

United States Air Force



Presentation

Before the Senate Appropriations
Committee, Subcommittee on Defense

Defense Health Program

Witness Statement of

Lieutenant General Robert Miller
Surgeon General of the Air Force

May 25, 2022



BIOGRAPHY



UNITED STATES AIR FORCE

LIEUTENANT GENERAL ROBERT I. MILLER

Lt. Gen. Robert I. Miller is the Surgeon General, Headquarters U.S. Air Force, and also serves as the Surgeon General of the U.S. Space Force. In this role, he advises the Secretary of the Air Force, the Air Force Chief of Staff, the Space Force Chief of Space Operations, and the Assistant Secretary of Defense for Health Affairs on matters pertaining to the medical aspects of the air expeditionary force and the health of Airmen and Guardians. Lt. Gen. Miller 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 significant influence over a \$6.1 billion, 44,000-person integrated health care delivery and readiness system serving 2.6 million beneficiaries at 76 military treatment facilities worldwide.



Lt. Gen. Miller entered active duty in 1985 as a Uniformed Services University of the Health Sciences medical student. He completed his pediatric residency at Wright-Patterson Air Force Base, Ohio, and his fellowship in developmental-behavioral pediatrics at Madigan Army Medical Center, Fort Lewis, Washington. He is board certified in both general pediatrics and developmental-behavioral pediatrics and is qualified in aerospace medicine. Lt. Gen. Miller has served as the chief of the medical staff at the military treatment facility and major command level, a squadron commander, group commander, a MAJCOM command surgeon, and as a combatant commander command surgeon.

Prior to his current position, he was Director, Medical Operations, Office of the Surgeon General, Headquarters U.S. Air Force, Falls Church, Virginia.

EDUCATION

1985 Bachelor of Arts, Biology and Chemistry, Washington & Jefferson College, Washington, Pa.
1989 Doctor of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Md.
1992 General pediatrics Residency, Wright-Patterson AFB and Wright State University, Dayton, Ohio
1997 Air Command and Staff College, Maxwell AFB, Ala.
1998 Aerospace Medicine Primary Course, Brooks AFB, Texas
1998 Fellowship in Developmental-Behavioral Pediatrics, Madigan Army Medical Center, Fort Lewis, Wash., and University of Washington, Seattle, Wash.

2000 Air War College, Maxwell AFB, Ala.
2004 Interagency Institute for Federal Health Care Executives, Washington, D.C.
2005 Master of Strategic Studies, Air War College, Maxwell AFB, Ala.
2006 Medical Capstone Course, Washington, D.C.
2006 Master of Business Administration, University of Massachusetts, Isenberg School of Management, Amherst, Mass.
2008 Medical Strategic Leadership Program, San Antonio, Texas
2012 USAF Leadership Enhancement Program, Center for Creative Leadership, Greensboro, N.C.
2015 Capstone General and Flag Officer Course, National Defense University, Washington, D.C.
2019 Advanced Senior Leader Development Seminar, Washington, D.C.
2020 National and International Security Leadership Seminar, Washington, D.C.

ASSIGNMENTS

1. July 1985 - May 1989, Medical Student, Uniformed Services University of the Health Sciences, Bethesda, Md.
2. June 1989 - June 1992, Pediatric Resident, Wright-Patterson AFB and Wright State University, Dayton, Ohio
3. July 1992 - June 1995, Staff Pediatrician and Chief of Pediatric Services, 22d Medical Group, March AFB, Calif.
4. July 1995 - June 1998, Developmental-Behavioral Pediatrics fellow, Madigan Army Medical Center, Fort Lewis, Wash. and University of Washington, Seattle, Wash.
5. July 1998 - June 2001, Staff Developmental Pediatrician, Educational and Developmental Intervention Services Flight Commander, Chief of Medical Staff, Deputy Medical Operations Squadron Commander, 31st Medical Group, Aviano Air Base, Italy
6. July 2001 - January 2003, Medical Operations Squadron Commander, 30th Medical Group, Vandenberg AFB, Calif.
7. January 2003 - June 2004, Chief of Clinical Medicine, Air Education & Training Command, Office of the Command Surgeon, Randolph AFB, Texas
8. July 2004 - May 2005, Student, Air War College, Maxwell AFB, Ala.
9. June 2005 - December 2007, Commander, 48th Medical Group, RAF Lakenheath, United Kingdom (September 2006 - January 2007, Commander, 506 Expeditionary Medical Support Squadron, Kirkuk AB, Iraq)
10. January 2008 - January 2010, Commander, 779th Medical Group/Malcolm Grow Medical Center, Andrews AFB, Md.
11. February 2010 - June 2012, Command Surgeon, U.S. Africa Command, Kelley Barracks, Stuttgart-Möhringen, Germany
12. June 2012 - September 2014, Command Surgeon and Director, Medical Services and Training, Headquarters Air Education & Training Command, Joint Base San Antonio Randolph, Texas
13. September 2014 - April 2016, Director, Education and Training, Defense Health Agency, Falls Church, Va.; and Commandant, Medical Education and Training Campus, Joint Base San Antonio-Fort Sam Houston, Texas
14. May 2016 - May 2018, Commander, Air Force Medical Operations Agency, Joint Base San Antonio-Lackland, Texas
15. May 2018 - May 2021, Director, Medical Operations, Office of the Surgeon General, Falls Church, Va.
16. June 2021 - present, Surgeon General, Headquarters U.S. Air Force, U.S. Space Force, Pentagon, Arlington, Va.

