Global Health Engagement: US Army Regional Health Command-Pacific’s Role in the Indo-Asia Pacific Region

LTC Derek Licina, MPH, DrPH
Global Health Engagements Officer

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The views expressed in this briefing are those of the presenter and do not reflect the official policy or position of the US Army Medical Department, Department of the Army, DoD, or the US Government.
Purpose: To present an overview of the U.S. Army Regional Health Command – Pacific (RHC-P) and our Global Health Engagement Efforts in support of the US Army Medical Command, US Army Pacific Command, and US Pacific Command Strategic Objectives.

Outline:

1. RHC-P Leadership
2. Who We Support
3. Existing Strategic GHE Guidance
4. Historical GHE Context
5. Current GHE Efforts
6. RHC-P GHE Strategy Development
   A. Health Lines of Effort and Functional Areas
   B. Five Year Country Engagement Plans
7. RHC-P GHE Strategy Implementation
8. Ongoing Initiatives
**Who We Are…**

**PACOM**

MISSION: With allies and partners, U.S. Pacific Command is committed to enhancing stability in the Asia-Pacific region by promoting security cooperation, encouraging peaceful development, responding to contingencies, deterring aggression, & when necessary, fighting to win.

VISION: A joint combatant command directing, integrating and employing ready, credible military capability in peace, crisis or war to advance U.S. interests as an active partner in pursuit of a secure, prosperous and democratic Asia-Pacific community.

PRIORITIES:
- War Fighting Readiness
- Regional Engagement
- Force Presence And Posture
- Quality Of Life

**USARPAC**

MISSION: USARPAC postures and prepares Army forces, sustains and protects those forces in theater, supports the development of an integrated Joint force across domains, and builds military relationships that develop partner defense capacity IOT contribute to a stable and secure Pacific Command area of responsibility.

VISION: One Team – America’s Theater Army in the Indo-Asia-Pacific enabling the Joint Force to assure security, stability, and strategic options. A Ready, Responsive Team!

PRIORITIES:
- Readiness
- Responsiveness in the Pacific
- Taking Care of Soldiers, Civilians and Families

**USPACOM**

ADM HARRIS

**MEDCOM**

MISSION: Army Medicine provides sustained health services in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Families, civilians and Soldiers for Life.

VISION: Army Medicine is the Nation’s premier expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow

PRIORITIES:
- Readiness & Health
- Healthcare Delivery
- Force Development
- Take Care of Ourselves, Soldiers for Life, DAC & Families

**RHC-P**

MISSION: Regional Health Command-Pacific orchestrates the delivery of world-class medical care for Service Members, Families, and eligible beneficiaries; provides medical readiness and diplomacy in support of USARPAC in the PACOM Area of Responsibility (AOR).

VISION: "My vision is to be the premier system for health within the Department of Defense providing access to safe, high-quality healthcare, and medical diplomacy throughout the Asia-Pacific AOR.”

PRIORITIES:
- Providing Globally Ready Medical Forces
- Optimizing Health Readiness and Wellness
- Leading Regional Health Partnerships
- Developing Organizations, Leaders and Soldiers

**Visionary Statements**:

**USPACOM**

Dr. Jerome R. G. Providence

Mission: With allies and partners, USPACOM is committed to enhancing stability in the Asia-Pacific region by promoting security cooperation, encouraging peaceful development, responding to contingencies, deterring aggression, & when necessary, fighting to win.

**USARPAC**

Gen Daniel R. Brown

Mission: USARPAC postures and prepares Army forces, sustains and protects those forces in theater, supports the development of an integrated Joint force across domains, and builds military relationships that develop partner defense capacity IOT contribute to a stable and secure Pacific Command area of responsibility.

**USAMEDCOM**

Lt. Gen. Mark A. HC West

Mission: USAMEDCOM provides medical readiness and diplomacy in support of USARPAC in the PACOM Area of Responsibility (AOR). USAMEDCOM’s mission is to be the premier system for health within the Department of Defense providing access to safe, high-quality healthcare, and medical diplomacy throughout the Asia-Pacific AOR.

**RHC-P**

Maj. Gen. David B. Pippens

Mission: RHC-P provides medical readiness and diplomacy in support of USARPAC in the PACOM Area of Responsibility (AOR). RHC-P’s mission is to be the premier system for health within the Department of Defense providing access to safe, high-quality healthcare, and medical diplomacy throughout the Asia-Pacific AOR.

