

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE MILITARY PERSONNEL SUBCOMMITTEE

COMMITTEE ON ARMED SERVICES

U.S. HOUSE OF REPRESENTATIVES

SUBJECT: “Care of Injured and Wounded Service Members”

**STATEMENT OF: LIEUTENANT GENERAL GEORGE P. TAYLOR JR.
 SURGEON GENERAL
 UNITED STATES AIR FORCE**

3 MARCH 2005

**NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES**

Mr. Chairman, Representative Snyder and members of the Committee, thank you for this opportunity to meet with you about the care of our injured and wounded. This is the core of our mission, and we appreciate your interest and support in providing for America's heroes.

I am proud to say that the men and women of the Air Force Medical Service have done an exceptional job throughout OEF and OIF to ensure active duty and reserve component personnel of all Services -- whether sick, wounded or injured -- are provided expeditious, state-of-the-art care. Since the beginning of OEF/OIF, the Air Force has sustained 263 total injuries, 198 active duty, 49 Air National Guard and 16 Air Force Reserve. Well over half of these have already been returned to duty. In addition to our own casualties, we have treated and transported hundreds of casualties from our Sister Services.

We attribute our success to our focus on four health effects, the four most important services medics contribute to the fight. These are providing care to casualties, ensuring a fit and healthy force, preventing illness and injury, and enhancing human performance.

In providing care to casualties, our light, lean and mobile expeditionary medical support and critical care air transport teams have been instrumental in providing top-notch deployed medical care. We have more than 600 medics in 10 deployed locations, to include the Air Force Theater Hospital in Balad, Iraq. In 2004, we handled almost 29,000 patient movements, of which 4,500 were for patients with battle injuries. About 79 percent of all patient movements involved patients who were in critical or guarded status requiring mechanical ventilation, intravenous fluids, pain medications or cardiac

monitors. We have achieved an astonishing turn-around time as short as 36 hours from the battleground to CONUS medical care sites – unheard of even a decade ago.

This progress is the result of the investment we have made in the technology and training that allows us to rapidly move far forward in-theater and to transport stabilized patients to higher echelon care in the early critical hours.

Caring for our injured and wounded also means ensuring they are healthy and fit before they deploy, while they are deployed, and when they return home. We are very proud of our Deployment Health Surveillance program that has resulted in our lowest Disease Non-Battle Injury Rates (DNBI) of all time. The Air Force Medical Service conducts five activities that ensure comprehensive health surveillance for our Total Force Airmen pre-, during, and post-deployment, and indeed, throughout their entire careers.

Annual Preventive Health Assessments ensure each Airman receives required clinical preventive services and meets individual medical readiness requirements. This data is conducted globally and recorded in an AFMS-wide database – therefore, the health of each Airman, whether active duty, Guard or Reserve, can be tracked throughout his or her service and in any location. This is an invaluable medical readiness tool for commanders.

Pre-deployment medical assessments are performed on every Airman who deploys for 30 or more days to overseas locations without a fixed medical facility. While deployed, the member is protected by preventive medicine teams who identify, assess, control and counter the full spectrum of existing health threats and hazards, greatly enhancing our ability to prevent illness and injury, another of our four core health effects.

Post-deployment assessments are conducted for the majority of Airmen in-theater, just before redeployment. The post-deployment medical assessments are conducted electronically for the majority of Airmen prior to returning to their home station. Commanders ensure that all redeploying airmen complete post-deployment medical processing immediately upon return from deployment, prior to release for down time, leave or demobilization.

During the post-deployment process, we ensure that each returning individual has a face-to face health assessment with a trained health care provider. The assessment includes discussion of any health concerns raised in the post-deployment questionnaire, mental health or psychosocial issues, and special medications taken during the deployment and concerns about possible environmental or occupational exposures. The health concerns are addressed using the appropriate DOD/VA assessment tool such as the Post-Deployment Health Clinical Practice Guideline.