FLIGHT INFORMATION

Rating: senior flight surgeon

Flying hours: 541 hours including 26 combat flying hours

Aircraft: T-1, C-21, C-12, C-40, C-37, C-17, UH-1, C-20, KC-135, UH-60A

MAJOR AWARDS AND DECORATIONS

Air Force Distinguished Service Medal with oak leaf cluster

Defense Superior Service Medal with oak leaf cluster

Legion of Merit with two oak leaf clusters

Meritorious Service Medal with three oak leaf clusters

Aerial Achievement Medal

Air Force Commendation Medal

Army Commendation Medal with oak leaf cluster

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS

Fellow, American Academy of Pediatrics

Fellow, American Association for Physician Leadership

Fellow, American College of Healthcare Executives

Federal Health Care Executives Institute Alumni Association

Alpha Omega Alpha Honor Medical Society

EFFECTIVE DATES OF PROMOTION

Captain May 20, 1989

Major May 20, 1995

Lieutenant Colonel May 31, 2000

Colonel May 29, 2004

Brigadier General Nov. 2, 2015

Major General July 3, 2018

Lieutenant General June 4, 2021

Air Force Medical Service Strategy Map

NATIONAL DEFENSE STRATEGY
 Build a More Lethal Force...Reform the Department for Greater Performance and Affordability...Strengthen Alliances and Attract New Partners

USAF MISSION: To fly, fight, and win...
 Airpower anytime, anywhere.



USAF VISION: The World's Greatest Air Force – Powered by Airmen, Fueled by Innovation

USSF MISSION: To provide resilient and affordable space capabilities for the Joint Force and the Nation



USSF VISION: Global Access, Persistence and Awareness for the 21st Century

AFMS MISSION: To deliver Trusted Care...anytime, anywhere



AFMS VISION: The World's Elite Medical Service in Air and Space

AFMS GOALS		
Generate High Performing Airmen and Guardians <small>SG 3/4</small>	Enhance Joint/Combatant Commander Capabilities <small>AFMRA/CC</small>	Maximize Human Capital and Strategic Resources <small>SG 1/8</small>
AFMS OBJECTIVES		
<p>HP1: Maximize medical availability</p> <p>HP2: Increase resiliency</p> <p>HP3: Prioritize medical force training</p> <p>HP4: Optimize human performance in Air & Space</p>	<p>JC1: Increase effectiveness/agility of patient movement for the future warfight</p> <p>JC2: Accelerate tomorrow's evolving expeditionary medical technologies</p> <p>JC3: Increase the effectiveness of the operational medical supply chain</p> <p>JC4: Optimize and improve AFMS currency and competency</p> <p>JC5: Increase effectiveness of global health engagement operations</p>	<p>DS1: Inform and educate medics on diversity and inclusion</p> <p>DS2: Understand and breakdown barriers of inequity, in order to develop a diverse workforce at every level</p> <p>DS3: Design and posture resources capable of executing strategic priorities</p> <p>DS4: Generate personnel equipped to optimize today's fight and evolve to tomorrow's future</p>
SG ACTION ORDERS		
<i>Airmen, Balance</i>	<i>Currency & Competence</i>	<i>Diversity & Inclusion</i>

Good morning Chair McCollum, Ranking Member Calvert, and distinguished members of the subcommittee. It is an honor and a privilege to appear before you today, as the Surgeon General of the Air Force and Space Force, to provide an update on the Air Force Medical Service and discuss my vision and priorities.

