on patient and family centered care. ✯
The Navy Bureau of Medicine and Surgery is the headquarters command for Navy Medicine. Under the leadership of the Navy surgeon general, Vice Admiral Adam M. Robinson Jr., Navy Medicine provides high quality health care to beneficiaries in wartime and in peacetime. Highly trained Navy Medicine personnel deploy with sailors and Marines worldwide—providing critical mission support aboard ships, in the air, under the sea and on the battlefield. At the same time, Navy Medicine’s military and civilian health care professionals are providing care for uniformed services’ family members and retirees at military treatment facilities around the globe. Every day, no matter what the environment, Navy Medicine is ready to care for those in need, providing world class care, anytime, anywhere.

Today, BUMED is the site where the policies and direction for Navy medicine are developed to ensure their patient and family center care vision carried out.
• **Installations and Logistics:** The installations and logistics group assists the surgeon general in ensuring the facilities infrastructure is maintained and developed according to the needs of the Navy; logistical support is provided in an efficient, fiscally responsible manner; compliance with Base Realignment and Closure is guided in a consistent and conscientious way; and installations are as safe, healthy and supportive as possible.

• **Information Management/Information Technology/Command Information Officer (CIO):** The BUMED CIO advises the surgeon general on information management/information technology policy affecting Navy Medicine, responsible for Navy Medicine-wide IM/IT strategic direction, policy and standards. Defines, oversees and monitors the IM/IT aspects of projects that require the integration of multiple IT information sources to achieve the goals and objectives of Navy Medicine.

• **Resources:** The BUMED comptroller is the principal advisor for financial resources and fiduciary processes in response to OPNAV, SECNAV, SECDEF, OMB and Congress. Our resources team develops principles, policies and procedures ensuring financial resource management. M8 interprets DON and OSD financial guidance, and develops BUMED policies for budget process execution. Provides procedures and feedback mechanisms ensuring fiduciary responsibilities are supported with timely appraisal to BUMED, DON and OSD. Resources advises BUMED headquarters and regional commanders on financial effects of higher authority proposed directions and policies.

• **Ethics and Professional Integrity:** The ethicist to the surgeon general serves as Navy Medicine’s subject matter expert and principal advisor regarding ethics leadership in health care, research, organizational systems, and values formation and education. In addition, this position provides policy formation/analysis, policy interpretation and senior level expertise for the resolution and amelioration of diverse issues relative to ethics and professional integrity.

• **Pastoral Care:** The BUMED chaplain advises the surgeon general on moral, religious, spiritual and personal well-being of Navy Medicine personnel and provides strategic vision for Navy Medicine pastoral care. Also serves as BUMED liaison to service components' chiefs of chaplains, all DoD, DON, federal agency counterparts, and professional associations for health care chaplains.

• **Office of the Medical Historian:** The historian directs and executes the historical program for the surgeon general and the Navy Medical Department. The historian advises on a wide variety of subjects with special cognizance and responsibility for command historical programs, oral history, historical research collections, reference series, management of historical records, and liaison with federal, non-federal and organizations on matters pertaining to military medical history.

For more information, contact MMT Editor Marty Kauchak at martyk@kmimedia.com or search our online archives for related stories at www.MMT-kmi.com.
Navy Medicine – World Class Care...Anytime, Anywhere. This poignant phrase describes Navy Medicine’s mission and drives their operational tempo. This past year, Navy Medicine responded to an earthquake in Haiti, sent countless doctors, nurses, dentists and psychologists around the world in support of Africa Partnership Station, Pacific Partnership, and Operation Continuing Promise and the current conflicts in Iraq and Afghanistan, and screened thousands of sailors and Marines for operational readiness pre- and post-deployment, all while taking care of servicemembers and their families here at home. This pace and demand for Navy Medicine personnel is only expected to increase in the coming years as they balance the dual mission of expeditionary medicine in support of those deployed in conflict zones with patient and family-centered care here at home for sailors and Marines and their families.

Despite Navy’s Medicine recent successes, challenges loom on the horizon with respect to the servicemembers returning home from a war zone, some of whom are injured physically, and many of whom are suffering psychologically from mild to severe traumatic brain injury (TBI) or PTSD. The challenge of healing and caring for these men and women, in body, mind and spirit is a long-term one that will last the best part of this century. The young wounded warriors of today will mature into tomorrow’s aging heroes. How military medicine takes on this challenge will set the stage for decades to come, especially with respect to the quality, accessibility and reliability of support veterans and their families will receive. One of the major initiatives to build and sustain this support is the ongoing transition to the Walter Reed National Military Medical Center onboard the campus of the National Naval Medical Center.

This joint service medical facility will co-locate staffs of the office of the secretary of defense (Health Affairs), the TRICARE Management Activity, and the offices of the surgeon general for the Army, Air Force and Navy, to include the Navy’s Bureau of Medicine and Surgery. These organizations are working with the lead Department of Defense organization, Joint Task Force – National Capital Region Medical, to ensure that this significant and ambitious project is executed properly and without disruption of services to wounded warriors, joint service members, their families and other beneficiaries.

Regardless of where they operate and who co-locates with them, Navy Medicine’s core concept of care is patient and family-centered care. It is at the epicenter of everything they do. This concept is elegant in its simplicity yet extraordinary powerful: It identifies each patient and their family, military culture and the military chain of command in supporting patients. Their goal moving forward is for this core concept of care to resonate throughout the system and guide all their future actions. To this end, they are working to ensure patient satisfaction focusing on increased access, coordination of services and safety. They also want their providers to have the capabilities and resources to deliver the best clinical practices in a healing environment. This is an important strategic goal as Navy Medicine looks to the future.

Towards this end, the current surgeon general, Vice Admiral Adam M. Robinson Jr., is stressing health prevention vice disease intervention in all his public and private appearances. Throughout his tenure, he has also taken a more holistic and comprehensive approach with respect to how his organization prioritizes their programs, processes and their people. Finally, despite shortages in some military medicine specialties, Navy Medicine remains committed to serving their personnel throughout their treatment cycle, from the cradle to the grave, and continues to manage every aspect of medicine in the continuum of care to provide a seamless transition as wounded warriors progress between levels of treatment.

Navy Medicine has made tremendous strides in combat casualty care in the past few years and they anticipate further advancements in battlefield medicine in the years to come. The Navy and Marine Corps team have unique operational needs including expeditionary medicine, undersea medicine, and hypobaric and hyperbaric issues. Due to the nature of wounds they are seeing from Iraq and Afghanistan, Navy Medicine is focusing its research on five priority areas to include: 1) TBI and psychological health treatment and support for both operational forces and home-based families; 2) Medical systems support for maritime and expeditionary operations; 3) Wound management throughout the continuum of care; 4) Hearing restoration and protection for maritime, surface and air support personnel; and 5) Undersea medicine, diving and submarine.

The most recent and innovative example of research and treatment initiatives is the new National Intrepid Center of Excellence, which boasts “the convergence of art and science” for traumatic brain injuries and post-traumatic stress disorders. This state-of-the-art facility is intended to serve as the vanguard for how to effectively research, diagnose, and treat traumatic brain injuries for wounded warriors.

Regardless of the challenges ahead, Navy Medicine appears well-positioned for the future. Worldwide operational demands and a commitment to provide family and patient-centered care to a growing number of beneficiaries will continue to pose formidable challenges. Yet this is what Navy Medicine has done for generations, and why so many of young people choose a career in military medicine. ★