**18th MEDCOM (DS)**

Col. A. Edward H. Barr

Mission: 18th MEDCOM (DS) provides medical readiness and diplomacy in support of USARPAC in the PACOM Area of Responsibility (AOR). 18th MEDCOM (DS)’s mission is to be the premier system for health within the Department of Defense providing access to safe, high-quality healthcare, and medical diplomacy throughout the Asia-Pacific AOR.
RHC-P serves as the single US Army medical mission command authority and represents the entire AHS in the Indo-Asia-Pacific.
A Typical Day in RHC-P

Outpatient Care
13,930 Clinic visits

16 Births

10,664 Laboratory Procedures

9,045 Outpatient Pharmacy Prescriptions Filled

1,477 Radiology Procedures

2,414 Immunizations

Inpatient Care
284 Beds Occupied
73 Patients Admitted

Dental
1,254 Procedures

Veterinary Services
180 Veterinary Outpatient Visits
$3.65 Million of Food Inspected
462 Food Safety Visits

Personnel Deploying
82 Soldiers and Civilians
(Includes all global engagements: Kuwait, Afghanistan, Africa, Germany, Pacific, others)

Total Enrolled Beneficiary Population
229,137
National Security Strategy (Feb 2015):
- Increase Global Health Security
- Advance our Rebalance to Asia and the Pacific
- End extreme poverty
- Lead international coalitions to confront acute challenges posed by disease
- Protect our citizens and interests, preserve regional stability, and render humanitarian assistance and disaster relief
- Enhance pandemic preparedness
- Lead with capable partners
- Lead in science, technology, and innovation

Quadrennial Defense Review (2014):
- Build Security Globally; Project Power and Win Decisively
- Strengthen key alliances…build new and innovative partnerships
- Deter aggression through forward presence and engagement

Joint Publication 3-0, Joint Operations (2011)
“Ideally, security cooperation activities lessen the causes of a potential crisis before a situation deteriorates and requires coercive US military intervention.”

National Military Strategy (May 2015):
- Deter, deny, and defeat state adversaries
- Conduct military engagement and security cooperation
- Strengthen our global network of allies and partners
- Advance Globally Integrated Operations
- Produce creative, adaptive leaders
- Conduct humanitarian assistance and disaster response
- Developing flexible, interoperable capabilities

AMEDD 2020 Campaign Plan (2013)
- Army Medicine recognized as a national and international health leader to advance Army values, interests and objectives
- Enhance Diplomacy
- Shape the Narrative
- Build and Prepare the Team
- Develop and Strengthen Partnerships

OSD Policy Global Health Engagements (GHE) Cable (2013)
- GHE is conducted in support of the National Security and Military Strategy
- Means to partner with other nations to achieve security cooperation
- Builds trust and confidence, share information, coordinate activities, maintain influence, and achieve interoperability
Health TSC Guidance
- Focus on Mil-Mil, Mil-Mil-Civ
- Caution on Direct Patient Care
- Build Capability, Capacity, & Interoperability
- Synchronize with USG Interagency
- Optimize Multilateral Opportunities
- Support TCP IMO

Health Lines of Effort (HLOE)

HLOE: Operational Medicine
- Aeromedical Evacuation
- Dive/Undersea Medicine
- Trauma Casualty Care

HLOE: Public Health/Force Health Protection
- Preventive Medicine
- Emerging Infectious Diseases
- Malaria Elimination

HLOE: Health System Support
- Blood Safety Program
- Health Admin/Logistics
- Maternal/Child Health

Example:

Vietnam Health LOE and Functional Areas

Primary
- Operational Medicine
  Functional Areas:
  - Medical Support to PKO
  - Dive/Undersea Medicine
  - Shipboard Medicine
  - Aerospace Medicine and Physiology
  - Tactical and Rotary Wing Patient Evacuation
  - Aeromedical Evacuation
  - Humanitarian Mine Action

Country Objective

IMO 8.1.3.1 8.6

Secondary
- Public Health/Force Health Protection
  Functional Areas:
  - EID/Tropical Medicine
  - Malaria
  - Achievement of IHRs
  - One Health

Tertiary
- Health System Support
  Functional Areas:
  - Blood Safety Program
  - Educational Exchanges/SMEs

Support CSCP Capabilities
- HADR - Interoperability
- Access - Int’l Cooperation
- PKO - Defense Reform
Of 2,518 U.S. Army engagements entered into Overseas Humanitarian Assistance Shared Information System (OHASIS) from FY02 – FY12, \(21.4\%\) (540) were USARPAC engagements, with a total amount of $96.4M spent.