I appreciate the Committee's longstanding support to include the Fiscal Year 2022 Omnibus that provided much needed additional resources to the Department. I also want to take the opportunity to recognize and thank the outstanding professionals who chose to serve in the Air Force Medical Service, which we call the "AFMS". Since its creation in 1949, the AFMS has continued to provide leadership in aerospace medicine developments, aeromedical evacuation capabilities, emerging military operations, and recently the U.S. COVID-19 response efforts. The AFMS team has and will continue to serve the Nation as we fly, fight, and win.

INTRODUCTION

The Air and Space forces are inextricably linked in defense of our Nation. The AFMS provides ready medics to ensure Airmen and Guardians are medically ready to defend the crucial high ground in a rapidly shifting global security landscape. Over the past year we faced unprecedented, simultaneous challenges from responding to the COVID-19 pandemic to finalizing the transition of Air Force military medical treatment facilities (MTFs) to the Defense Health Agency (DHA). I know my DHA colleagues will provide more detail on the transformation. I can report, however, that we continue to be an all-in and partner with the DHA. In fact, more than 80% of uniformed AFMS medics work and train in military medical facilities, which serve as one of our key readiness training platforms. It is critical we maintain a strong partnership with DHA, to ensure the military health system continues to sustain this vital source for clinical training and currency for the AFMS. Although MTFs are not our only readiness platform, they are certainly our preferred platform in the AFMS.

The 21st Century is reaffirming the world is not a safe and tranquil environment. Beyond the pandemic aftermath, we face national security challenges from the Russian Federation, the People's Republic of China, the vulnerabilities of proliferated technology and weapons, climate change, and continued conflicts—old and new. The medical system, specifically the AFMS, more than ever, must be bold, resilient, and above else ready for a fight tonight, tomorrow, and beyond. Our vision is to ensure we are the world's elite medical service in air and space. The reality we know is the future fight will not be like what we have seen in the past. The next fight requires us to evolve now. We need your support to modernize our key readiness capabilities, properly equip our medics, and ensure the Air Force and Space Force remain ready fighting forces.

With this in mind, I want to focus on three things; first, my vision and priorities; second, America's return on investment from your current support; and third, the need to create more resilient medics and training platforms, while being an optimal steward of taxpayers' resources.

STRATEGIC VISION AND PRIORITIES: LEAD CHANGE AND WIN

As we know all too well, the world is not static. New diseases emerge unexpectedly; chemical, radiological, nuclear and bioterrorism threats persist; and combat weapons are deadlier. In future conflicts, we cannot assume we will have the upper hand. However, America is in an era of great scientific opportunity. Advances in our understanding of human biology, digitization, communications, and artificial intelligence will enable Air Force medics to accelerate, change and win.

We are in a race against economic and human consequences of national security and disease. Yet, we are on the brink of transforming AFMS medical readiness capability and capacity. Included in the testimony is the AFMS Strategy Map, which I will briefly go over now. In short our priorities are to:

- First, **generate high performing Airmen and Guardians** by prioritizing training, maximizing medical availability, and optimizing human performance;

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- Second, **enhance Joint and combatant commander capabilities** by increasing the agility of patient movement, improving the medical supply chain, and increasing global health engagements;
 - And third, **maximize human capital and strategic resources** by breaking down barriers of inequity, incorporating policies focused on diversity and inclusion, and equipping Airmen to evolve for tomorrow's fight.

Toward these goals, the AFMS is re-imagining the design and future of our readiness capabilities such as aeromedical evacuation and critical care air transport teams. We must build on past success, but be willing to break the cultural norms that say, "things have always been done this way." We are exploring and challenging our previous decisions about the size and types of clinical teams, and how to best train and sustain their skills. We believe innovation and fresh ideas will enable us to be more resilient and expand these teams' capacity within the current AFMS end strength total.

Future conflicts may see medics needing to hold and treat patients in deployed settings for longer periods than in the past. We are actively evaluating how our teams can remain agile and leverage technology to provide Trusted Care...anytime, anywhere.