Since 1 Jan 2003, we have accomplished 99,394 post-deployment assessments for Air Force members, including 26,902 from our Air Reserve Component personnel. Of these assessments, we identified 6,524 (9 percent) active duty and 2,959 (11 percent) ARC personnel that required a follow-up referral. This equates to only 9.5 percent of our returning personnel that require follow-up due to deployment-related medical or dental health concerns.

To better ensure early identification and treatment of emerging deployment-related health concerns, we are currently working on an extension of our post-deployment health assessment program to include a re-assessment of general health with a specific emphasis on mental health. We will accomplish the re-assessment for all service

members who return from an operational deployment that required the completion of a post-deployment health assessment. It will be administered three to six months post-deployment using a standard re-assessment process. The re-assessment will be completed before the end of 180 days to afford Air Reserve Component members the option of treatment using their TRICARE health benefit.

Our deployment health surveillance program represents another investment that is paying off. While we recognize that the Air Force has a lower volume of returning patients than our Army and Navy counterparts because we have a smaller role in OEF/OIF, the low volume can also be attributed to the prevention efforts that sent them to the theater healthy.

In our fourth health effect, we are seeking to enhance human performance for our troops through cutting-edge research and development that will improve the safety and performance of our troops in the expeditionary Air Force. In addition, the Chief of Staff of the Air Force has implemented the Fit to Fight initiative, putting greater emphasis on physical fitness training to enhance not only the ability of Airmen to work in the challenging expeditionary environment, but also the ability to sustain significant injury and illness far from home and be able to survive field care and long-distance aeromedical evacuation.

The Global War on Terror has underscored the contribution of and our reliance on the reserve component. We are working very hard to ensure our reserve component members are given timely care and returned home quickly. The Air Force mobilizes and demobilizes our reserve component personnel through their home station versus using demobilization stations away from home. The only exceptions are for those members

who are aeromedically evacuated out of theater to a military medical treatment facility. Those who return to home station requiring follow-up medical care receive that follow-up at the nearest active duty MTF if they live within the catchment area; if not they receive care through TRICARE Prime Remote, or through the TRICARE Transitional Health Care Program when they are no longer on active duty.

Occasionally, situations will exist that require the reserve component member to be extended past their authorized period of mobilization for a medical purpose. These requests for extension are approved by the Assistant Secretary of the Air Force for Manpower and Reserve Affairs, Mr. Michael Dominguez.

Secretary Dominguez has made a personal commitment to protect the entitlements and benefits of our Guard and Reserve members by offering those who have line-of-duty injuries or illnesses the opportunity to volunteer to be placed on Military Personnel Appropriation (MPA) man-day orders. They are allowed to return to home station, remain on active duty and receive their Air Force salary and health benefits. These MPA days make up a large portion of our medical hold numbers, which have not been sizeable throughout OEF/OIF. In addition, reserve component medical hold numbers due to all medical conditions have decreased steadily over the last 11 months by almost 50 percent, from almost 800 in March 2004 to a little over 400 in February 2005. Our goal is to keep them on active duty until we are assured that they have received all the follow up care needed to resolve their health issues.

The Air Force Medical Service is proud to be part of a joint medical team that provides seamless care to America's heroes, no matter what Service they are from. We can boast of a full-spectrum, effects-based health care system. Our focus on a fit and

healthy force coupled with human performance enhancement strategies and technologies, promotes maximum capability for our Total Force warriors. Our health surveillance programs keep them and their units healthy day to day, ready to take on the next challenge. When one of our warriors is ill or injured, we respond rapidly through a seamless system from initial field response, to stabilization care at our expeditionary surgical units and theater hospital, to in-the-air critical care in the aeromedical evacuation system, and ultimately home to a military or VA medical treatment facility. At every step, we are confident that our Soldiers, Sailors, Airmen and Marines -- active duty, Guard and Reserve -- are receiving the high level of medical care they deserve.

As we work to improve upon this solid foundation, the men and women of the Air Force Medical Service, at home or deployed, remain committed to caring for our troops.

We appreciate your support as we build to the next level of medical capability.

Thank you.