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SENATE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON PERSONNEL

STATEMENT OF  
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COMMAND SURGEON  
US CENTRAL COMMAND



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Mr. Chairman, Mr. Hutchinson, and members of the subcommittee, it is an honor to be with you today and speak about the health care for our troops participating in contingency operations and, particularly, medical support for our forces participating in OPERATION ENDURING FREEDOM. Full spectrum medical care along with a robust force health protection program for our soldiers, sailors, airmen, and marines is critical to ensure the health and welfare of these outstanding citizens, who proudly defend our nation. We recognize their contributions to this great country and thank you for your interest to ensure their healthcare remains a top priority.

Providing full-spectrum contingency medical support is a continuous process. It starts with maintaining the physical, mental and spiritual wellness of our personnel here at the home front and keeping them ready to deploy. At US Central Command, our task is to provide a comprehensive, integrated contingency medical support system within the Central Region. This is a significant challenge, as the United States does not maintain an extensive, permanent medical infrastructure within this area of the world. Before OPERATION ENDURING FREEDOM, our limited medical capabilities within the Area of Responsibility were focused on supporting our forces participating in OPERATION SOUTHERN WATCH and our Intrinsic Action (OPERATION DESERT SPRING) task force in Kuwait. With the deployment of US forces to the region for the global war on terrorism, US Central Command has partnered with its service components, supporting unified commands, and various other Department of Defense agencies and Coalition members to deploy a sophisticated, mobile, and highly capable medical support capability. Our focus is always on the prevention of disease and injury. However, should prevention efforts fail, our goal is to provide state of the art combat casualty care to our forces, wherever and whenever they fight. While our

service components' plan medical support for their respective forces, the integration of these forces into a seamless, synergistic theater-wide healthcare system is the task of US Central Command. We look across component planning efforts and align capabilities to protect and serve our joint and coalition forces regardless of service affiliation. Further, we provide strategic level oversight of all component medical activity to include force health protection and medical surveillance policies.

Prior to OPERATION ENDURING FREEDOM, an aggressive force health protection program was in place to support our forces that have remained deployed to the Central Region since OPERATION DESERT STORM. This program included policies and procedures for immunization of the force, publication of preventive medicine guidelines, assessments for the identification, monitoring and risk management of environmental threats, and establishing policies to ensure safe water and food sources are available for our forces deployed to the region.

As OPERATION ENDURING FREEDOM commenced, and with the assistance of the Army's Center for Health Promotion and Preventive Medicine, we researched additional environmental challenges and potential health threats to our military members in the areas of the Central Asian States as well as Afghanistan and Pakistan. One particular valuable source of information was drawing upon United States military lessons learned from past conflicts and, in particular, the Soviet experience in Afghanistan. The Soviet experience, an example of a modern force whose operational effectiveness was seriously hampered by disease and poor field sanitation, provided information on some of the unique threats in that region. In response to all of these assessments, US Central Command implemented a specific robust force health protection and medical surveillance program to the already established ongoing activities in the Area of Responsibility. Preparation prior to deployment, sound prevention and surveillance while employed, and follow-up

upon re-deployment are the key tenets of this program. Specific policy guidance for OPERATION ENDURING FREEDOM was developed and communicated through several avenues to our service components to assist their planning and preparation efforts. These included, but were not limited to, publication on regional threats by the US Army Center for Health Promotion and Preventive Medicine and coordination with the US Air Force Institute for Environment Safety and Occupational Health Risk Analysis. Additionally, guidance was provided to components in detailed medical operations planning and preventive medicine as part of the Commander-in-Chief's OPERATION ENDURING FREEDOM campaign plan. Force health protection and medical surveillance guidance and requirements are specifically articulated in all deployment orders. This guidance is based on joint directives and is detailed further in the Force Health Protection Appendix of the Medical Support Annex to the US Central Command OPERATION ENDURING FREEDOM campaign plan. The command continually issues follow-up messages with guidance on potential threats and specific health issues such as Rift Valley Fever, meningococcal disease, malaria, and tuberculosis. The Land Component Command was particularly aggressive in anticipating the health threat potential posed by detainee operations and instituted sound preventive policies and procedures to address that threat. At this point, we are satisfied with our efforts, and our disease and non-battle injury rates have been among the lowest of any US armed conflict to date. US Central Command continues to monitor medical trends for potential impact, future threats, and potential environmental concerns. On-going surveillance and close monitoring of food and water sources of supply by the our service components for compliance with command policies has to date nearly eliminated outbreaks of food-borne contamination and have alerted other commanders to the potential threat when unsafe conditions exist.

Unfortunately, we are not able to prevent all combat injuries and disease. When they occur, we have the obligation to provide the best possible care to our forces. OPERATION ENDURING FREEDOM has seen tremendous dividends and returns on the investment the Department of Defense has made to re-engineer medical readiness following OPERATION DESERT STORM. The services' efforts to modularize and develop processes to task-organize their medical systems in conjunction with conversion of larger deployable medical systems to lightweight, mobile, highly capable, deployable medical assemblages has paid off immensely. Further, the ability of the services to tailor, improvise, and adapt doctrine for the operational realities of this new type of warfare has been extremely noteworthy. Examples include the far-forward deployment of tailored surgical resuscitation assets coupled with the ready availability of casualty and aeromedical evacuation. This combination has saved lives which would have otherwise been lost in years past. Additionally, the incorporation of critical care assets into the aeromedical evacuation system has brought an added dimension of capability to our system, which has also saved lives and provided what, I believe, will be a template for future operations.

In summary, US Central Command has fully deployed an integrated, theater-wide medical system to meet the healthcare needs of forces participating in OPERATION ENDURING FREEDOM. We have established strong force health protection and medical surveillance programs and policies now being executed by our deployed components in support of OPERATION ENDURING FREEDOM. We will continue monitoring the health and well being of our military forces, and search for ways to advance our state of the art contingency medical care as we proceed in the campaign ahead. Our service members deserve no less than the very best quality of care our nation may provide now and in the future.

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