To respect the Committee's time considerations and ensure time for any questions, I ask to submit my remaining written comments into the record. In closing, it is an honor to have this opportunity to be here today. Thank you for your continued support of the Air Force Medical Service. Your future investments will ensure we remain prepared for tomorrow's fight. Thank You.

(END ORAL STATEMENT)

AMERICA'S RETURN ON INVESTMENT

Global Patient Movement

Our Aeromedical Evacuation (AE) and Critical Care Air Transport Team (CCATT) are the envy of the world, having accomplished more than 360,000 patient movements in the past 20 years. Supporting these 208 teams makes the AFMS unique, distinct and invaluable to the Joint Force. Recently, we have proven how our capabilities have played a crucial role in supporting the demands of the Department of Defense and our Nation. A few illustrative examples:

- On August 26, 2021, following the bombing at Kabul's airport, three C-17 Globemaster III aircraft with aeromedical evacuation crews and critical care air transport teams launched to retrieve injured troops and Afghan allies. These medics were ready on a moment's notice, fully capable of using any available cargo aircraft to successfully evacuate and treat those in harm's way.
- As the COVID-19 pandemic impacted much of the country, aeromedical evacuation crews continued moving critically ill patients, some of whom were experiencing severe respiratory distress and had to rely on extracorporeal membrane oxygenation, better known as "ECMO." This capability is similar to a heart-lung by-pass machine used in open-heart surgery. It pumps and oxygenates a patient's blood outside the body, allowing the heart and lungs to rest.
- In November of 2020, a service member went into a clinic at Ali Al Salem Air Base in Kuwait with abdominal discomfort. Then-Capt. Faraz Ghodduzi, a physician, upon seeing the serious condition of the patient, immediately conducted a more thorough evaluation despite the austere environment and limited resources. Because the patient had a previous COVID-19 infection, Ghodduzi, relying on his extensive training, knew that this was much more than a routine issue. The patient was quickly transferred to Landstuhl Regional Medical Center in Germany via a CCAT and AE Team where the patient received life-saving care for multisystem inflammatory syndrome.

Continued advancement in aerospace medicine is crucial to maintaining our life-saving mission. Accelerated by the COVID-19 pandemic, we fielded an enhanced negatively pressurized contained capability system to more safely transport increased numbers of patients through the aeromedical evacuation system. This capability can be used to support the transportation needs of our warfighters afflicted with emerging infectious diseases globally. Furthermore, building on lessons learned from the past two years, the U.S. Air Force School of Aerospace Medicine is working to expand their infectious disease control training and expand our aeromedical evacuation teams' clinical and operational knowledge on infectious diseases.

Leveraging technology to improve aeromedical evacuation continues. The aeromedical evacuation system uses aircraft of opportunity in lieu of a dedicated medical aircraft. For example, through innovative efforts of the AFMS we were able to develop a patient loading system to enhance the KC-46 strategic tanker as a more effective AE platform. Our team is exploring further enhancements to advance patient loading with a more portable and agile system.

Building Toward the Future:

Similar to World War II with the creation of Eighth Air Force under the leadership of Brig Gen Eaker, who implemented the day light bombing strategy from England, tactics and policies were refined over time. For example, then Col LeMay (retired Gen) implemented a staggered formation tactic to consolidate fire power for the B-17s. To ensure we win the future fight, we are undergoing reviews of critical medic response capabilities over the coming year. Our objective is to provide commanders with greater flexibility and range of options with advanced care that is highly mobile and ready to operate in the most challenging of environments. The results of these reviews will inform not only our capability requirements but our training, sustainment, and recruitment needs in the future.

- ***Forward/Austere Deployable Teams:*** There is no “one size fits all” solution and no static solution. Combatant commanders need a medical force that is well equipped and adaptable to rapidly

evolving Joint Force requirements. We recently started a review of our ground deployable medical teams to validate their size, scope and capabilities relative to the future fight and technological changes.

- ***Expeditionary Medical Support System:*** The Expeditionary Medical Support System, or **EMEDS**, is a deployable, full-service medical facility and team. This capability allows the AFMS to save lives in austere deployed environments. For example, at Al Udeid Air Base in Qatar, the 379th Expeditionary Medical Group used this capability to provide urgent medical care for evacuees coming in from Afghanistan. The AFMS team at its peak supported the arrival of nearly 10,000 evacuees in one day. Due to the nature of the population, we were quickly able to expand the EMEDS capabilities to include obstetricians and pediatricians. However, the EMEDS was initially designed two decades ago. It is time for a full review of the capability, exploring needs related to increased modular functions, operations in contested and degraded environments.