Out of the 540 engagements across 24 PACOM countries, \(28\%\) (153) were considered Health, \(21.9\%\) (118) were related to Disaster, and \(56.6\%\) (305) were Infrastructure.

*Darker color indicates a greater number of engagements*
US Army Pacific GHE FY16

**USARPAC Surgeon Senior Leader Engagements**
- Eight engagements in seven countries
- Bilateral discussions and multilateral conferences
- Shapes the theater by expanding senior level dialogue opportunities

**Pacific Resilience Disaster Response Exercise & Exchanges**
- Six DREEs in FY16
- HA/DR Focused
- Military and Civilian integration (“whole of society”)

**Subject Matter Expert Exchanges & Table Top Exercises**
- Eleven engagements in eight nations
- Build capability and capacity
- Mil-Mil & Mil-Civ

**Senior Leader Engagements**
- Korea and Japan (Key Resolve 16)
- Mongolia (Gobi Wolf DREE)
- Philippines (SLS on Med Emerg Strategies)
- Thailand (AFRIMS 55th Anniversary Ceremony)
- Malaysia (Asia Pacific Military Health Exchange)
- Korea (UFG CMX)
- Japan (MEDEX 16)
- Bangladesh (Pacific Resilience DREE)

**PACIFIC RESILIENCE DREEs**
- South Asia (Bangladesh)
- China (Disaster Management Exc)
- Lower Mekong Initiative (Burma)
- Mongolia
- Nepal
- Oceania (Vanuatu)

**Subject Matter Expert Exchanges**
- Malaysia PKO/HADR Medical Operations (18th MCDS)
- Mongolia Nursing/MEDLOG (18th MCDS)
- Nepal Medical Service Admin (18th MCDS)
- Bangladesh Role 2 (18th MCDS)
- Bangladesh Surgical Fistula Repair (TAMC)
- Palau Surgical ENT (TAMC)
- Vietnam Level II Hospital Emergency Medical Treatment (18th MCDS)
- Bangladesh/Nepal Iterative Peacekeeping (PHC-P)
- Cambodia Blood Safety Program (TAMC)

**Table Top Exercises**
- Philippines Evacuation (18th MCDS)
- Vietnam Disaster Response and Civil-Military Coordination (USARPAC ACSMED)
RHC-P GHE Approach

**MEANS**
- Health System Support
- Health Service Support
- Force Health Protection

**WAYS (Mil-Mil and Mil-Civ)**
- Shape: Building Partner Capacity, SMEEs, International Military Education and Training
- Posture: Humanitarian Assistance and Disaster Preparedness activity sets
- Ready: Exercises (e.g. Pacific Pathways & Pacific Partnership) and Operations
- Communicate: Sustained SLE, SMEEs, and Conferences

**ENDS**
- PACOM Campaign Plan
- USARPAC TCSP & TSCP
- Army Medicine Campaign Plan
## Health Lines of Effort & Functional Areas

### LOE & Functional Areas

#### Army Health System Support

<table>
<thead>
<tr>
<th>Lead</th>
<th>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Command</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
</tr>
<tr>
<td>Medical Intelligence</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
</tr>
<tr>
<td>Combined Information Data</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
</tr>
<tr>
<td>Medical Support to PKO*</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
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</table>

#### Health Service Support

<table>
<thead>
<tr>
<th>Lead</th>
<th>TAMC</th>
</tr>
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<tbody>
<tr>
<td>Medical Treatment</td>
<td>TAMC</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>TAMC</td>
</tr>
<tr>
<td>Dental Services</td>
<td>DENCOM</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>RHC-P</td>
</tr>
<tr>
<td>Clinical Laboratory Services</td>
<td>TAMC</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
</tr>
<tr>
<td>Medical Logistics</td>
<td>TAMC</td>
</tr>
<tr>
<td>Humanitarian Mine Action*</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; MEDCOM</td>
</tr>
<tr>
<td>Maternal/Child Health*</td>
<td>TAMC</td>
</tr>
</tbody>
</table>

