

FOR OFFICIAL USE ONLY  
UNTIL RELEASED BY THE  
SENATE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON PERSONNEL

STATEMENT OF  
RADM RICHARD A. MAYO, U.S. NAVY  
COMMAND SURGEON, US PACIFIC COMMAND  
BEFORE THE SENATE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON PERSONNEL  
ON MEDICAL SUPPORT IN THE PACIFIC  
13 MARCH 2002

FOR OFFICIAL USE ONLY  
UNTIL RELEASED BY THE  
SENATE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON PERSONNEL

Mr. Chairman, Mr. Hutchinson, and distinguished members of the subcommittee, it is my pleasure and indeed an honor to be with you today and speak about Health Service Support in the Pacific Area of Responsibility (AOR). I want to thank you for including the enhanced healthcare benefits in National Defense Authorization Acts the last two years. You have clearly demonstrated Congress' commitment to providing comprehensive, world-class healthcare to our active duty, their families, and retired service members. Your efforts to ensure adequate funding of all healthcare programs sends a strong signal that we are truly committed to providing quality healthcare for our military members.

The Asia-Pacific region, with its large, educated populations, wealth, technology, military forces, national heritages and ambitions, is one of the world's most important and dynamic regions. The U.S. Pacific Command (USPACOM) AOR contains 43 countries and over 105 million square miles totaling 52 percent of the earth's surface. The U.S. has a strong historic commitment to the region, and has fought three major wars in the Pacific over the past 100 years. Since World War II, more American service members have died here than in any other region. This is the landscape on which the U.S. Pacific Command carries out its mission.

The Commander-in-Chief USPACOM is responsible for ensuring a healthy fit force medically prepared to execute any mission in peace, crisis, or war, and a totally integrated fully capable and ready military healthcare system prepared to sustain forces to fight and win. We implement this mission completely through TRICARE, our Department of Defense (DOD) healthcare delivery system. TRICARE is an integral part of the healthcare continuum from point of illness or injury to our military medical treatment facilities. USPACOM has fully integrated TRICARE as our day-to-day approach to maintaining the mental and physical well being of our forces. In short, we

use TRICARE as the foundation for all of our healthcare support functions. It is a medical force multiplier, caring for the forces, focusing on Force Health Protection, and ensuring we take care of family members left behind. Our military medical treatment facilities serve as readiness training platforms for maintaining the medical skills required to care for our people.

I would like to start off by addressing some of the most significant challenges we have in the Pacific. As I mentioned, our AOR is vast, the tyranny of distance manifests itself in many ways, the most significant of which are the ability to move medical augmentation into theater when required and the ability to move patients back to definitive care. In the initial stages of a major operation in the western Pacific, we are extremely dependent on staffed host nation hospital beds provided by our allies in order to provide medical care and holding for patients awaiting airlift. In order to move our sick and injured to definitive care facilities both within the Pacific and back in the Continental United States, we rely on a robust aeromedical evacuation system. For example, moving a patient in the Pacific usually entails flying 6 hours at a minimum to reach a definitive medical treatment facility either in Hawaii or on the U.S West Coast. In peacetime or conflict, our success is contingent upon continued availability of adequate airframes, trained aeromedical personnel, and approved and tested aeromedical equipment. Another challenge is the aging of all of our medical treatment facilities, many of which were built during World War II. For example the United States Naval Hospital, Guam provides medical care not only for DOD beneficiaries but Department of Veterans Affairs beneficiaries as well. Finally, the Services are already aware of shortfalls in certain physician and nurse specialties. We believe this problem will only be accentuated in time of war and directly impact our ability to medically support our theater.

The most valuable, complex weapon systems the U.S. military will ever field are its soldiers, sailors, airmen, and Marines. These human weapons systems require life-cycle support and maintenance just as other less complex weapons systems do. Force Health Protection is that life-cycle maintenance program for the human weapon system. Force Health Protection in the Pacific involves maintaining a healthy fit force, preventing injuries and casualties; and providing casualty care and management when necessary.

