

**DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE
UNITED STATES HOUSE**

SUBJECT: DEFENSE HEALTH PROGRAM

**STATEMENT OF: LIEUTENANT GENERAL (DR.) JAMES G. ROUDEBUSH
AIR FORCE SURGEON GENERAL**

May 21, 2009

**NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE
UNITED STATES HOUSE**



BIOGRAPHY

UNITED STATES AIR FORCE

LIEUTENANT GENERAL (DR.) JAMES G. ROUDEBUSH

Lt. Gen. (Dr.) James G. Roudebush is the Surgeon General of the Air Force, Headquarters U.S. Air Force, Washington, D.C. General Roudebush serves as functional manager of the U.S. Air Force Medical Service. In this capacity, he advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force people. General Roudebush has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions. He exercises direction, guidance and technical management of more than 42,842 people assigned to 74 medical facilities worldwide.



The general entered the Air Force in 1975 after receiving a Bachelor of Medicine degree from the University of Nebraska at Lincoln, and a Doctor of Medicine degree from the University of Nebraska College of Medicine. He completed residency training in family practice at the Wright-Patterson Air Force Medical Center, Ohio, in 1978, and aerospace medicine at Brooks Air Force Base, Texas, in 1984. The general commanded a wing clinic and wing hospital before becoming Deputy Commander of the Air Force Materiel Command Human Systems Center. He has served as Command Surgeon for U.S. Central Command, Pacific Air Forces, U.S. Transportation Command and Headquarters Air Mobility Command. Prior to his selection as the 19th Surgeon General, he served as the Deputy Surgeon General of the U.S. Air Force.

EDUCATION

1971 Bachelor of Medicine degree, University of Nebraska at Lincoln

1975 Doctor of Medicine degree, University of Nebraska College of Medicine

1978 Residency training in family practice, Wright-Patterson USAF Medical Center, Wright-

Command and Headquarters Air Mobility Command. Prior to his selection as the 19th Surgeon General, he served as the Deputy Surgeon General of the U.S. Air Force.

EDUCATION

1971 Bachelor of Medicine degree, University of Nebraska at Lincoln
1975 Doctor of Medicine degree, University of Nebraska College of Medicine
1978 Residency training in family practice, Wright-Patterson USAF Medical Center, Wright-Patterson AFB, Ohio
1980 Aerospace Medicine Primary Course, Brooks AFB, Texas
1981 Tri-Service Combat Casualty Care Course, Fort Sam Houston, Texas
1983 Master's degree in public health, University of Texas School of Public Health, San Antonio
1984 Residency in aerospace medicine, Brooks AFB, Texas
1988 Air War College, by seminar
1989 Institute for Federal Health Care Executives, George Washington University, Washington, D.C.
1992 National War College, Fort Lesley J. McNair, Washington, D.C.
1993 Executive Management Course, Defense Systems Management College, Fort Belvoir, Va.

ASSIGNMENTS

1. July 1975 - July 1978, resident in family practice, Wright-Patterson USAF Medical Center, Wright-Patterson AFB, Ohio
2. July 1978 - September 1982, physician in family practice and flight surgeon, USAF Hospital, Francis E. Warren AFB, Wyo.
3. October 1982 - July 1984, resident in aerospace medicine, USAF School of Aerospace Medicine, Brooks AFB, Texas
4. August 1984 - September 1986, Chief of Aerospace Medicine, 81st Tactical Fighter Wing, Royal Air Force Bentwaters, England
5. September 1986 - July 1988, Commander, USAF Clinic, 81st Tactical Fighter Wing, Royal Air Force Bentwaters, England
6. August 1988 - June 1991, Commander, 36th Tactical Fighter Wing Hospital, Bitburg Air Base, Germany
7. August 1991 - July 1992, student, National War College, Fort Lesley J. McNair, Washington, D.C.
8. August 1992 - March 1994, Vice Commander, Human Systems Center, Brooks AFB, Texas
9. March 1994 - January 1997, Command Surgeon, U.S. Central Command, MacDill AFB, Fla.
10. February 1997 - June 1998, Command Surgeon, Pacific Air Forces, Hickam AFB, Hawaii
11. July 1998 - July 2000, Commander, 89th Medical Group, Andrews AFB, Md.
12. July 2000 - June 2001, Command Surgeon, U.S. Transportation Command and Headquarters Air Mobility Command, Scott AFB, Ill.
13. July 2001 - July 2006, Deputy Surgeon General, Headquarters U.S. Air Force, Bolling AFB, Washington, D.C.
14. August 2006 - present, Surgeon General, Headquarters U.S. Air Force, Washington, D.C.