#### Force Health Protection

<table>
<thead>
<tr>
<th>Lead</th>
<th>PHC-P (ICW AFRIMS and NEPMU-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Medicine</td>
<td>PHC-P (ICW AFRIMS and NEPMU-6)</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>RHC-P (ICW AFRIMS and NEPMU-6)</td>
</tr>
<tr>
<td>Combat and Operational Stress Control</td>
<td>PHC-P (ICW AFRIMS and NEPMU-6)</td>
</tr>
<tr>
<td>Laboratory Services (Area Medical Lab)</td>
<td>PHC-P (ICW AFRIMS and NEPMU-6)</td>
</tr>
<tr>
<td>EID/Tropical Medicine*</td>
<td>PHC-P (ICW AFRIMS and NEPMU-6)</td>
</tr>
</tbody>
</table>

*Indicates USPACOM HLOE
Functional Area Playbooks

- Health System Support (Operational Medicine)
  - Medical Support to PKO
    - Basic First Responder
    - Medical First Responder
    - UN Level 1 Clinic
    - UN Level 2 Deployable Hospital
    - UN Level 3 Deployable Hospital
    - UN Level 4 Fixed Facility

- Health Service Support
  - Behavioral Health
  - Clinical Laboratory Services
  - Dental
  - Logistics
  - Nutrition Care
  - PAD
  - Pharmacy
  - Physical Therapy
  - Radiology

- Force Health Protection
  - Preventive Medicine
  - Veterinary Services
Physical Therapy Engagement Reference
(Just One Example)
**Physical Therapy Definition & Resources Available**

**Capability Definition (Army, Joint, International reference):** Physical Therapy is a health profession that emphasizes the evaluation of neuro-musculoskeletal disorders and the application of therapeutic exercises and physical modalities for the prevention and treatment of impairments to human motion and for the relief of pain and disability. Military serve in physician-extender role in management of neuro-musculoskeletal disorders.

**Potential US Army units/organizations available for engagement:**

1. **Active Duty:** Combat Brigade (2/25ID, 3/25ID, 2/2ID, 1/2ID, 1SF, 1/25BSB, 3/25BSB), Korea (121st GH, Camp Casey, Camp Humphrey, MEDCENs (TAMC, MAMC)
2. **National Guard:** PTs
3. **Reserves:** IMA PTs
4. **School house:** AMEDD C&S
5. **Other:** USARIEM, USAPFS, Proponenty for Rehab & Reintegration

**FMS Opportunities:** N/A

**IMET Courses:**

1. **PT Specialist Course:** Course: 303-68F-10; MASL: Phase 1: B175233; Phase 2: B175232; Location: Ft Sam Houston, TX; Course Length: 28 Weeks 0.0 Days
2. **USA Baylor Univ Doctoral Prgm in PT:** Course: 6-250-C18-65B; Location School Code: Phase 1: 081; PHASE 2: 830, 831, 834, 835, 836, 837, 839; Location: Ft Sam Houston, TX; Course Length: 126 weeks 3 days
3. **Tactical Combat Casualty Care Course:** Course Length: 1 week; Location: Ft Sam Houston, TX
4. **Joint Operational Deployment Course:** Length: 1 week; Location: Ft Sam Houston, TX
5. **COL Douglas A. Kersey Adv Clin & Ops Practice:** Length: 1 week 1.5 days; Location: Ft Sam Houston, TX
6. **Management of Burns & Multiple Trauma:** Length: 1 week, Location: Ft Sam Houston, TX
## Physical Therapy