The specific intent behind USPACOM's Force Health Protection program is to provide health protection policy, guidance, and assign responsibility for all deployments into the Pacific AOR. While this is a considerable challenge, given the size and diversity of the Asia-Pacific Region, we have been tremendously successful in promoting individual and unit preparedness, injury and disease prevention, and in enhancing service members' and commanders' awareness of health threats and risks. The low incidence of disease among members of the United States Support Group East Timor (USGET) is as an example of our successful Force Health Protection efforts. Ensuring compliance with recently implemented occupational and environmental health surveillance will further our objectives and increase our successes.

While we have made significant strides in both health threat awareness and preparedness, the events since Sept 11<sup>th</sup> have made it clear that force protection and force health protection are truly intertwined. Moreover, the mandate to improve our health threat monitoring and surveillance capabilities has never been more evident. Implementation of force health protection measures designed to address casualty prevention and enhance survivability of our forces continues to be an area of concern. Ensuring the health of our forward-stationed and forward-deployed forces is directly related to our capability to implement effective infectious disease countermeasures. These countermeasures include readily available vaccines, adequate supplies of antibiotics, automated disease surveillance systems, and greater reliance on

basic research to combat infectious disease threats. This highlights the need for military medical research. A good example of this is the ongoing research efforts by our facilities in Thailand and Indonesia to develop a malaria vaccine. In the past, we have experienced occasional shortages of vaccines, and it indicated to me the need to assure vaccine production capabilities, especially for less common vaccines. The Global War on Terrorism is pushing us into ever more medically hazardous destinations in a time when global patterns of disease migration and emergence have made the medical dimension of U.S. war operations a greater factor.

One of our challenges is that health threat risks within our region are wide and varied depending on the country. The Naval Environmental Preventive Medicine Unit in Hawaii, assist us to prepare our force health protection country assessments and communicate our guidance prior to, during, and after deployments. We are bridging any gaps with technology, which allows us to share data, perform real time research, and shorten the distance between the need and the capability.

In partnership with other DOD agencies, we are developing real time and near real time data streaming and aggregation of joint service medical encounter data, medical facility reports, web-based clinical consultation tools, and an advanced medical disease surveillance system. These new technologies have the potential to replace old medical paradigms. The days of stubby pencils and green log books are being replaced with new capabilities that are smaller, lighter, and automated, resulting in quicker analyses, more appropriate medical responses and, improved force health protection and disease prevention.

In our role providing Operation Enduring Freedom support for U.S. Central Command forces from Diego Garcia, we gained insight into the requirements for medical augmentation required in future operations. Through medical augmentation, we transformed a Navy clinic, with limited primary care

and no inpatient beds into a joint Air Force-Navy Expeditionary Medical facility that provides the structure to fully care for and stabilize patients until they can be moved to definitive care. Health Service support in the Philippines is also a unique joint requirement. We have an Army Joint Task Force Surgeon augmented by Air Force medical and surgical capabilities. The existing Marine Corps medical logistics unit in Okinawa is coordinating supply orders with the Air Force and Navy medical supply activities and ensuring the required items are sent forward as needed. Operation Enduring Freedom highlighted the need to continue the ongoing work to develop lighter and easily transportable medical support packages that are more readily available, tailored to specific requirements, with a transition from arrival to fully operational quantified in hours vice days or weeks. The Services are in the transition phase from having medical packages with heavy logistics requirements to those that are significantly lighter and more mobile.

While challenged by the tyranny of distance, shortages of DOD beds in the western Pacific, aging DOD medical infrastructure, medical professional personnel shortages, vaccine availability, and real time medical surveillance tools we can nevertheless support our theater. Current operations have demonstrated the ability of our outstanding Health Service personnel to be flexible, adapting current medical support capabilities to meet the unique situations and multitude of demands that have been placed upon them.

In summary, U.S. Pacific Command has fully capable, rapidly deploying assets to meet the current healthcare needs of forces participating in Operation Enduring Freedom. We have, and continue to pursue, aggressive Force Health Protection programs in support of our multiple deployments. Our commanders understand and have implemented our programs by command enforcement, commitment and engagement. We will continue to integrate our operations with other organizations as well as with our allies, friends and

coalition partners to ensure the highest level of care for our service members and their families at home and abroad.

Thank you, Mr. Chairman, and I would be happy to address any questions or concerns you or the other members of the sub-committee may have.