Air Force Surgeon General's Charge

Overarching philosophy:

Turbulence creates opportunity, and a challenging set of circumstances simply present the opportunity to do things even better. If we truly are an innovative, constantly learning organization committed to excellence, this won't be any harder than anything we have been faced with before. I am confident that the AFMS will become an even stronger contributor to the health and welfare of our beneficiaries and an even more vital part of this Nation's operational defense capability. At the heart of these efforts, and critical to our future, are force development and innovation.

Themes:

1. As war winds down and our budget contracts, we must ensure readiness and currency in our core missions. Our forces must stay ready, through their roles in patient-centered, state-of-the-art, full tempo health services that ensure competence, currency, satisfaction of practice, and foster innovation. The staffing in our training institutions (organic and partner) must be sufficient and poised not only to keep our training pipeline running, but to be the first ones "out the door" in contingency operations. A significant challenge will be clinical and aviation exposure for our air-evacuation crews.

2. Be mindful of the evolving way we fight wars, and how that must influence the evolution of medical support for operators. We must better support our "deployed in place" Airmen who are manning systems such as the distributed communication ground stations, space and cyber ops, or remotely piloted aircraft, and those who operate outside the wire, such as our special ops forces or EOD specialists. The types of injuries or stresses (visible and invisible) to the member and their families are evolving too. We must provide medical support in different ways to the expanding definition of "operators", and step up to our role as human performance practitioners, assuring Airmen are able to perform their missions effectively.

3. The Department of Defense has made a series of important decisions regarding governance of the overall Military Health System (MHS), Multi-Service Markets, and the National Capital Region. Implementation planning is underway and, if approved, will start to affect all three services and TMA in 2013. We will participate smartly in order to effectively shape and influence that future. We must be willing to compromise where it makes sense to lower health care costs and improve joint interoperability without surrendering our culture, nor our responsibility to support core Air Force missions and to execute our doctrinal roles across the spectrum of operations we may be called on to support. We have to get governance right for the future of the MHS and the AFMS.

4. With the Nation facing a significant debt crisis, we will undoubtedly face decisions regarding what we consider to be our core capabilities, what contributes directly to the core (sustain), and what may be of interest but not directly or immediately contributing to the core (enhance). Notice that core mission permeates this charge, and our strategy will definitely influence programming and budget decisions. You should understand that you can take cuts in enhance, chip away at sustain, but you never touch core.