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DoD Officials Prepare for Possible Pandemic

By Elaine Wilson
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FORT SAM HOUSTON, Texas, March 1, 2006 – Defense Department officials are working to create a pandemic influenza plan in time for the Department of Homeland Defense's end-of-March deadline, a DoD medical official said Feb. 27.

The plan will lay out the department's roles and responsibilities in varying stages of an avian influenza -- or "bird flu" -- outbreak, both at home and overseas, said Ellen Embrey, deputy assistant secretary of defense for force health protection and readiness, during a Joint Operations Medical Managers Course in San Antonio.

DoD's work is a coordinated, integrated effort to ensure the department is fully enmeshed in the national pandemic planning process, Embrey said. "We've been working on and implementing training and policy guidance to make sure we're prepared globally," said Embrey, who is responsible for the department's medical readiness. "We have to ensure we have the surveillance in place, installation preparedness, global understanding and a stockpile of necessary components to mount an effective medical response. It's an enormous task."

The DoD plan will be one part of an overall federal government plan, Embrey said, adding that the Department of Health and Human Services, the lead for U.S. government response, and Department of Homeland Security, responsible for nonmedical response, also play a key role in the nation's preparedness for an outbreak. "It's a team effort," Embrey said. "The DoD has a unique set of assets that, when needed, could be used to support the national response."

Under the broad DoD plan, each command also will have its own implementation plan, a tasking that touches every installation throughout the world. The overarching goals in this planning effort are to preserve operational effectiveness and protect those most at risk. "Along with the overreaching department plan, each combatant commander must have a plan in place to address pandemic influenza, a potentially

very infectious disease," Embrey said. "Some people may be sick for a while, and the commanders have to project how this could affect their ability to perform the mission."

The collaborative planning effort will wrap up in a few weeks, and then "all the hard work will become apparent," Embrey said.

Ongoing collaboration between military services and federal agencies is indicative of an ongoing commitment for the Defense Department to work toward an "interoperable and interdependent future," Embrey said.

"We need to start with 'morphing' work being done in each service. We aren't fully integrated as a community and we need to come up with a model that works for all of us," she said.

The joint environment is most evident in the medical arena, Embrey said, a trend based on a DoD focus to provide "world-class medical care when needed anywhere in the world."

The battlefield offers an example of the need for joint interoperability, she said.

When servicemembers are injured in combat, they are administered care by a medic, whether Air Force, Navy or Army, then evacuated by a Navy helicopter or Army Humvee to a forward surgical team, which exists in all services. Once stabilized, they are brought to the next point of care, if needed, by an Air Force fixed-wing aircraft back to a major medical facility, such as the Army's Brooke Army Medical Center in San Antonio or Walter Reed Army Medical Center in Washington, D.C.

"For us, it's making sure the capabilities we have in each service are interchangeable, so, for instance, any service's medic can operate the same equipment. We don't want to have to learn new equipment when time is of the essence," Embrey said. "Through joint training, standardization and combining and making efficiencies where we can, we can ensure top quality care anytime and anywhere."

Statistics already point to the high standard of medical care for servicemembers supporting operations Enduring Freedom and Iraqi Freedom. "It's amazing; we have

the lowest (rate of) disease (and) non-battle injuries of any war," Embrey said, adding that servicemembers supporting OEF and OIF visit a doctor two to 2.5 times a year on average. "I go to the doctor more than that," she said. In comparison to the OIF/OEF numbers, servicemembers at home average seven doctor visits per year. "The survival rate is unbelievable," she continued. "This is a direct result of the great capabilities of the services put together. They are doing a great job."

When people think of joint, Embrey said, they should also think beyond the military services. "It's also about engaging our coalition partners; it's a truly international effort," she said, "and, one of the department's biggest ongoing challenges, and commitments."

Embrey urges everyone to visit the DoD Deployment Health and Family Readiness Library at <http://deploymenthealthlibrary.fhp.osd.mil/>, which includes information for clinicians, servicemembers, unit leaders, veterans and their families on deployment-related health issues. "It's a one-stop shop to learn about what the department is doing in the health and readiness arena," she said.

(Elaine Wilson is assigned to the Fort Sam Houston Public Information Office.)