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Mr. Chairman, distinguished members of the Subcommittee, it is my pleasure to appear before you today to discuss Medical Readiness in the United States European Command. Medical Readiness is my job. It is the name of the staff division I lead and paramount in every decision I make. As Command Surgeon I have dual responsibilities. First, I ensure our peacetime medical care systems are in place and functioning to support our forces, their dependents, and other beneficiaries. Second, I ensure the medical care we provide to our forces in the field, those at risk both from enemy action and natural diseases, is second to none. Both these aspects are critical to the concept of medical readiness. It is our peacetime health care that ensures soldiers, sailors, airmen, and Marines go into the fight healthy and fit. These systems immunize them against disease and enhance their morale and mental well being by ensuring their loved ones are well cared for. Perhaps more visible is the second of my responsibilities, the provision of direct medical care to our deployed forces. It is this responsibility that I would like to concentrate on today.

U.S. European Command is at this moment engaged in significant medical support to forces in the field. As a supported Commander-in-Chief (CINC), USEUCOM is heavily engaged in current operations including: a large-scale unexploded ordnance mission in Nigeria, enforcing the Northern No Fly Zone over Iraq, conducting peace support operations in Bosnia, Kosovo and the Former Yugoslavia Republic of Macedonia (FYROM) and Maritime Interdiction Operations (MIO) in the Mediterranean. In addition to the numerous activities associated with executing the global war on terrorism in our own Theater, our unified command is also extensively involved in supporting the U.S. Central Command's (USCENTCOM) efforts. USEUCOM provides hospitalization, blood, medical supplies, and patient movement capabilities.

In each of these operations, we are applying modern and improved philosophies of contingency medical support. Fundamentally, these philosophies include: protecting our military force from disease and non-battle injuries, stabilizing patients as far forward as possible, and providing rapid and robust aero-medical evacuation to definitive care. I would now like to discuss these points in more detail.

Historically, the fighting force suffers more casualties from disease and non-battle injuries than from direct enemy contact. To date, of the Operation ENDURING FREEDOM patients moved to the Landstuhl Regional Medical Center in Germany, 75 percent have been the result of disease and non-battle injuries, with 25 percent of the patients being wounded in action. These numbers are consistent with what we have experienced in the Balkans over the last six years. When available, vaccination programs are one of the very best and most effective means of protecting our troops from disease threats. In this regard, I want to reaffirm our position that the Anthrax Vaccination Program is a critical force protection tool for U.S. military forces. USEUCOM appreciates the vigorous support expressed by the Joint Chiefs of Staff and the Services to support this program. We believe safe and effective vaccination, when available, is our best defense against both natural diseases and bio-terrorist weapons, and we are looking forward to the imminent re-institution of the Total Force vaccination policy for anthrax.

Force Health Protection encompasses more than immunization protocols. It is a total approach to maintaining the health of our deployed forces. A revised Joint Staff Memorandum on Deployment Health Surveillance became effective on 1 March 2002. This Memorandum, which we are working hard to implement, mandates a detailed program of medical surveillance to detect disease outbreaks as quickly as possible. In the absence of adequate

capabilities to detect and identify pathogenic warfare agents, this near real-time disease reporting initiative provides our most timely detection system for such events. By keeping our forces healthy in a deployed environment we preserve their fighting strength and reduce forward medical requirements.

Past conflicts were medically characterized by deploying large hospitals in the field, with the idea that patients could be treated and, if possible, returned to duty without being evacuated. In part, this philosophy was driven by the inability to effectively stabilize and transport patients quickly from the area of conflict. Modern technology has altered this situation and our military medical forces are now stabilizing critically injured patients closer to the forward edge of the battle area than ever before through the use of forward surgical teams.