FLIGHT INFORMATION

Rating: Chief flight surgeon
Flight hours: More than 1,100

Aircraft flown: C-5, C-9, C-21, C-130, EC-135, F-15, F-16, H-53, KC-135, KC-10, T-37, T-38, UH-1 and UH-60

BADGES

Chief Physician Badge
Chief Flight Surgeon Badge

MAJOR AWARDS AND DECORATIONS

Defense Superior Service Medal with oak leaf cluster
Legion of Merit with oak leaf cluster
Meritorious Service Medal with two oak leaf clusters
Air Force Commendation Medal
Joint Meritorious Unit Award
Air Force Outstanding Unit Award with oak leaf cluster
National Defense Service Medal with bronze star
Southwest Asia Service Medal with bronze star
Air Force Overseas Long Tour Ribbon with oak leaf cluster
Air Force Longevity Service Award with silver oak leaf cluster
Small Arms Expert Marksmanship Ribbon
Air Force Training Ribbon

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS

Society of USAF Flight Surgeons
Aerospace Medical Association
International Association of Military Flight Surgeon Pilots
Association of Military Surgeons of the United States
Air Force Association
American College of Preventive Medicine
American College of Physician Executives
American Medical Association

EFFECTIVE DATES OF PROMOTION

Second Lieutenant May 15, 1972
First Lieutenant May 15, 1974
Captain May 15, 1975
Major Dec. 8, 1979
Lieutenant Colonel Dec. 8, 1985
Colonel Jan. 31, 1991
Brigadier General July 1, 1998
Major General May 24, 2001
Lieutenant General Aug. 4, 2006

(Current as of February 2009)

Mr. Chairman 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. Our Air Force medics work directly for the Line. To that end, we too are focused on reinvigorating the Air Force nuclear enterprise; partnering with the joint and coalition team to win today's fight; developing and caring for Airmen and their families; modernizing our Air and Space inventories, organizations, and training, and, recapturing acquisition excellence.

In support of our Air Force priorities, our Air Force Medical Service (AFMS) is on the cutting edge of protecting the health and well-being of our Service men and women everywhere. Our experience in battlefield medicine is shaping America's health care for the 21st Century and beyond. We are actively enhancing readiness; ensuring a fit, healthy force, and building/sustaining the model health system for DoD. In short, it's a great time to be in Air Force medicine!

ADVANCEMENTS IN READINESS

Air Force medics contribute significant capability to the joint warfight in aeromedical evacuation, combat casualty care and wartime surgery. Our advancements in these areas are unparalleled in previous combat experience.

Our Critical Care Air Transport Teams (CCATTs) provide unique "ICU care in the air" within DoD's joint enroute medical care system. We continue to improve the outcomes of CCATT wounded warrior care by incorporating lessons learned into clinical practice guidelines and modernizing equipment to support the mission. For example, we are developing a joint electronic in-flight patient medical record to ensure effective patient care documentation and record availability. We are working to improve CCATT equipment, such as mobile oxygen

storage tanks and airborne wireless communication systems, and continuing to evaluate existing equipment to ensure safety for our patients.

On the ground, at both the Air Force Theater Hospital at Balad, Iraq and Craig Joint Theater Hospital at Bagram, Afghanistan, Air Force medics lead numerous combat casualty care initiatives that will positively impact combat and peacetime medicine for years to come. The Air Force surgeons garnered invaluable experience in the field of vascular surgery that laid the foundation for a state-of-the-art endovascular operating room at Balad--the only DoD facility of its kind. The inaugural use of diagnostic angiography and vena caval filters, along with coil embolization and stent grafts in select vascular surgeries in-theater have truly modernized care of our joint warfighter and coalition casualties. Colonel (Dr.) Jay Johannigman, the 332nd Expeditionary Medical Operations Squadron lead trauma surgeon, said, "Our Joint combat hospitals, be they Army, Navy, or Air Force, are all beginning to think alike and do things similarly. These efforts help us improve and speed the care to the patient."

