





- Cumbersome
- Heavy
- Slow to arrive in theater
- Too many people
- Misaligned specialties
- Outdated medical equipment
- No computer capability



Cold War Paradigm:

Prepositioned large forces overseas Sophisticated, fixed facilities for medical care



- A remnant of our Vietnam experience
- Designed to move stable patients
- En route care personnel may not be current in critical care
- Normal crew
 - 2 RN's
 - 3 AET's
 - May need to care for 60+ pt.'s









- Provide "essential" care forward
- Austere but Adequate
 - Emphasis on early evacuation
- Modularize deployable medical units
- Critical care capable evacuation system



A Solution for Homeland Security ????



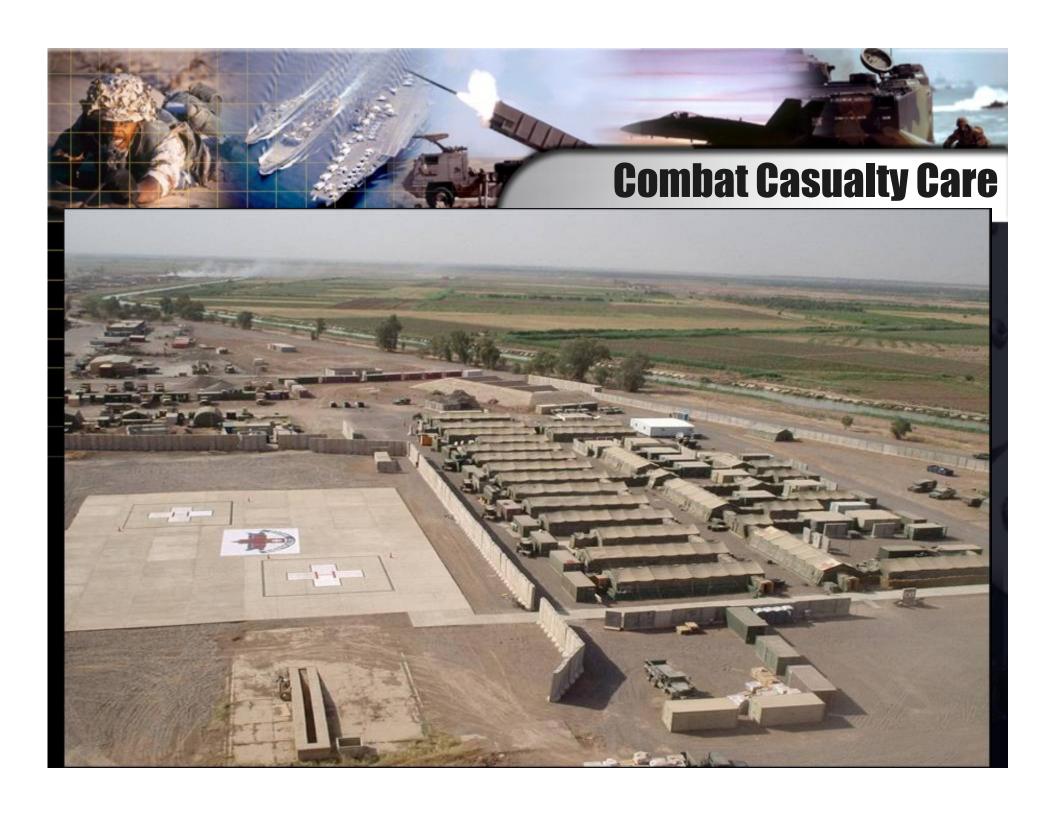
- Stabilized, but not stable
- Hard to provide resource intensity and duration of care in austere environment



Solution:

Continuous En Route Combat Casualty Care















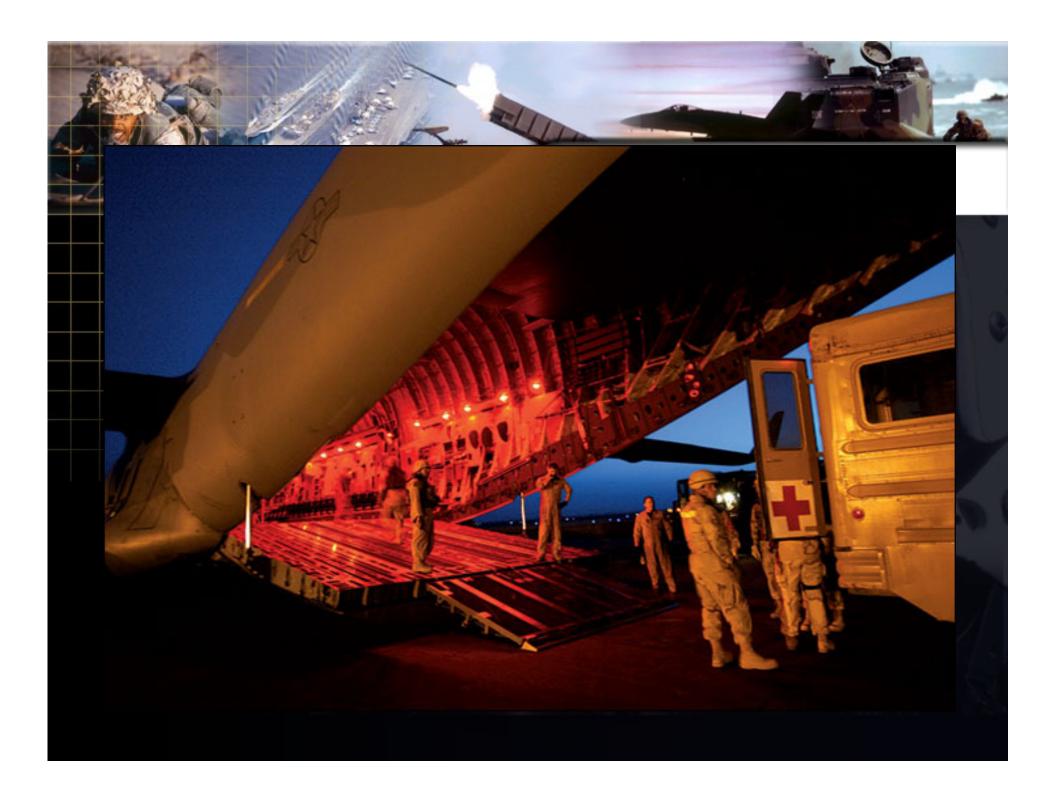






