

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE SENATE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL
UNITED STATES SENATE

SUBJECT: MILITARY HEALTH CARE

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Mr. Chairman and distinguished members of the committee: I am honored to appear today, and offer my assessment of the major health care issues of the United States Air Force. On behalf of the Secretary of the Air Force, Mr. Peters, and Chief of Staff, General Ryan, I thank the committee for its vigorous and continued support of our Air Force, its airmen, and their families.

Today, our Air Force Medical Service (AFMS) provides exceptional medical care to a population of approximately 1.7 million customers in seventy-seven treatment facilities worldwide, with a staff of 43,000 military and civilian healthcare professionals. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has repeatedly confirmed the high quality of Air Force medical care, scoring our facilities at or above their civilian counterparts with accreditation scores reaching 97.4 in 1999.

Medical Readiness

The foremost mission of the Air Force Medical Service is to expand, mobilize and deploy medical support for contingency operations worldwide. As the Air Force has evolved from a forward-based, Cold War force into a global expeditionary force, our medical forces have adapted to meet the medical requirements of our Air Force across the spectrum of conflict. In the last decade, Air Force medical units have participated in a major theater war, unprecedented numbers of contingency operations, and a range of peacetime engagement and humanitarian operations. Wherever airmen deploy to serve our nation, AFMS personnel ensure that their healthcare needs are met.

AFMS operational support functions (war-winning, disaster relief and humanitarian operations) have undergone major changes since the end of the Cold War. As one example, to support light and lean expeditionary operations, we are replacing outdated contingency hospitals

with modular Air Force Theater Hospitals -- rapidly deployable hospitals with a flexible capacity of 10 beds to over 140 beds.

More than ever, our downsized Air Force relies on the expertise of our Air National Guard and Air Reserve components to meet the 400% increase in operations tempo since 1989. The AFMS Mirror Force initiative trains our Total Force to one high standard. For example, our Aeromedical Evacuation Contingency Operations Course ensures both active and Air Reserve Component medical personnel receive the same critical care air transport training.

The Air Force Medical Service is evolving to respond to the increasing threat of WMD attack. We're actively engaged in efforts to protect the force from NBC attack, treat casualties from such an attack, and sustain medical operations while operating in toxic environments. Together with our medical counterparts in the United States Army, we've developed requirements for a Chemically Protected Deployable Medical System, ensuring continuous medical support for our joint warfighters in contaminated areas.

While we have made great strides in countering the growing WMD threat, great challenges remain in protecting the force -- particularly in the area of chemical and biological weapons. Through continued cooperation with DoD and our sister services, we're committed to implementing new technology and concepts to combat this very real NBC threat.

Community-Based Health Care

The second mission of our Air Force Medical Service is providing comprehensive and cost effective community-based health care to our airmen and their families. As a primary Air Force representative to the Defense Medical Oversight Committee (DMOC), I take great interest in finding ways to improve the current TRICARE program, now fully operational for over a year. Under the leadership of Undersecretary of Defense for Personnel and Readiness, Mr. de Leon, and Vice Chief of Naval Operations, Admiral Pilling, I believe that we have begun a process that

will correct the current deficiencies with the current TRICARE program, while improving efficiency and controlling costs.

The DMOC provides an opportunity for line operators -- representing both the individual services, as well as the recipients of military health care -- to advise and influence the direction of the Military Health System. Not only do we provide oversight to the process, but also we help to define fair and equitable medical benefits for active duty, family members and retirees.

As the Air Force Vice Chief of Staff, my first daily priority is the readiness of the force, which requires that our airmen and their families receive consistently high quality health care. General Ryan often says, "We recruit individuals, but we retain families." That is why we must make TRICARE a user-friendly system by reducing the complex administrative procedures required to receive treatment. With nearly 40% of our deployable force deployed at any one time, the burden of confusing administrative procedures often rests on dependent family members.

In addition to making TRICARE more user-friendly, we must expand it to include the families of 80,000 service members who today are not covered by TRICARE Prime Remote, and the President's Budget for FY01 does just that. We must not deny medical coverage to family members of servicemen who assume the additional hardships of being geographically separated from military installations. Finally, I fully support the President's Budget proposed to remove co-payments for active-duty family members enrolled in TRICARE Prime. While designed to discourage unnecessary hospital visits, co-payments unfairly penalize those service members without access to military treatment facilities (MTF), and have become a symbol of the inequities in the current TRICARE program.

I am happy to see that both the Administration and Congress are focused on helping us provide health care to our retirees and their families. As I travel across the country speaking to retired airmen, I am constantly reminded that our retired military members without access to a

military treatment facility have among the fewest medical benefits of any retired federal employees. Our retirees expect more, and the Air Force fully supports the process put in place by Secretary Cohen and General Shelton to evaluate alternative approaches to enhancing the medical benefits.

I thank the members of this committee for your consistent and steadfast support of our nation's servicemen and their families, and in particular, your efforts to ensure that they receive first rate medical care at reasonable cost to the American taxpayer. As the Air Force representative to the DMOC, I'll continue to work closely with Mr. de Leon and the other services to oversee and improve the existing TRICARE program. I'm optimistic that with the help of the Administration and Congress, we can make TRICARE a model program for affordable, quality health care. I'd be happy to address any questions the committee members may have.