<table>
<thead>
<tr>
<th>Capability</th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Significant</th>
<th>End State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctrine/Policy</strong></td>
<td>* No policies</td>
<td>* Fragmented policies</td>
<td>* Robust policy components to include complete evaluation and management, injury prevention promoting medical readiness, and deployment health, but not widely utilized or communicated</td>
<td>* Comprehensive, well-articulated policies developed and utilized.</td>
<td>* Policies, protocols and guidance continually reviewed, maintained and updated.</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>* No patient care provided</td>
<td>* Not linked to healthcare system (Minimal or basic patient care services)</td>
<td>* Limited sharing of medical care with larger healthcare system (Moderate patient care management)</td>
<td>* Widespread sharing of patient care with larger healthcare system (Moderate - Extensive basic patient related systems)</td>
<td>* Widespread sharing of patient care with national healthcare system (Robust patient management/consultation processes)</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>* No training program</td>
<td>* No standardized training program</td>
<td>* Training programs exist for personnel but may have variable standardization</td>
<td>* Formal, clearly-delineated training pathways in place</td>
<td>* Lessons learned and best practices captured, shared &amp; incorporated into program improvement.</td>
</tr>
<tr>
<td><strong>Materiel</strong></td>
<td>* No supplies or equipment available</td>
<td>* Limited storage and basic supplies</td>
<td>* Basic storage and basic durable equipment available but limited maintenance</td>
<td>* Acquisition processes in place to procure basic to some durable supplies</td>
<td>* Acquisition processes in place to procure all non-durable and durable supplies routinely</td>
</tr>
<tr>
<td><strong>Leadership &amp; Education</strong></td>
<td>* No administrators * No education program</td>
<td>* 25% dedicated administrators * Basic education on MS conditions</td>
<td>* 50% dedicated administrators * Basic Supervisor’s training * PT: Master’s or Doctoral Degree * Technician Training</td>
<td>* 75% dedicated administrators with some dual hospital leadership role * BHA training * PT: Master’s or Doctoral Degree * Technician/PTA Training program * CEU training recommended, not enforced</td>
<td>* 100% dedicated administrators with consistent dual hospital leadership role * Master’s Healthcare Administration or equivalent * PT: Master’s or Doctoral Degree * Technician/PTA Training program * CEU requirement part of credentialing process</td>
</tr>
<tr>
<td><strong>Personnel</strong></td>
<td>* No trained or qualified personnel</td>
<td>* 25% trained or qualified personnel per TDA</td>
<td>* 50% trained or qualified personnel per TDA</td>
<td>* 75% trained or qualified personnel per TDA</td>
<td>* 100% graduated from certified program per TDA * License and board certifications * All PTs credentialed to practice</td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td>* No storage or work space for PT services * Paper patient care record</td>
<td>* Limited space for storage or work space for PT services * Basic PT facility with adequate security</td>
<td>* Dedicated space(s) for PT services and equipment * Moderate private patient care space * All personnel have access to computers and patient related systems</td>
<td>* Multiple areas of dedicated space(s) for full spectrum of PT services and equipment.</td>
<td>* Full spectrum of computer for patient related systems &amp; staff education.</td>
</tr>
</tbody>
</table>
**SMEE USARIEM**

**SMEE PT Executive Leaders/OTSG**

**SMEE on TBI Care & Chronic Pain Rehab**

**SMEE on Burn & Wound Care Rehab**

**SMEE on Amputee Rehab**

**SMEE on Advanced Clinical & Operational Practice**

**SMEE on Joint PT Operational Deployment Course**

**SMEE on Physical Fitness Enhancement & Musculoskeletal Injury Prevention**

**SMEE on Intermediate PT Evaluation & Treatments**

**SMEE on Initial PT Evaluations & Treatments**

Concept Development Workshop: Initial Needs Assessment (using Physical Therapy Assessment Tool)

LEGEND

Proposed, Funded & Accepted = 
Proposed, Funded, Not Accepted = 
Not Funded or Proposed = 
PT scorecard used to identify = ** capability gap
5 Year Country Engagement Plans

**Purpose:** To obtain US Army Pacific Command concurrence of RHC-P 5 year Global Health Engagement Strategy based upon Annex A (Health Engagements) to the RHC-P Campaign Support Plan and in support of USARPAC Theater Security Cooperation Objectives.

**Outline:**
1. Bangladesh*
2. Cambodia
3. India
4. Indonesia
5. Malaysia
6. Mongolia*
7. Nepal*
8. Philippines
9. Thailand
10. Vietnam

*Indicates USARPAC Lead for Coordinating Health Engagements

**Endstate:** RHC-P Health Engagements assure our allies and partners, prepare them to assume multinational leadership roles, enhance partner capacity to participate in multilateral crisis response, open lines of communication, and sustain access to countries with limited capacity to contribute toward regional and international security.
RHC-P GHE Strategy Development

- UNCLASSIFIED
- Slide 19 of 27
- 30 SEP
- RHC-P CG VOCO & Guidance for Developing RHC-P Health Engagement Strategy