Working with the Armed Services Blood Program Office, Air Force medics have improved the supply of crucial life-saving blood products in-theater, supplementing fresh blood with a new frozen red blood cell product with an extended shelf life. An in-theater apheresis center was established to collect fresh platelets needed to support aggressive treatment of trauma patients requiring massive transfusions.

The ability to collect and analyze data is critical to our success in combat casualty care. The Joint Theater Trauma Registry (JTTR), established in 2004, has made significant strides in these efforts. Their work led to major changes in battlefield care, including management of extremity compartment syndromes, burn care resuscitation, and blood transfusion practices. Their results are setting military-civilian benchmarking standards. The JTTR is truly a joint

effort, with full participation of the Air Force. An Air Force physician is the JTTR system deputy director, and our critical care nurses are key players in the in-theater JTTR team. Through the JTTR we're capturing and implementing best practices for management of the extensive trauma cases seen.

Air Force-unique expertise pays dividends back home, as well as in theater, and is saving lives. Many Americans who have become victims of natural disasters benefited from our humanitarian support. When Hurricanes Katrina and Rita struck in 2005, Air Force Active Duty, Guard, and Reserve medics were in place conducting lifesaving operations. Similarly, hundreds of members of this Total Force team were in place September 1, 2008 when Hurricane Gustav struck the Louisiana coast and when Hurricane Ike battered Galveston, Texas, less than two weeks later. During Hurricane Gustav, Air Mobility Command coordinated the movement of more than 8,000 evacuees, including 600 patients. Aircrews transported post-surgery/post-intensive care unit patients from Galveston area hospitals to Dallas medical facilities. I am extremely proud of this incredible team effort.

ENSURING A FIT AND HEALTHY FORCE

The success of our medical readiness mission directly correlates with our ability to build and maintain a fit and healthy force at home station and in-theater. One way we do this is through optimization of health care delivery. Our Family Health Initiative, our Air Force "medical home," optimizes health care practice within our family health clinics, increasing the number of medical technicians on the family health teams to better accommodate the enrolled population and streamlining the processes for care and disease management.

We achieve a fit and healthy force by measuring our health care outcomes. The AFMS has used the Healthcare Effectiveness Data and Information Set measures for more than eight years to assess the care we deliver. Our outcome measures for childhood immunization delivery, asthma medication management, LDL cholesterol control in diabetics, and screening for Chlamydia all exceed the 90th percentile in comparison to civilian benchmarks. We also compare very highly with civilian hospital care for all 40 of our measures developed by the Agency for Healthcare Research and Quality, which evaluates patient safety, inpatient quality, pediatric care quality, and prevention-related quality for our hospital services. We recently began measuring 30-day mortality rates for myocardial infarction, pneumonia and congestive heart failure, and found that the AFMS is well below the national benchmark in all three measures. In 2009, we will implement measurement of well-child visits and follow-up after mental health hospitalization. While this is all good news, we must remain vigilant in analyzing and evaluating the effectiveness of our health care delivery – our patients deserve the very best.

The exposure of our Airmen to battlefield trauma puts psychological health at the forefront of our health and fitness mission. To mitigate their risk for combat stress symptoms and possible mental health problems, our Landing Gear program takes a proactive approach with education and symptom recognition, both pre- and post-deployment. We educate our Airmen that recognizing risk factors in themselves and others, along with a willingness to seek help, is the key to effectively functioning across the deployment cycle and reuniting with their families.

We have over 600 Active Duty and over 200 civilian and contract mental health providers. This includes 97 additional contract Mental Health providers we added in 2007 to manage increased workload. This mental health workforce has been sufficient to meet the demand signal that we have experienced to date. That said, we do have challenges with respect

to Active Duty psychologist and psychiatrist recruiting and retention, and we are pursuing special pays and other initiatives to try to bring us closer to 100% staffing in those two specialties. We continually assess and reassess the demand based on mission requirements as well as the need for clinical services. We are seeing a gradual increase in the incidence of post-traumatic stress disorder (PTSD) in our Airmen and we are also seeing a persistent demand at the 1:2 dwell rate for mental health providers in the deployed environment. This demand is not likely to decrease, and could well increase over time. We are tracking this demand closely to ensure that we have the resources to meet tomorrow's demand.

