

# Department of the Air Force



Presentation

Before the Senate Appropriations  
Committee, Subcommittee on Defense

## ***Defense Health Program***

Witness Statement of

Lieutenant General Dorothy Hogg  
Surgeon General of the Air Force

April 20, 2021

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# BIOGRAPHY



## UNITED STATES AIR FORCE

### LIEUTENANT GENERAL DOROTHY A. HOGG

Lt. Gen. Dorothy A. Hogg is the Surgeon General, Headquarters U.S. Air Force, Pentagon and also serves as the first Surgeon General of the United States Space Force. In this role, she 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. Hogg 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. She exercises direction, guidance and technical management of a \$6.1 billion, 55,945-person integrated healthcare delivery and readiness system, serving 2.6 million beneficiaries at 76 military treatment facilities worldwide. Prior to her current assignment, General Hogg served as Deputy Surgeon General and Chief, Air Force Nurse Corps, Office of the Surgeon General, Falls Church, Virginia. Lt. Gen. Hogg entered the Air Force in 1984 and has commanded at the squadron and group level, and served as the Deputy Command Surgeon for two major commands. She has deployed in support of operations Enduring Freedom and Iraqi Freedom.



#### EDUCATION

- 1981 Bachelor of Science degree in Nursing, University of Southern Maine, Portland
- 1986 Squadron Officer School, by correspondence
- 1987 Women's Health Nurse Practitioner, School of Healthcare Sciences, Sheppard Air Force Base, TX
- 1992 Master of Public Administration, Troy State University, Troy, AL
- 1996 Air Command and Staff College, by seminar
- 1997 Master of Science in Nursing, Sigma Theta Tau, Medical University of South Carolina
- 2002 Air War College, by seminar
- 2007 Executive Development Intern, SDE in-residence equivalent
- 2010 Interagency Institute for Federal Healthcare Executives
- 2012 Joint Medical Executive Skills Medical Executive Skills Capstone Course
- 2014 Capstone, Fort Lesley J. McNair, Washington, D.C.

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## **ASSIGNMENTS**

1984 – 1986, Staff Nurse, OB/GYN Nursing Unit, U.S. Air Force Regional Hospital, Eglin AFB, FL  
1986 – 1987, Nurse Practitioner Student, School of Healthcare Sciences, Sheppard AFB, TX  
1987 – 1989, Women’s Health Nurse Practitioner, 410th Medical Group, K.I. Sawyer AFB, MI  
1989 – 1992, Women’s Health Nurse Practitioner, 52nd Medical Group, Spangdahlem Air Base, Germany  
1992 – 1996, Women’s Health Nurse Practitioner, 18th Medical Group, Kadena AB, Japan  
1996 – 1997, AFIT Master’s Student, Medical University of South Carolina, Charleston, SC  
1997 – 2001, Maternal-Infant Flight Commander, 366th Medical Group, Mountain Home AFB, ID  
2001 – 2002, Family Practice Flight Commander, 314th Medical Group, Little Rock AFB, AR  
2002 – 2004, Clinical Medicine Flight Commander, 314th Medical Group, Little Rock AFB, AR  
2004 – 2006, 22nd Medical Operations Squadron Commander/Chief Nurse Executive, McConnell AFB, KS  
2006 – 2007, Executive Development Intern, Manpower and Organization/SDE equivalent, Headquarters U.S. Air Force/SG, Bolling AFB, Washington, D.C.  
2007 – 2008, 79th Medical Operations Squadron Commander, 79th Medical Group, Andrews AFB, MD  
2008 – 2010, 9th Medical Group Commander, Beale AFB, CA  
2010 – 2012, Deputy Command Surgeon, Air Force Central Command, Shaw AFB, SC  
2012 – 2013, Deputy Command Surgeon, Air Force Materiel Command, Wright Patterson AFB, OH  
2013 – 2014, Chief, Air Force Nurse Corps/Assistant Surgeon General, Medical Force Development, Office of the Surgeon General, Falls Church, VA  
2014 – 2015, Chief, Air Force Nurse Corps/Director, Medical Operations and Research Office of the Surgeon General, Headquarters U.S. Air Force, Falls Church, VA  
2015 – 2018, Deputy Surgeon General/Chief, Air Force Nurse Corps, Office of the Surgeon General, Falls Church, VA  
2018 – Present, Surgeon General, Headquarters U.S. Air Force, the Pentagon, Arlington, VA  
2019 – Present, Surgeon General, U.S. Space Force, the Pentagon, Arlington, VA