- Draft FY18 CONOPS
- JUL-SEP 16
- 12-17JUN16
- USARPAC EDWG
- 26APR16
- 5 yr Strategies Briefed to SCP
- 15APR16
- 5 yr Strategies Briefed to RHC-P CG
- 14APR16
- RHC-P 5 yr Country Strategies Complete
- 12APR16
- RHC-P 5 yr Country Health Engagement Strategies Drafted
- 11MAR16
- RHC-P Functional Area Playbooks Complete
- 05FEB16
- RHC-P Functional Area DOTMLPF Scorecards Complete
- 07DEC15
- RHC-P Health Engagement Annex to Campaign Support Plan Published
- 15OCT15
- RHC-P HTSCPG Established

- XSIQ
  - Preliminary
  - ERP Dev
- COORD
  - Long Range CEF
  - ELP
- PLAN
  - ERp Approval
  - XSIQ EXORD
  - Budget Laydown
  - PLANORD
  - CONOP
    - Prioritization
    - Resource Integration
- CONFIRM
  - CEF
    - Excavation Year -1
    - Country Team
- REFINED
  - CEF
    - Excavation Year Sync
    - WARLS, METALS
- FY+1
- FY+2-5

Revise Annex
Ongoing Activities

• Internal
  - Exploring the development of Programs of Instruction for certain Functional Area Playbooks
    ICW USU Center for Global Health
  - Refining 5 year health engagement strategy for priority countries in the region and working
    with Security Cooperation Community to info FY18 CONOP submissions
  - Initiate engagement assessments (USU Center for Global Health)
    - Measures of Performance (near term 1 year)
    - Measures of Effectiveness (long term >3 years)

• External
  - Work with USAMEDCOM to address DOTMLPF gap analysis informed by RAND study to support
    RHC health engagement implementation
  - Assist US Army Pacific Assistant Chief of Staff (Medical) in publishing the Health Engagement
    Appendix to Theater Campaign Support Plan Health Annex
  - Continue to support US Army Pacific and US Pacific Command Security Cooperation
    Community in achieving strategic objectives by leveraging the US Army Medical Enterprise in
    the Pacific
RHC-P GHE Vignettes
Regional Health Command – Pacific (TAMC) Palau Urology Humanitarian Mission

**Communications Objectives**

- Supports USPACOM and USARPAC Theater Security Cooperation objectives
- Interact with Palauan health care teams and officials to treat Palau citizens
- Help Facilitate air-evacuation of Palauan citizens to higher level of care as needed to include but not limited to TAMC, Philippines, or Korea

**Activities**

- Medical training to local providers on the evaluation and treatment of diseases of the genitourinary tract and retroperitoneum.
- Provide Urologic preventative medicine, Outpatient, Inpatient, Preoperative, and Postoperative care following surgical intervention
- Maintain and improve the infrastructure for ongoing Urology Medical Missions to Palau

**Key Take-Aways**

- Continued coordination between the Government of the Republic of Palau, USARPAC, MEDCOM, and RHC-P.
- TAMC Urology Team managed 200 patient encounters and performed 35 surgeries.
- Improved PHC-P medical proficiencies in international settings.
Event:
- Pacific Regional Medical Command (PRMC) Palau Ear, Nose, & Throat (ENT) Humanitarian Missions 1975-2016:
  - Three to Six-person PRMC teams, fully-funded missions by Republic of Palau’s Ministry of Health.
  - Provide Otolaryngology support to Palau citizens.

Communications Objectives:
- Supports USPACOM and USARPAC Theater Security Cooperation objectives.
- Interact with Palauan health care teams and officials to treat Palau citizens.

Activities:
- Medical training to local providers on the evaluation and treatment of diseases of the ear.
- Otolaryngological surgical intervention.
- Auditory rehabilitation of chronic ear diseases.

Key Take-Aways:
- Unique, long-term coordination between the Government of the Republic of Palau, U.S Department of State, USARPAC, MEDCOM, PRMC, and Tripler Army Medical Center.
- ENT Team routinely has over 600 patient encounters, performs over 100 clinic procedures and roughly 40 surgeries.
- APA Signed Feb 2016
- Improved MEDCOM medical proficiencies in foreign environments.
Event: 6-Person surgical team from TAMC partners with USAID to perform two medical missions in 2016 for the purposes of improving Bangladeshi medical institution’s obstetric fistulae treatment and prevention capacity and contribute towards the reduction of the nation’s fistulae repair backlog.