During Operation FOCUS RELIEF last year, for example, we placed a forward surgical team on the ground in Nigeria to support the Special Forces train and equip mission. While attempting to defuse an unexploded light anti-tank weapon, one of our soldiers lost his life and another was critically wounded. The injured soldier was operated on and stabilized by the forward surgical team, and then evacuated to our Theater medical center in Landstuhl, Germany for definitive care. Without a large field hospital, this soldier's life was saved using highly trained medical specialists and responsive patient movement systems. We currently have similar forward surgical teams in the Balkans and in Nigeria and are preparing to field teams in support of the upcoming mission in Georgia as well. In addition, these teams are critical to USCENTCOM efforts in ENDURING FREEDOM. Given the demands for these teams, they are routinely in short supply.

Stabilization of the injured far forward is only feasible when we can combine this effort with a responsive patient movement system. United States Air Forces in Europe (USAFE) uses organic C-9 Nightingale medical evacuation aircraft and opportune strategic lift from United States Transportation Command (USTRANSCOM) to execute USEUCOM's patient movement mission. Our Patient Movement Requirements Center at Ramstein Air Base, Germany covers both the USEUCOM and USCENTCOM areas of responsibility in peacetime and during contingency operations. Currently, it is fully engaged in supporting ENDURING FREEDOM operations.

Moving a stabilized patient from a forward location to definitive care is only half of the equation. Many critically ill patients also require in-flight care provided by specialized critical care transport teams. USEUCOM in-flight medical teams were instrumental in saving the lives of the USS COLE crew members injured in the terrorist attack off the coast of Yemen. In this rescue effort, our most critically injured sailors were initially treated by French surgeons in Djibouti then aero-medically evacuated for definitive care to the Landstuhl Regional Medical Center using the Critical Care Air Transport Teams. Like the Forward Surgical Teams, these air transport teams are highly trained assets. They are critical to stabilizing and rapidly evacuating our people to a higher level of care.

The final phase of our medical treatment to support contingency operations depends on the continued ability to maintain the quality care, infrastructure, and range of medical specialties available at our fixed-base clinics, community hospitals, and medical centers. Our concept of evacuating patients to central facilities such as Landstuhl Regional Medical Center means that we can obtain maximum productivity from very highly specialized physicians, such as vascular surgeons and burn specialists. We bring the

patients to the specialists rather than trying to take the specialists to the place of injury. Maintaining the physical infrastructure and the state-of-the-art training of medical staff that takes place at these facilities is essential.

Having addressed our medical support pillars of force health protection, forward stabilization, and evacuating our injured service members to definitive treatment, I would like to briefly touch on a series of coalition partner medical initiatives that are well entrenched in both the European and Central Commands.

Among the Unified Commands, European Command is unique in that it works daily with North Atlantic Treaty Organization (NATO) and Partnership for Peace nations. We have many years of experience in allied and coalition operations, experience heightened by our past six years in the Balkans. I want to specifically highlight our Multinational Integrated Medical Unit initiative in Kosovo. Each of the five Kosovo sectors operated by the U.S., United Kingdom, France, Germany, and Italy has a significant hospital, but across the Kosovo province, an average of only 15 percent of these hospital beds are utilized at a given point in time. At Camp Bondsteel, in our Multinational Brigade East sector of Kosovo, we have developed, along with the British Forces, a medical facility staffed by both American and British health care providers. It provides world-class medical support to all NATO and coalition forces in the British and American sectors of Operation JOINT GUARDIAN. The agreement that established this facility has been used by the U.S. Central Command as a template for coalition medical operations in Operation ENDURING FREEDOM, and I believe that this type of international and coalition cooperation is the wave of the future.

Let me close by stating that this is an exciting time of great change in military medicine, one which is made more challenging by the fact that our people know more, and expect more, from their government and military. We at USEUCOM are proud to have the opportunity to serve. I am proud of the excellent medical support we are able to offer our deployed forces and our beneficiaries. On behalf of all military medical personnel in U.S. European Command, I wish to thank the Congress for its continuing support of our nation's sons and daughters serving overseas. I appreciate this opportunity to outline our concept of medical support, and will be pleased to provide you with any further information you may require.