With regard to what we are doing about PTSD, we address post-traumatic stress (PTS) in our Airmen by combining resilience training with frequent screening and ready access to mental health care. Resilience training is conducted via an Air Force developed program Landing Gear, where Airmen learn what to expect while deployed, and when and how to get help for stress symptoms. Screening occurs before deployment, at the end of deployment, 90-180 days post-deployment and annually via the Physical Health Assessment. Each screening asks about PTS and other psychological symptoms. Health care providers fully assess all symptoms noted on the screening, and refer to mental health providers for further care as needed. We also train frontline supervisors and have positioned mental health personnel in our primary care clinics in order to increase access and reduce stigma. Quality health care for our Airmen requires our mental health providers to have the best tools available to treat PTS. To that end, we have sent 490 of our mental health providers to 2 and 3-day workshops conducted by civilian subject matter experts on the two widely recognized methods of PTSD treatment. All our providers, mental health and primary care, are trained and follow nationally/Veterans Affairs (VA) approved clinical practice

guidelines to assure that all treatment for PTSD is state of the art and meets the highest standards.

For your awareness, 1,758 Airmen have been diagnosed with PTSD within 12 months of return from deployment (Fiscal Year 2002-Fiscal Year 2008). The vast majority of these Airmen continued to serve with the benefit of treatment and support. Of these Airmen, 255 have been enrolled in our Wounded Warrior program secondary to PTSD, and are not expected to be returned to duty. Our efforts at early PTS identification and treatment strive to maximize the number of Airmen we are able to return to full duty and health. As noted, however, we are seeing an increase over time in the number of our Airmen with diagnosed PTSD.

Understanding that suicide prevention lies within and is integrated into the broader construct of psychological health and fitness, we continue to aggressively work our eleven suicide prevention initiatives, which include frontline supervisor training and suicide risk assessment training for mental health providers. We have mental health providers in our family health units to provide the full spectrum of care for both our active duty and family members. This allows us to approach issues in a way conducive to quick recognition and resolution, while reducing any perceived stigma associated with visits to mental health clinics. Suicide prevention requires a total Air Force community effort, using all tools available. We are expanding our ability to identify, track and treat Airmen dealing with PTSD, Traumatic Brain Injury (TBI), or other mental health problems to ensure no one is left behind who needs help. We have the resources, the opportunity, and clearly the need to better understand, and care for these injuries.

Current treatment/management for TBI is based on Defense and Veterans Brain Injury Center (DVBIC) TBI Clinical Guidance. The Air Force TBI treatment is done by a multidisciplinary team guided by comprehensive brain injury and mental health assessment tools.

All TBI patients receive education on TBI symptoms and management as well as appropriate referrals for occupational therapy, physical therapy, speech and language, pharmacy, audiology and optometry. Cognitive rehabilitation is initiated after medical issues have subsided and the patient's pain is managed. In Fiscal Year 2009, video teleconferencing equipment will be installed in all mental health clinics to allow direct consult with the DVBC.

We have also taken the lead in DoD with diabetes research and community outreach. We have a very productive partnership with the University of Pittsburgh Medical Center (UPMC) and the Army. Wilford Hall Medical Center (WHMC), Lackland AFB, Texas, is designated as the initial DoD roll-out site for diabetes initiatives developed at UPMC. Major Mark True, an endocrinologist, is the WHMC project lead and director for the Air Force diabetes program. He established a Diabetes Center of Excellence (DCOE) program and, in August 2007, introduced several inpatient diabetes protocols and initiatives in the hospital, including an intravenous insulin protocol that substantially improved glucose control in critical care units. We are working to open an outpatient regional DCOE that will impact clinical outcomes across a regional population. This will be supported by the Mobile Diabetes Management with Automated Clinical Support Tools project beginning this year, which will demonstrate improved diabetic management through cell phones and web-based technology use.

BUILDING AND SUSTAINING A PRE-EMINENT AFMS

Sustaining the AFMS as a premiere organization requires the very best in education and training for our professionals. In today's military, that means providing high quality programs within our system, as well as strategically partnering with academia, private sector medicine and

the VA to assure that our students, residents and fellows have the best training opportunities possible.