Objectives:
• Provide technical expertise and instruction on surgical technics to prevent fistula during cesareans and hysterectomies; vaginal surgery for prolapse; infection control compliance; operating theater competencies and efficiencies, and repair of bladder/ureteral injury
• Establish relationships with USAID and the Bangladesh medical community and better the lives of fistula sufferers.
• Boost US expeditionary surgical medical readiness by performing complicated obstetric surgical repairs at Partner Nation medical facilities.

Planned Activities:
• Pre-mission visit: COL Gehrich and COL Dietrich (late May) Field trips to Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka, Kumudini Hospital in Mirzapur, and Ad-din Hospital in Khulna; Identify lecture topics; Identify Class VIII shortages; Complete final mission planning preparations
• On-the-Ground Missions: First 12-day mission in early Fall 2016; Second mission in early Nov 2016; Assist Bangladeshi Doctors in performing 40 to 50 surgery repairs; Deliver lectures and training via live surgery/video as guest speakers at BSMMU

Key Take-Aways: This is the first DoD-executed, USAID-funded health care engagement mission planned in the PACOM AOR. If this partnership proves successful, it could open the door to a host of future engagement opportunities in Bangladesh and elsewhere.
Event: RHC-P supported the implementation of USPACOM’s Blood Safety Program from 12-20FEB16 in Cambodia to assist the interagency and international community in building host nation biosecurity capacity and a sustainable blood program to support humanitarian assistance and disaster response requirements.

Objectives:

- Increase interoperability between US DoD, interagency (CDC), Australian Red Cross, World Health Organization, Global Fund, USACoE and Cambodian Ministry of Health (MoH) and Ministry of Defense (MOD).
- Strengthen the Cambodian MoH and MoD capacity and capability to provide a safe and secure blood supply.
- Establish relationships with Cambodia military medical staff to facilitate the planning, training and execution of a National Blood Transfusion Center, two provincial blood centers, and three regional centers.

Activities:

- Office Call: MG Keo Davuth (MoD Hospital)
- Grand Opening: Provincial Blood Transfusion Center, Honorable Guests: Cambodia Minister of Health; US Ambassador; USARPAC Deputy Commander; CDC Deputy Country Director; representatives from the US Navy Research Unit 2; and USPACOM Joint Blood Program Officer
- Site Visits: Preahket Mealea Military Hospital and National Blood Transfusion Center
- Workshops: Blood Transfusion Safety attended by Doctors, Nurses, and Medical Laboratory Technicians from across the country and various organizations

Key Take-Aways: Significantly enhances Cambodia’s professionalization in biosecurity; supports land forces contribution to regional and global security; advances a whole of government approach (both USG and PN); advances USPACOM and USARPAC partnership and presence objectives.
Event: 18TH MEDCOM (DS), in direct coordination with the U.S. Embassy Office of Defense Cooperation (ODC), executed a bilateral military-military hospital administration (medical equipment management) and nursing subject matter expert exchange (SMEE).

Objectives:
- To share best practices between US DoD and Mongolian Armed Forces (MAF) healthcare professionals.
- Demonstrate continuing U.S. commitment while influencing and developing relationships that build partner defense capacity.
- Support MAF in enhancing their UN Level II, expeditionary medical capability and Role III fixed facility, through best nursing and equipment management practices.
- Strengthen the MAF capacity and capability in managing and maintaining extensive medical equipment inventories.
- Establish relationships with MAF medical staff to facilitate the planning, resourcing and opening of a nursing continuing education system.

Activities:
- Office Call with Hospital Commander and select staff.
- Share best practices in Combat Stress Control, Nursing Care of Ventilated Patients, Prevention of Nosocomial Infections, Pre/Post Deployment Health assessments, CPR and Nursing Triage.
- Demonstrate biomedical equipment maintenance, Discuss acquisition and lifecycle management for TDA and MTOE equipment, and plan for acquisition and management of new equipment.

Key Take-Aways: Advances USPACOM and USARPAC partnership and presence objectives; ensure information exchange is conducted at the appropriate action level; communicate specific requirements to ODC that further meaningful engagements; remain flexible and respectful.
Questions and Discussion