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### **Comments for Force Health Protection Conference August 7, 2000**

Good morning, General Keane, General Parker, General Martinez, and fellow Force Health Protection professionals. Thank you for this opportunity to participate in the 3<sup>rd</sup> annual Force Health Protection Conference. WELCOME TO BEAUTIFUL DOWNTOWN BALTIMORE – MY HOMETOWN! I would also like to welcome those attendees from the Navy, Air Force, and Marines, and the delegation from Mexico. As the Deputy Assistant Secretary of the Army for Environment Safety, and Occupational Health, and Executive Agent for the Defense Occupational Health Program, I can assure you that your work is vital to the future success of the Army and DOD.

The format of this Force Health Protection conference - bringing together the broad spectrum of preventive medicine expertise – is a truly great idea. This team approach is essential for solving the complex issues that threaten the health of our forces in this new millenium. I commend all of those individuals who have been involved in bringing this concept to life. General Martinez, I'd like to thank you and your people at the CHPPM for coordinating this conference and for all the excellent support you've provided my office and the Army over the past year.

The past few years have been years of change, challenge, and achievement for Force Health Protection professionals. As we proceed into the next decade, Force Health Protection becomes increasingly important, but proportionally more difficult.

The Army has been undergoing profound changes as its center of gravity shifts from overseas installations to CONUS-based forces – forces that deploy more frequently than any time in our history.

Just last week, we had over 24,000 soldiers – Active, Reserve, and National Guard components -- deployed in more than 75 nations around the globe. In additions, there were 123,000 soldiers forward stationed in 108 countries. Many of these places are not “garden spots.” The work is difficult and full of risks, the workdays are long, and the climate is often inhospitable.

Diseases and environmental problems that we addressed long ago here in the United States are still serious health threats in some of these deployments. That’s why your role in protecting our nation’s sons and daughters has grown more important than ever.

In addition to deployments we operate more “cities” than any other organization in the world. We have extensive industrial facilities, research and development centers, labs, hospitals, and military training areas. We train, manufacture, repair, maintain and do research of all kinds. This incredible array of complex activities presents a one-of-a-kind challenge for all of you in the audience. Rarely are your colleagues in the private sector asked to apply their skills and knowledge in such diverse settings. This hit home as I was reading your agenda for this conference – You have responsibilities for everything from the Anthrax vaccine program to Field Preventive Medicine to Tobacco Cessation.

I’ve now been with the Army for 31 years, starting as a young soldier – much like the soldiers who now benefit from your work. I’ve been in various aspects of Force Health Protection for 28 of those years. In that time I’ve seen incredible changes in the way the Army recognizes and

addresses Force Health Protection issues. All of you are a part of those changes.

Your theme for this year's conference, "Force Health Protection for the New Millennium," is quite appropriate. We must learn to operate in a new, rapidly changing period in world history. This is also a period of change for the Army. We recently embarked on a challenging plan to transform our Army into a faster, lighter, and more agile force, able to deploy from our home bases on a moment's notice, and able to adapt and to execute a broad spectrum of missions. We have heard a great amount of discussion about the hardware that will help us in this transformation. But, while the hardware considerations are vitally important, we must not forget the human component of these new weapon systems. Environment, Safety, and Occupational Health are integral factors for the planning, development, deployment, operation, maintenance, and eventual disposal of these new systems.

The stresses placed on our warfighters and peacekeepers by today's OPEMPO are certainly the highest ever known during a time of relative peace. At the same time, the size of our forces and the resources available to sustain and operate these forces continue to decrease. Now more than ever – every soldier - and sailor, airman or marine – is critical to mission success. Our job as Force Health Protection professionals is keep them, fit, healthy and mission ready. Moreover, we must ensure that they maintain their fitness and health all the way through the frequent deployments, and after they return to their home stations.

One of the major changes I have noticed is in the concerns and attitudes of our soldiers. On the average, the troops are older now than we were back in the Vietnam era. A large percentage of today's soldiers have spouses and children. They think about the future (at least a few of them

do). This is a big change from when I first put on a uniform in 1967, when most of us were 18-year-old single males.