We expect these reviews to be accomplished during 2022.

Protecting Airmen and Guardian Resiliency

- **Mental & Preventive Health:** The Air Force has seen successes with various pilot embedded programs like True North. This initiative was designed in part to provide mental health, prevention, and health education capabilities closer to certain operational units. These health care providers interacted with Airmen and Guardians in their work environments, focusing on proactive interventions and addressing concerns before they escalate.

In the spirit of President Washington who is attributed with saying “If we cannot learn wisdom from experience, it is hard to say where it is to be found,” we have taken lessons learned from these various embedded initiatives to develop an enhanced program called Operational Support Teams (OSTs) to optimize performance and readiness using evidence based physical and mental health risk mitigation strategies. The OST is designed to support every installation at the

unit level using a hub-and-spoke embedded design. The OSTs will continue to leverage MTF capability for higher acuity needs. The OST initiative was piloted at nine bases to support both Guardians and Airmen. The focus of the OST is on both mental health and musculoskeletal injuries, which are the top two medical issues that impact force readiness. We are already seeing improvements in access to care and medical deployability rates. At three sites, the time for military members to access the formal healthcare system and receive follow-up care was reduced. On the operational side, one site noted 75% of our members who completed care in a group counseling format within the unit by an OST embedded provider alleviated the member's need for individualized care at the military treatment facility.

CREATING RESILIENT MEDICS AND TRAINING PLATFORMS

Military – Civilian Partnerships

The MTFs are a critical training platform for Air Force medics. However, some specialties require a more hands-on experience managing high acuity patients to hone, sustain, or refine their skills to mirror the care for our Airmen and Guardians at deployed locations. The long-standing partnership with certain civilian hospitals across the country will continue to enable currency in trauma care and critical care specialties to support combatant commander's requirements. In support of the nationwide COVID-19 medical response, this past year 664 AFMS medics also partnered with 33 civilian facilities providing over 743,000 person hours of patient care.

These partnerships are critical to the readiness of our medics. As we review our platforms and requirements for the future fight we anticipate that certain aspect of these platforms could change or increase based on our future projected needs. The following are examples of these civilian partnerships:

- **Center for the Sustainment of Trauma and Readiness Skills (C-STARS):** The program includes training partnerships with rotational medics embedded full time with civilian hospitals. It allows our Airmen to rotate through those facilities to hone and sustain operational skills based on high

acuity and volume of patients not seen at MTFs where the active duty population is often healthier and younger. Partnership sites include R. Adams Cowley Shock Trauma Center in Baltimore, the St. Louis University Medical Center, the University Hospital Cincinnati, and the University of Nebraska Medical Center in Omaha.

- **Air Force-Department of Veterans Affairs Partnerships:** Our largest partnership is the Department of Veterans Affairs, Air Force, and Civilian partnership in Las Vegas, NV. The platform allows our **Special Operations Surgical Teams**, the Air Force School of Aerospace Medicine's Sustained Medical and Readiness Training program (**SMART**), and the Mike O'Callaghan Military Medical Center at Nellis Air Force Base to partner with several civilian hospitals, including The University of Nevada, Las Vegas School of Medicine and the Veterans Administration Hospital. It includes an opportunity for a rotational cadre of Air Force medics to integrate into these hospitals to gain and sustain readiness training in both trauma and non-trauma skills not routinely performed within the MTF

Women's Initiative Team – Female Specialized Health Care Programs

Improving Women's Health is critical to the Air and Space Forces to ensure all Airmen and Guardians are "medically ready." We continue to remove barriers that get in the way of Airman and Guardian readiness and resiliency. The Air Force Women's Initiative Team's Female-Specialized Health Care Programs examines policies related to women's issues. Recently, we participated in updates to hair policies that caused headaches and hair loss, improved lactation support for nursing mothers, and standardized convalescent leave after pregnancy loss policies. Our efforts also expanded medical standards to approve flying waivers for additional, precedent-setting diagnoses, based on advancements in medical treatments and ability to demonstrate acceptable flight safety.