## **MAJOR AWARDS AND DECORATIONS**

Legion of Merit  
Bronze Star Medal  
Meritorious Service Medal with silver and two oak leaf clusters  
Air Force Commendation Medal with two oak leaf clusters

## **CURRENT NATIONAL CERTIFICATIONS**

Women’s Health Nurse Practitioner National Certification Corporation

## **EFFECTIVE DATES OF PROMOTION**

Second Lieutenant Dec. 29, 1983  
First Lieutenant Jan. 14, 1986  
Captain Jan. 14, 1988  
Major Aug. 1, 1995  
Lieutenant Colonel June 1, 2001  
Colonel Nov. 1, 2006  
Major General Aug. 9, 2013  
Lieutenant General June 4, 2018

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Chairman Tester, Ranking Member Shelby, and distinguished members of the Subcommittee, thank you for the opportunity to testify on behalf of the 55,945 active duty, reserve, national guard, and civilian Airmen who comprise the Air Force Medical Service. It is an honor to serve with these Airmen who demonstrate their ongoing dedication to the mission resulting in the success of the Department of the Air Force. Your sustained confidence and support in our efforts enables us to remain mission-focused, excellence-driven and ready to fight tonight.

The Air Force Medical Service supports the Department of the Air Force's mission to fly, fight and win, and defend American interests in air, space, and cyberspace. Our strength resides in our resilience and on our willingness to succeed in austere, dynamic, and challenging environments. Our readiness focuses on delivering lifesaving care, whether on the battlefield or within our own communities. We train to successfully operate in field hospitals with limited supplies, pushing the limits of our capabilities to stretch our problem solving abilities. The Air Force Medical Service can successfully function, in fact, excel, on any cargo aircraft available to move our service members to higher levels of care. Air Force medics ensure combatant commanders have a medically ready and fit force. With the launch of our newest military branch, the U.S. Space Force, Air Force medics are also responsible for maintaining the readiness for Guardians operating the nation's space capabilities. We embrace these unique physical and psychological demands of Space mission sets and are planning for the future demands of space medicine requirements.

My responsibility to provide the best prepared medical force has not been dampened

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by the challenges of the ongoing pandemic, in fact, it has proved the resilience and flexibility of our Airmen. This pandemic tested our capabilities; we faced many challenges, but at the core of our success was our medics. Their training, commitment, and dedication to service provided a resource our nation depends upon.

#### **AIR FORCE MEDICAL SERVICE COVID-19 RESPONSE**

Over this past year, our medics have been put on the front lines like never before, to combat a new enemy, one that struck in our own backyards and bases around the globe. The pandemic brought military medical capacity and capability to the tip of the spear in our nation's response in combating COVID. Our medical Airmen from nearly every specialty and position have been working tirelessly alongside our sister services and civilian partners to conquer this disease. We have deployed to the hardest hit areas of our country to support overrun civilian hospitals. In the midst of these challenges, our Airmen have continued to innovate and respond to my call for disruptive innovation. One example is the Negatively Pressurized Containment unit. During the 2014 Ebola epidemic, it became clear the Department of Defense needed a way to safely transport multiple patients within the same airframe who were suffering from a highly infectious disease. Four months from when the need was identified, the transport isolation system was introduced and ready for patient movement. It is easily transported on existing cargo aircraft, including the C-130 and the C-17 and provides a contained area for medics to care for these patients. While we trained to execute this system, it never saw an operational mission until the COVID-19 pandemic. The first operational mission for this isolation system took place on April 10, 2020, when three COVID-19 positive patients were transported from Afghanistan to Ramstein Air Base, Germany.