With the ongoing demand for well trained surgeons in our trauma care mission, we have focused on Surgical Care Optimization. This initiative identified eleven medical treatment facility (MTF) platforms to provide the capacity necessary to keep critical wartime medics proficient in battlefield trauma care. It also seeks to increase MTF recapture of DoD beneficiary specialty care by optimizing operating room access and efficiency.

Our Graduate Medical Education programs consistently graduate residents fully prepared to provide excellent clinical care in the inpatient, outpatient and deployed settings. The outstanding performance of our residents on board certification exams is just one marker of the success of our numerous training programs, many of which are partnered with leading civilian institutions throughout the country, including Wright State and Cincinnati University in Ohio; Saint Louis University in Missouri, and the Universities of Mississippi, Texas, Nevada and California.

We partner with local civilian medical facilities to support the Sustainment of Trauma And Resuscitation Skills Program, enabling home-station clinical currency rotations in private sector level one trauma centers. Our Centers for Sustainment of Trauma and Resuscitation Skills is an immensely successful partnering endeavor that provides immersion trauma skills training with some of the great trauma centers in the Nation – R. Adams Cowley Shock Trauma Center in Baltimore, Maryland; University Hospital in Cincinnati, Ohio; and St. Louis University Medical Center, Missouri. Nearly 800 physicians, nurses and technicians completed this training in 2008; many of them deployed soon after and reported being very well prepared for their roles in combat medicine.

Working closely with our Department of Veterans Affairs partners, we continuously strive to streamline the system for all our personnel to include our wounded, ill and injured Airmen. A major success in this partnership is our joint ventures. The Air Force has four of the eight existing DoD/VA joint venture sites – Elmendorf AFB, Alaska; Kirtland AFB, New Mexico; Nellis AFB, Nevada; and Travis AFB, California. Three additional sites are under consideration or in development at Keesler AFB, Mississippi; Buckley AFB, Colorado; and Eglin AFB, Florida. These joint ventures offer optimal health care delivery capabilities for both our patient populations, while also serving to make the most of taxpayer dollars.

The Disability Evaluation System pilot program is a joint effort that resulted from the Commission on Care for America's Returning Wounded Warriors. The goal is to simplify health care and treatment for injured Service members and veterans and to deliver benefits as quickly as possible. Malcolm Grow Medical Center at Andrews AFB, Maryland was one of the initial three military medical treatment facilities in the National Capital Region to participate. The pilot streamlined and increased transparency of both the medical examination board process and the VA disability and compensation processes. In the pilot, both processes now occur concurrently, provide more information for the member during the process, and supply comprehensive information regarding entitlements from both agencies at the time of the separation. Continued evaluation of the study is slated to occur at 19 more military installations, to include Elmendorf AFB, Alaska.

Cutting-edge research and development initiatives are critical to building the future AFMS. The Virtual Medical Trainer is a continuation of existing efforts to develop advanced distributed learning. This project focuses on the development of training for disaster preparedness and medical care contingencies, addressing such areas as equipment, logistics, and

war readiness skills training. Extensive work has been done to increase simulation in all of our hospitals and trauma training centers. Shared simulation with our university partners improves care and patient safety for both civilian and military patients. Virtual or simulation capabilities are a very cost-effective way to train and prepare our medics to do a variety of missions.

Keesler AFB, Mississippi is studying advanced technologies to include robotic microscopy and virtual (whole slide) imaging. Eight MTFs have the robotic microscopes, and efforts are underway to obtain connectivity between MTFs and the VA Medical Center at Omaha, Nebraska. Once fully operational, this system allows general clinicians remote access to expert advice, diagnosis, and mentoring, and provides high quality standard of care independent of location.

Similarly, telemedicine is vastly expanding the capabilities of our existing resources. Wright-Patterson AFB, Ohio radiologists and clinicians are successfully providing consultation services across the Air Force, and this year the project is slated to extend to Landstuhl Army Medical Center, Germany, and RAF Lakenheath, England. Automated Identification and Data Collection, a new business process study at Keesler AFB, Mississippi will identify opportunities for radiofrequency identification and barcode technologies in military medicine. We are exploring how to improve clinical and administrative processes in medical equipment management and repair, patient flow analysis and management, bedside services, medication administration, and surgical tray management.