Future Fight -- Optimize Patient Care Anywhere

AFMS's capabilities in how we deliver care, and respond to all types of battlefield injuries and illnesses will be impacted with new and emerging threats and technologies. Our team seeks to anticipate how future challenges may impact how our medical Airmen execute aerospace medical operations at contested, remote, and minimally manned bases with no hospital support. Historically, we have become increasingly modular, lighter, leaner and more effective, but this is continuously being assessed with the threats we are facing now. Our medics have to be "Ready Medics" to perform at the highest levels in extreme and harsh environments. We need to ensure that we have the healthiest Airmen and Guardians ("Medically Ready") to thrive in these environments as they face peer enemy threats.

The AFMS continues to seek out, develop, and deploy advance technology and capabilities to meet this reality to tomorrow's fight today. For example:

- **Virtual Healthcare:** We are moving healthcare closer to the point of injury by leveraging virtual healthcare capabilities and by coupling these tools with artificial intelligence to assist field level medical decision making.
- **Medic-X:** The AFMS continues to develop a more capable medical force through the Medic-X program. In part it is aimed at equipping Airmen in non-patient care career fields with skills to provide base-level medical support. Medic-X training includes dozens of skills, taking vital signs and documenting care. As the committee was previously informed, this program is designed to expand medical support skills in mass casualty scenarios where patient load overwhelms medical capabilities. This approach fundamentally changes what defines an "Air Force Medic," extending response capabilities to all Air Force Medical Service skillsets and ranks, including non-clinical personnel. It is continuing to be rolled out in phases across all our bases.
- **Innovation Alliance – Enhancing Government Research Partnering:** There is no question the pandemic has forced us all to adapt at breakneck speeds. Airmen and Guardians have responded with creativity. In the midst of these challenges, there has been an uptick in innovative

developments and fast-tracked capabilities developed and launched not only with the private sector but through a variety of government agencies.

The AFMS initiated an informal collaboration effort identified as the Operational Air and Space Medical Innovation Alliance to bring together diverse federal partners to accelerate innovation, share opportunities, challenges, and potentially to expand cross-agency collaboration in research, innovation, and technology advances. Collectively, by focusing on areas of common interest, we are not only working to enhance future operational readiness capabilities, but also the capabilities of our partners. The alliance includes the DHA, the Department of Health and Human Services, the National Aeronautics and Space Administration (NASA), the Federal Aviation Authority, the Department of Veterans Affairs, and other DoD experts.

- ***Space Medicine:*** The AFMS has increased its long-standing relationship with NASA to explore enhanced partnership opportunities for Space Medicine training, consultation services, and beyond. We continue to expand these efforts to support not only the Space Force Guardians but Air Force aerospace programs.
- ***Below Zero Medicine:*** The AFMS's Global Health Engagement initiatives has been postured to prepare for the future fight, preparing medics to operate in extreme environments. Partnerships with nations such as Denmark, Norway and Sweden are providing opportunities to train in an arctic environment, allowing for subject matter expert exchanges and bolstering interoperability between the U.S. and our allies.

CONCLUSION – ACTION ORDERS

Building the AFMS we need requires ready Airmen and Guardians equipped and trained based on the support and investment Congress provides. The realities of the future require us to continue leaning forward, modernizing our capabilities, and building a resilient and ready Air Force and Space Force. The Nation deserves our very best, and we intend to deliver on that promise. When I became the Surgeon

General for the Air Force and Space Force last year, I prioritized the AFMS Airmen because without them the mission will fail. Our 55,000 Total Force **Airmen** are the most important part of the AFMS, and we intend to make them successful. Military service requires **balance**, and well-rounded Airmen are better Airmen and medics. We will always prioritize **currency** and **competency** for our providers, through a culture of continuous learning. And last but not least, **diversity** is one of the AFMS's greatest strengths, where everyone belongs and is valued.

Together, with your support and investment, we can ensure the AFMS continues to succeed in generating higher performing Airmen and Guardians, enhancing combatant commander capabilities, and maximizing human capital and strategic resources. Your investments over the past year enabled us to help the Nation with COVID-19, medically evacuate troops and allies out of Afghanistan, and transport patients around the globe. Your future investments will ensure the Air Force and the Space Force are prepared for tomorrow's fight and beyond.

I would like to thank the Committee for the opportunity and continued support of the AFMS Medics, Airmen and Guardians.