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While the mission was a success, the rapid rise of COVID-19 case numbers required us to move larger numbers of patients at one time. This was a challenge, but our Airmen partnered with teams across the Air Force, Department of Defense, and civilian industry, under the direction of the Program Executive Office for Agile Combat Support, to develop and procure an innovative solution. In less than 100 days, a new isolation system, the Negatively Pressurized Conex, was launched. This innovation rapidly went from an idea to a solution, and on July 1, 2020, Airmen successfully transported 12 COVID-19 patients on a C-17. As of February 25, 2021, we have completed 39 missions and moved 216 COVID-19 patients in this system.

Our Air Force medics also provided the nation with innovative solutions to solve bed space and personnel shortages. When COVID-19 epicenters in New York, California, North Dakota, and Texas were experiencing bed space shortages, our team went to work developing solutions and designed four COVID Theater Hospitals, consisting of more than 200 beds, to provide the support the communities were desperately seeking. As cases surged, it soon became apparent that these solutions would not accomplish the immediate needs of our civilian partners, so we quickly tailored a better solution. We broke our theater hospitals into smaller critical care strike teams and embedded them directly into civilian facilities to augment their capabilities. Nearly 800 Air Force medics were deployed into civilian facilities to work alongside their civilian counterparts. Most recently, we deployed an additional 1,000 Air Force medics to 11 vaccination sites in 10 states to administer COVID-19 vaccines. As of April 6, 2021, we have successfully administered more than 678,162 vaccines.

## **DELIVERING CARE TO OUR WARFIGHTERS**

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While the nation's attention shifted to combating COVID-19, the Air Force Medical Service never took the eye off of the ball in supporting the operational demands of the Air and Space Force missions. Our medics hold the sacred responsibility for treating service members so they can complete the mission and return home safely. We have continued to bolster our existing capabilities.

Currently, we are halfway through a five-year rollout of a new initiative to embed base Operational Support Teams at all Department of the Air Force installations. The Operational Support Teams consist of a clinical psychologist, social worker, physical therapist, exercise physiologist, and a team leader who are all focused on improving operational performance of our Airmen. The team will provide direct unit-level medical engagement outside of Air Force military treatment facilities. This is accomplished by enhancing both physical and psychological resiliency, as well as employing military occupational injury prevention techniques. These teams will temporarily embed into high-risk squadrons and begin to build and foster trusting relationships, conduct unit-focused needs assessments, provide interventions, and conduct consultations. The overall goal of this initiative is to address unit-specific health concerns before they have a chance to negatively impact Airmen, Guardians, or the mission.

#### **KEEPING MEDICAL AIRMEN READY TO DELIVER CARE**

The readiness of my medics is my number one priority. The primary readiness platform for medical skills are our military treatment facilities. However, some of our treatment facilities do not have the patient volume, diversity, and acuity Air Force medics require to have a current skill set. To address this gap, I have developed several partnerships and training agreements with civilian organizations. In the past year, we continued to grow these

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opportunities with our most recent partnership—the University of Nebraska Medical Center. In 2019, we started our newest C-STARS-Omaha program with a primary focus on disease containment. This site focuses on the care of highly infectious disease patients. Our Air Force medics, working alongside their civilian counterparts, were able to treat some of the first COVID-19 patients utilizing the university’s biocontainment unit. On March 1st of this year, we launched the inaugural course on principles of biocontainment care, covering topics on recognition, diagnosis and management of highly- infectious disease, infection prevention and control principles, and safe donning and doffing personal protective equipment. This course will pay huge dividends for future pandemic events.

In addition to establishing civilian partnerships to maintain currency, we are also developing an internal training program called Medic-X. 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 careers such as, pharmacists, lab officers, medical administrators, and medical logisticians. We have identified 58 specific skills aimed at equipping non-clinical Airmen with the ability to respond in the event of a mass-casualty event. A beta test of non-clinical personnel was conducted in May 2020 at 10 different locations with a 96.5% success rate of comprehension, retention and execution of these skills. We plan on rolling out the Medic-X program in phases with the goal of full integration into all of our bases by 2025.

