

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

SUBJECT: ENSURING MEDICAL READINESS IN THE FUTURE

STATEMENT OF: COLONEL LINDA LAWRENCE  
SPECIAL ASSISTANT TO THE SURGEON GENERAL FOR  
TRUSTED CARE TRANSFORMATION  
UNITED STATES AIR FORCE

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Chairman Heck, Ranking Member Davis, and distinguished members of the Committee, thank you for the opportunity to come before you today to discuss the future of medical readiness in the Air Force Medical Service (AFMS).

I am a residency-trained emergency medicine physician with 23 years of active duty service in a variety of positions such as academia, clinical leadership, five years as the Air Force Surgeon General Emergency Medicine Consultant, and in multiple command assignments including command positions in a deployed environment.

Key to emergency medicine is the ability to identify life threatening conditions and resuscitate, stabilize and manage the patient until they're transferred to definitive care. In order to develop these necessary skills, all AFMS emergency physicians are residency-trained and expected to complete and maintain board certification by either American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine.

The currency requirements for daily practice and readiness significantly overlap in the areas of diagnostic skills for a multitude of life threatening conditions, and resuscitation procedural skills. All practicing emergency physicians are required to complete Readiness Skills Verification requirements, which are met through day-to-day practice in a Military Treatment Facility (MTF) and augmented by special readiness training in simulation and cadaver labs and in programs such as the Center for Sustainment of Trauma and Readiness Skills and Sustained Medical and Readiness Trained. Additional readiness requirements are assigned based on UTC assignment and deployment location.

One of the vital skills of an emergency physician is their ability to simultaneously manage multiple patients in various stages of care and effectively lead the medical teams supporting them. Emergency physicians typically average two new patients an hour, or more in a lower acuity setting. The acuity an emergency department supports is

dependent on the specialty services in a hospital, such as medical and surgical subspecialists, diagnostics, and critical care capability.

A robust and diverse patient mix provides the critical expertise in the desired clinical skills of our providers, nurses, and medical technicians to maintain their medical and readiness currency across the entire continuum of military beneficiary and expeditionary care. This is essential to the medical ecosystem in order to maintain the operational skills of the teams, and more importantly, deliver safe, trusted care every day, everywhere.

I am grateful for the opportunity to speak with you today and look forward to your questions.