Prolonged Field/In-Theater Care

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Chair, Trauma & Injury Subcommittee
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Overview

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On September 28, 2023, the Assistant Secretary of Defense for Health Affairs directed the Defense Health Board (DHB) to recommend guidance on better integrating military-civilian training partnerships to improve prolonged field/in-theater care.
Objectives and Scope

• **Review the curriculum and experience** of current military-civilian trauma training partnerships.

• **Provide recommendations to best prepare DoD personnel** at military-civilian trauma training partner sites for prolonged field care in near-peer conflicts. Comment on the curriculum, locations, frequency of training, occupational specialties of participating DoD personnel, and best use of selection and performance criteria outline in the Blue Book.

• Provide recommendations **to better integrate military-civilian partnership** with attention to Direct Care MTF staffing and Regional Medical Operations Centers.

Problem Statement: The Future of Warfare

• **Peer/Near-Peer Conflict – Large-Scale Combat Operations**
  - Multi-domain operations
  - High rate of casualties
  - Contested freedom of movement
    - Constrained medical logistics, including blood
  - Change in type of injuries seen
    - Disease non-battle injury
    - Chemical, biological, nuclear injury
Problem Statement: The Future of Warfare

• Peer/Near-Peer Conflict (continued)
  o Changing face of the warfighter
  o Need for “reverse triage”
  o Delayed, complex, lengthy evacuations
  o Stress on continental US (CONUS) healthcare systems
    ▪ Need for better integration of the military, Federal, and civilian healthcare systems

Background: Definitions

• Prolonged Field Care (PFC)
  o Evolved from observations by special operations Forces and Marine Corps medical personnel, and the need to provide care in resource limited, austere environments

• Prolonged Casualty Care (PCC)
  o Delivered by medics and corpsmen
  o Provision of Tactical Combat Casualty Care beyond the “Golden Hour”
Roles of Care

- Role 1: Immediate first aid delivered at the scene by combat lifesaver or combat medic
- Role 2: Increased medical capability with limited inpatient bedspace
  - Includes basic primary care
  - 100% mobile
- Role 3: Highest level of medical care in combat zone with bulk of inpatient beds
- Role 4: Medical and surgical care outside combat zone, but within the communication zone
  - Patients requiring more intensive rehabilitation or special care
  - Example: Landstuhl Regional Medical Center
- Role 5: Definitive care at hospitals in CONUS
Summary of Activities to Date

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<td>Nov 1, 2023: T&amp;I Meeting</td>
<td>Brief on Strategic Priorities in Peer/Near-Peer Conflict Report Development: Report Outline</td>
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<td>Nov 8, 2023: T&amp;I Meeting</td>
<td>Brief on PFC/PCC in the Joint Trauma System</td>
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Emerging Findings

- Terminology is not standardized across the Services
- Training is not standardized across the Services
- Military-civilian partnerships (MCPs) are critical for trauma training and casualty care
- Critical shortages of blood are anticipated
- National resources may be stretched to meet ongoing U.S. healthcare and casualty care needs
Way Ahead: Anticipated Reports

• Interim Report: March 2024
  o Framework for in-theater care
  o Military-civilian education and training partnerships
  o Walking Blood Bank training

• Final Report: September 2024
  o Review of anticipated injuries
    ▪ Joint Trauma System data
  o Further delineation of MCP requirements
  o Military/Federal/ civilian healthcare system integration and preparedness

Questions