Successfully building and sustaining the AFMS requires continued focus on the physical plants we occupy to perform our mission. We greatly appreciate the tremendous support you have provided to recapitalize Air Force aging medical infrastructure. We're excited about our

plans to improve facility restoration and sustainment and to move forward with sorely needed medical military construction (MILCON) projects.

Green design initiatives and energy conservation continue to be high priorities for the Air Force. We are incorporating these into AFMS MILCON and restoration projects for our MTFs. We use the nationally accepted benchmark--Leadership in Energy and Environmental Design--to design and construct buildings with sustainable design elements. I'm pleased to share some recent examples, such as exterior solar shading panels used in Keesler AFB's Base Realignment and Closure (BRAC) Tower and Diagnostic Imaging Center projects. A grey water system incorporated into Tinker AFB, Oklahoma MILCON recycles treated wastewater generated from MTF hand-washing for use in toilets or irrigation systems, decreasing or eliminating the amount of fresh water used for those purposes. Our projected Fiscal Year 2010 Air Force MILCON projects will incorporate enhanced day lighting concepts allowing more natural light into buildings and office spaces. Our energy optimization efforts are both environmentally and fiscally beneficial and enable us to better serve military members and their families.

Our most critical building block for the future is our people. With these unprecedented advances in training and research, it is understandable that the Air Force continues to attract many of the finest health professionals in the world. In Fiscal Year 2008, the Air Force Medical and Dental Corps exceeded their Health Professions Scholarship Program (HPSP) recruiting goals. HPSP is our most successful recruiting tool, and we are seeing positive early trends in retention from our other financial assistance programs and pay plans. We are working closely with our personnel and recruiting communities at targeting accession and retention bonus plans to ensure full and effective staffing with the right specialty mix to perform our mission.

BUILDING A JOINT AND EFFECTIVE MILITARY HEALTH SYSTEM

The AFMS is committed to working with our Sister Services to support joint medical capabilities and leverage common operating platforms such as logistics, research and development and information management/information technology. We are well on the way to bringing BRAC plans to fruition. The Joint Task Force National Capital Region Medical, or JTF CapMed, is moving forward with plans to combine the Army, Navy, and Air Force assets into the new Walter Reed National Military Medical Center. Malcolm Grow Medical Center at Andrews AFB, Maryland is our component to JTF CapMed and serves as an important care delivery platform in the NCR as the east coast hub for aeromedical evacuation. Since late 2001, Andrews AFB has welcomed home and cared for more than 33,000 patients arriving from Operations Enduring Freedom and Iraqi Freedom, U.S. Central Command, U.S. European Command and U.S. African Command.

The BRAC plans are also moving forward in San Antonio, Texas, to integrate Army and Air Force MTFs into the new San Antonio Military Medical Center (SAMMC), creating the largest inpatient facility in DoD. SAMMC has integrated nearly all clinical activities and has led the way in bringing the Air Force and Army together in an integrated platform that meets the Air Force, Army, and joint mission requirements all the while maximizing the use of existing resources.

Also in San Antonio is the Medical Education and Training Campus (METC). This is an important step toward what leaders are calling the largest consolidation of training in the history of the Department of Defense. Upon completion in 2011, the joint campus, led by tri-Service leadership, will centralize all Army, Navy and Air Force basic and specialty enlisted medical training at Fort Sam Houston, Texas. At Wright-Patterson AFB, Ohio, the 711th Human

Performance Wing has been activated and will serve as a cutting-edge joint center of excellence for human performance and aerospace medicine.

These are but some of the ways and places we are working toward joint solutions that enhance mission support and benefit the quality of medical care for our warfighters and their families.

BRIGHT FUTURE AND GOOD TIME TO BE IN THE AIR FORCE MEDICAL SERVICE

Air Force medics make a difference in the lives of Airmen, Soldiers, Sailors, Marines, family members, coalition partners and civilians. They take pride in every patient encounter and earn our Nation's trust...everyday!

As we look to the way ahead, I see a great future for the AFMS, built on a solid foundation of top-notch people, outstanding training programs and strong partnerships. It is indeed an exciting, challenging and rewarding time to be in Air Force medicine! I couldn't be more proud.

We join our Sister Services in thanking you for your enduring support.