As demographics and attitudes changed, the focus of our Force Health Protection efforts has expanded, especially during deployments. Up to about ten years ago, our preventive medicine efforts focused mainly on mission accomplishment. The goal was to keep the troops physically healthy long enough to accomplish the mission, then deal with any resulting minor illnesses and injuries after the deployment. Then came Desert Shield/Desert Storm. We quickly found out that public expectations – and media interest – had suddenly exceeded our Force Health Protection capabilities. A relatively low rate of disease and non-battle injuries quickly became the focus of extraordinary interest – from veterans and their families, from the general public, and from Congress. A number of you in this audience were part of the Army's initial response to assess environmental risks during the later stages of the Gulf War.

It was a difficult task – but with a lot of innovation, quick thinking, and persistence, you were able to collect the data to answer many of the critical questions. That experience in Southwest Asia, and the ensuing controversy about “Gulf War Illness” changed the way the American public and the Army think about Force Health Protection. A few years ago I was visiting an installation and had lunch with a group of soldiers who were preparing to deploy to Bosnia. After they found out who I was and what I did, the biggest question was “Am I going to get sick over there like the guys did after Desert Storm?” “Will I be able to have kids?” Fortunately, I was able to respond by describing the ongoing environmental surveillance in Bosnia, which I believe alleviated some of their concerns.

Deployment Health Surveillance and Deployment Environmental Surveillance have come a long way since the Gulf War. Our medical and environmental intelligence, our sampling equipment, and our data analysis capabilities are light-years ahead of what we had 10 years ago, and are continuing to improve. For instance, the Armed Forces Center for Medical Intelligence (AFMIC) can now provide better intelligence about environmental contamination and pollution problems in potential theaters of operation. Air and water-sampling equipment have become much smaller and easier to use, making more data available. Operational planners are beginning to pay attention and ask questions, and avoid some of the problems we've had in the past. Our deployment environmental surveillance capabilities are now widely recognized and highly regarded in the multinational environment. Our allies have come to depend on us for data on environmental risks in deployment areas.

More importantly, the planning is now underway to institutionalize the requirements and drive continued improvements in our capabilities for the coming decades. Many of you have been involved in developing the new Army policy for managing Occupational and Environmental Health Threats during deployments. We are rapidly approaching a time when operational commanders will have access to real-time data that will help them minimize health risks to deployed troops. Force health protection is more engaged in operations than ever before – we are becoming a part of the operational equation.

But deployment issues are not the only area of accomplishment – Far from it. Many of your initiatives are yielding enormous benefits for military installations and the industrial base, as we continue to address the challenges of change and transition. Reduced resources have driven the need for increased efficiency and better ways of doing business. The attitudes and concerns of the American

public toward military installations have also changed. Our actions are questioned and scrutinized to a degree that was unimaginable 20 years ago. People have unprecedented access to information – some of it factual, some not - from an increasing number of sources, each with its own agenda. This is why your objective, scientific analysis and input is absolutely essential for us policy makers in Washington. Without it, we find our policies are driven by politics and paranoia!

These factors force the Army to consider Force Health Protection issues – and potential community health impacts – more thoroughly than ever before. As an example, our stockpiles of chemical weapons were considered a critical element of defense during the cold war era. Now, they are a national liability. Protecting our employees and the American public while we safely dispose of these relics is a difficult technical challenge and a top Army priority.

This has driven the need for new exposure and health risk guidance geared specifically to the general population that may reside near stockpile sites. The recent development of revised chemical agent exposure criteria, by integrated teams of Force Health Protection professionals, was a rigorous scientific exercise. This effort will help protect the health of both employees and community members during the destruction of these obsolete and dangerous munitions.

