

DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL
AND
SUBCOMMITTEE ON READINESS
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: MEDICAL INFRASTRUCTURE: ARE HEALTH AFFAIRS/TRICARE
MANAGEMENT ACTIVITY PRIORITIES ALIGNED WITH SERVICE
REQUIREMENTS?

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Chairwoman Davis, Chairman Ortiz and esteemed members of the Committee, it is my honor and privilege to be here today to talk with you about the Air Force Medical Service and our military construction requirements and plans. First, let me express our gratitude for the overwhelming support Congress has provided to address the critical needs of our medical facilities. Your efforts will greatly assist us in building and sustaining the state-of-the-art medical facilities we require for the future. Modern facilities are crucial to our ability to provide high quality health care to our patients and to retain the best and brightest medical personnel.

Our medical treatment facilities (MTFs) are physical platforms for personnel from the Air Force Medical Service (AFMS), our sister Services, and in many cases, Department of Veterans Affairs (DVA), to perform patient care, readiness training, research, and a multitude of support missions. Appropriately funded Military Construction (MILCON) and Operations and Maintenance (O&M) - Sustainment, Restoration & Modernization (SRM) programs are essential to recapitalizing our infrastructure, repairing and maintaining our facilities, and improving energy efficiency.

The Air Force Health Facilities Division, a specialized team of architects, engineers and operational healthcare experts, continuously engages with Medical Treatment Facility leadership at each base to identify, validate and execute necessary sustainment, repair and modernization projects. Requirement prioritization, approved through our corporate structure, is aligned to an AFMS-wide perspective. For requirements that drive a MILCON solution, we prepare a Capital Investment Proposal and submit it to the TRICARE Management Activity (TMA) to be scored biennially in the Military Health Service (MHS) Capital Investment Decision Model (CIDM) process.

The CIDM process, modeled after the DVA's, was instituted to establish a consistent, rigorous approach to prioritizing MILCON requirements across all three medical Services. Along with our sister Services and TMA, we were active participants in developing scoring criteria. The criteria allow structured decision-making using comparative assessments of quantitative and qualitative factors in four key areas: 1) alignment with MIIS strategic and tactical goals; 2) adequacy of physical environment; 3) impact on operational performance; and 4) mitigation of risk. The CIDM process was successfully applied in 2008 to determine DoD's Fiscal Year 2010/2011 Medical MILCON priorities. The Air Force's most pressing medical projects were appropriately prioritized.

With the FY10 President's Budget proposal, we are hopefully turning the corner on allocating necessary funding to the medical MILCON program. This is urgent, as the overall medical facility portfolio average age is higher than it has ever been. Most of our medical infrastructure was built in the 15 years following the establishment of the Air Force in 1947. Twenty-six of our 75 medical facilities (35 percent) are from that pre-1965 timeframe, and are approaching, or are already more than, 50-years old. As our infrastructure ages and deteriorates, significant facility problems become more common, more severe, and more directly disruptive to patient care. While we've been successful in implementing stop-gap measures, we must sustain an adequate baseline of maintenance and repair.

In addition to the criticality of facility recapitalization, recent history has demonstrated that healing wounded, ill, and injured warriors in world-class, well-maintained medical facilities is both a sacred duty and national priority. I assure you the Air Force is meeting these expectations. All 75 Air Force MTFs undergo regular and thorough inspections, both scheduled and unannounced, by two national accreditation organizations - the Joint Commission and the

Accreditation Association for Ambulatory Health. All Air Force medical facilities have passed inspection and are fully accredited. We greatly appreciate the additional \$60 million in O&M funding provided in this year's budget, and the \$130 million provided in the stimulus package, to further reduce our unfunded backlog of facility projects. These additional funds will make our facilities more accessible, repair critical infrastructure systems, and modernize and improve energy efficiency.

In both the MII.CON and O&M arenas, green design initiatives and energy conservation continue to be high priorities for the AFMS. We are already incorporating nationally recognized benchmark processes, such as Leadership in Energy and Environmental Design (LEED), to design and construct buildings--like our new medical clinics at Tinker AFB, Oklahoma and Spangdahlem AB, Germany--with sustainable design elements using grey water systems, solar shading, increased natural day-lighting, recycled/recyclable materials, and optimized energy performance. We have established a rigorous method to capture energy consumption data from all of our major facilities and continuously compare performance across peer groups using the Energy Star measurement tool. This data gathering system is already up and running at 62 of our MTFs, and allows us to identify top performers to better proliferate best practices throughout the AFMS. We engage with weaker performers to create a path for improvement that incorporates operational changes and re-designed or repaired systems.

The Nation expects world-class healing environments for all Service members and their families. We greatly appreciate the interest and support you've provided to help us meet this expectation through the modernization of the Air Force's medical infrastructure. We look forward to your continued strong support for our recapitalization and sustainment, repair and

modernization initiatives so that we may continue to serve and provide the highest quality healthcare to our military members, their families, and the Nation. Thank you.