## **COMMITMENT TO MILITARY HEALTH SYSTEM TRANSITION AND TRANSFORMATION**

Despite challenges posed by implementing the changes outlined in section 702 of the

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2017 National Defense Authorization Act and COVID-19, we remain dedicated to the smooth transition of the delivery of the health benefit, and associated functions and personnel to the Defense Health Agency, so I can focus on my responsibility of delivering medically-ready Airmen and Guardians and ready medical Airmen. The Air Force Medical Service has been engaged with the Defense Health Agency to help them formalize processes, mitigate risks, and address challenges. We have provided a detailed framework that identified all functions and personnel required to stand up DHA's functional capabilities. We also worked with DHA to identify ways to standardize these services across all military treatment facilities. Despite a temporary pause in transition activities due to COVID-19, the Air Force Medical Service continues to provide the necessary transition support, providing requested resources and manpower needed to maintain specific functional capabilities at military treatment facilities. This direct support is expected to end on October 1, 2021.

As our Air Force Military Treatment Facilities continue to transition to the authority, direction, and control of the Defense Health Agency, we also implemented an Air Force Medical Reform Model to align with the Air Force's Strategic Plan to enhance readiness, increase lethality, and utilize cost-effective modernization. Resource-neutral changes in structure were applied to focus and improve the deployability of the forces. Under this new model, we reconfigured and launched two new squadrons with distinct missions. The first squadron, the Operational Medical Readiness Squadron, focuses on the health of Airmen and Guardians, and the second squadron, the Healthcare Operations Squadron, focuses on delivering care to all other beneficiaries. Analysis to date, has shown a decrease in the duration of Mobility Restriction by 6.6 days, an increase in Individual Medical Readiness by 1.1% and a decrease in

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Non-Deployable, All Reasons status by 2.3%.

## **NEW FRONTIERS AND NEW DOMAINS**

Our readiness posture has equipped us to swiftly and effectively respond to COVID-19 while maintaining the demands of our mission. We now need to be ready for a more dynamic and demanding battlefield, forcing us to push the boundaries of our capabilities even further. Our future ground medical forces and equipment must be more agile, lighter, leaner, and more autonomous when considering logistical support may be limited. Wherever our Airmen and Guardians go, Air Force medics must follow.

As mentioned earlier, the U.S. Space Force is now a year old. Space Force medical support focuses on addressing the occupational challenges that emerge while operating unmanned satellites. As the demands of the Space Force increase, so will the necessary medical support to keep those members fit for duty.

The Arctic region's increasingly strategic importance, along with the Department of Defense's significant regional investment, requires a deliberate and forward-thinking approach to ensuring the U.S. can compete and protect the nation's interests in the region. This means leading the development and establishment of the Air Force Medical Service's capability to provide medical care in this environment. In support of the Department of the Air Force Strategy, on my direction, the Air Combat Command Surgeon, in collaboration with the Air Force Medical Readiness Agency conducted a Capabilities-Based Assessment focused on identifying capability gaps and requirements necessary to operate and sustain medical operations in extreme cold environments, called Below Zero Medicine. We convened two Below Zero Medicine Summits, made up of diverse groups of subject matter experts, to

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support the establishment of a Medical Pilot Unit and a Cold Weather Region Center of Excellence (Medical) at Joint Base Elmendorf-Richardson. This initiative is focused on identifying and implementing innovative ways to bring the hospital to the patient in any environment.

The ongoing COVID-19 pandemic has consumed much of the nation's attention, bringing with it unprecedented and unpredictable challenges. It forced our medics to adapt at breakneck speeds and face an unknown enemy, and they did just that. They worked to keep themselves safe, to protect the mission and continue to save lives. While many may see a group of military medics working against insurmountable odds, I see military medics putting their training into action. I see the deployment of agile, resilient and capable medics equipped with what they need to face the unknown. This is what we train for—we remain ready so we can fight tonight. This mentality must remain in focus as we evolve to face the next major threat.

I am honored to serve as the Surgeon General for both the Air Force and Space Force and to work alongside the talented leadership in both Services, our Army and Navy partners, and the DHA as we continue to battle COVID -19 and transform the Military Health System. Most importantly, I am honored to work for our medics who are at the frontlines whenever and wherever they are needed. Thank you to the Subcommittee for your continued support of our remarkable Air Force medics and the health of our Airmen, Guardians, Soldiers, Sailors and Marines.