As I mentioned earlier, Force Health Protection is more than consideration of health impacts – it is simply good business practice. It yields significant gains in efficiency, performance, and product quality! Top corporations have known this for years, and we in the Army are now learning how to “sell” these benefits to our leadership. One of our biggest success stories, and a continuing priority for my office, is the integration of Force Health Protection into the acquisition process.

A number of years ago, some of the people in this room were key players in implementing the MANPRINT process and the Health Hazard Assessment Program. The objective was to identify potential health hazards in weapon systems during the design and development phases. Before the MANPRINT and HHA programs were created, we did not systematically consider Force Health Protection in the design process, which often resulted in systems that polluted the environment and threatened the health and safety of the users. Of course, this generated tremendous downstream costs in resources, readiness, and soldier morale. The MANPRINT process and Health Hazard Assessment Program helped us shift from “find and fix” mode to “anticipate and design.” By working with the acquisition community during the development process, we have been able to eliminate many potential problems before the weapon systems go into production.

We have also been successful in getting Force Health Protection a seat at the decision-making table. I recently became a voting member of both the Army System Acquisition Review Council (ASARC) and the Cost Review Board (CRB) at the DA level. I can now exercise some oversight at various milestones during the acquisition process to ensure that Force Health Protection issues are adequately addressed on major weapons systems.

One of the principles of good business practice is focusing your resources where they can create the most benefits. For us, that means identifying and addressing those Force Health Protection threats that drain our manpower and impact readiness. Recent initiatives in Injury and Occupational Illness Prevention are helping us do just that. These Injury and Illness Prevention efforts have helped us identify those factors that cause the largest percentages of occupational illnesses and injuries, and have allowed us to focus our efforts to maximize readiness.

With the major CAUSES of injuries and illnesses identified, we can now work more efficiently to design intervention strategies, and keep our personnel alive, healthy and on the job.

Ergonomics is one area where DOD and the Army are well ahead of the rest of Federal Government and much of the private sector. Through the efforts of a number of dedicated Force Health Protection professionals, we are implementing programs that will not only reduce injuries and compensation costs, but also will increase productivity and product quality. Amazingly, it has taken a long time to sell the idea of fitting the task to the person and eliminate the “no pain, no gain” mentality. The monetary benefits of the program are potentially enormous – an estimated 90 million dollars per year in ergonomic-related workman’s compensation claims ALONE! That’s just in the Army!

In addition, the elimination of ergonomic problems reduces lost time and retraining costs, and increases productivity and product quality. That's why leading companies like Ford and Dupont have invested heavily in ergonomics and are now realizing enormous bottom-line benefits.

I could continue all morning with success stories about Force Health Protection, but over the next 5 days you can get the details from the experts themselves, and start working on your own success stories.

In closing, let me emphasize that your efforts and accomplishments are more important than ever before. In the course of my duties in the Army Secretariat, I must often address the consequences of situations where Force Health Protection was not a consideration. We can no longer afford the costs of these failures, either in dollars, time, decreased readiness, or most importantly, human suffering. Your business – Force Health Protection – offers our best chance of reducing this drain on readiness, morale, and resources.

As we start into this new millenium, we must shift the culture of the Army to be PROACTIVE instead of REACTIVE. This culture shift is imperative because in the fast-changing world of the new millenium, there may not be time for second chances. We must learn to anticipate problems and address them in the planning process.

There are many reasons why Force Health protection should be a priority. We can enhance readiness, save money, and improve morale and retention. But there are other outcomes that are often overlooked in the bottom line. In this environment of budget cuts, downsizing and outsourcing, we must not forget that PEOPLE are our most important resource. Our children, parents, husbands and wives probably don't spend a lot of time thinking about cost reductions or accident and illness statistics. They only ask that all of us return home each day safe and healthy, able to enjoy a good quality of life.

As I look out over this crowd and think about your accomplishments, I am encouraged that a culture change is beginning to take root. I am confident that with the combined talents and dedication of all of you in the audience, we can produce even greater benefits for the Army, and its people. I want to thank all of you for your dedication and hard work, and offer my best wishes for an informative and productive Force Health Protection Conference.

Thank you.