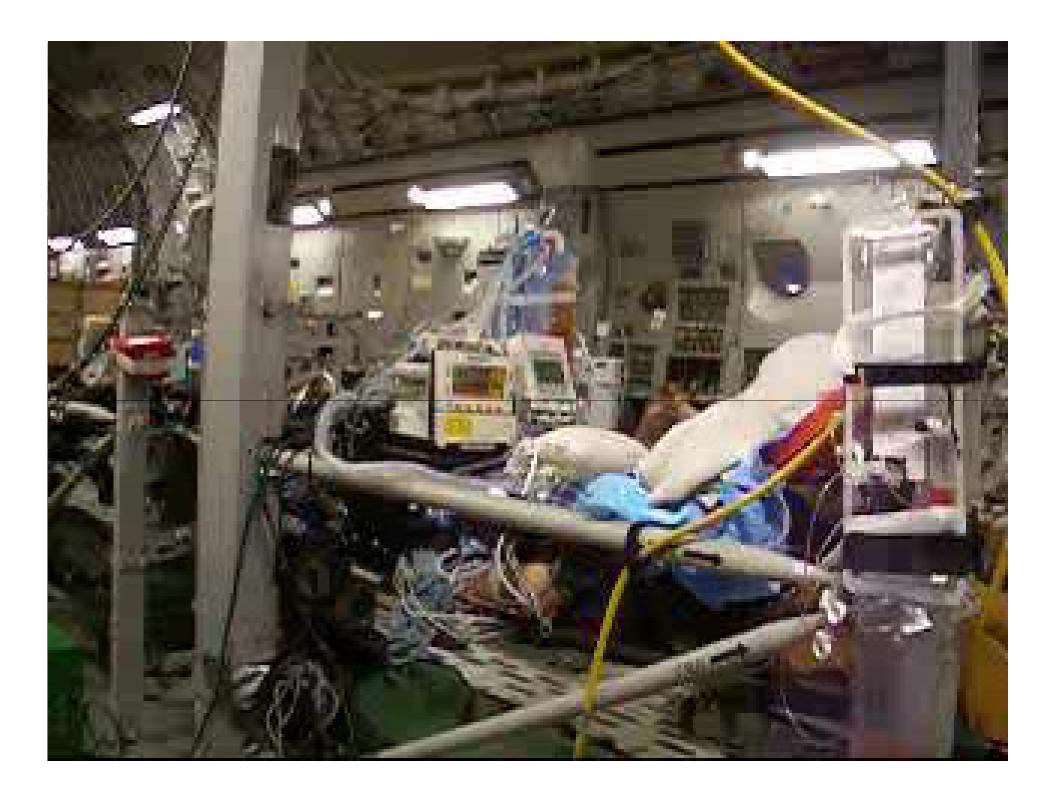


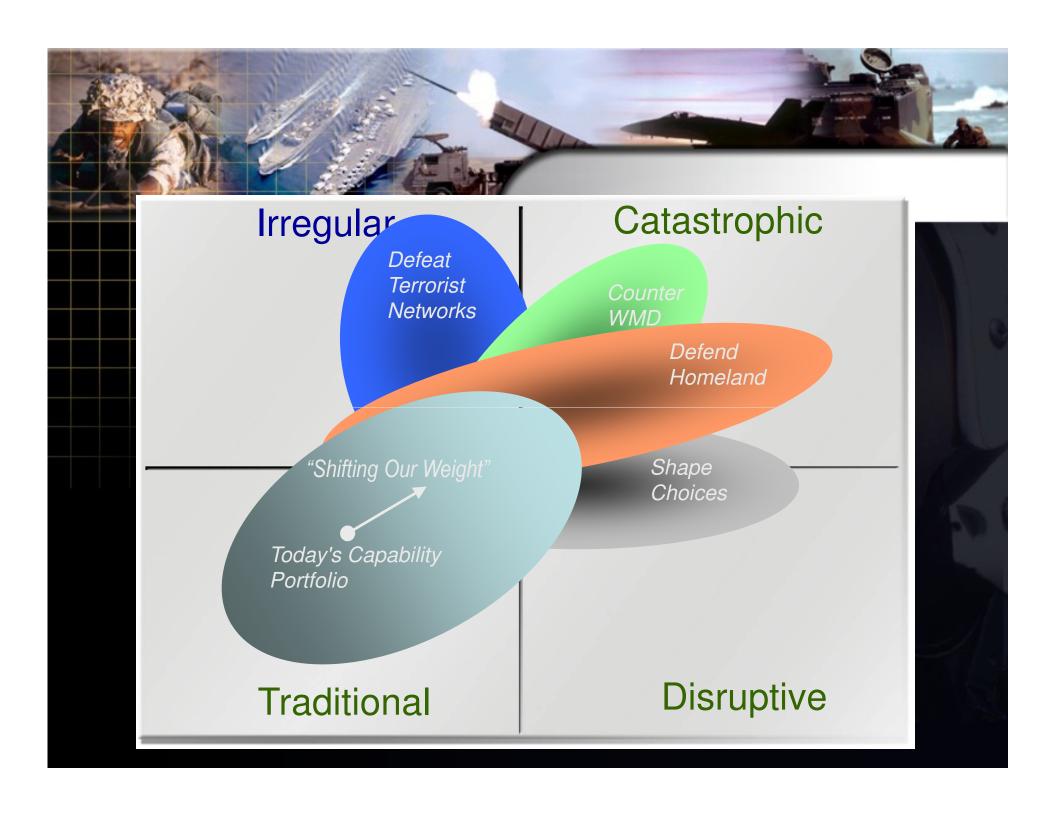




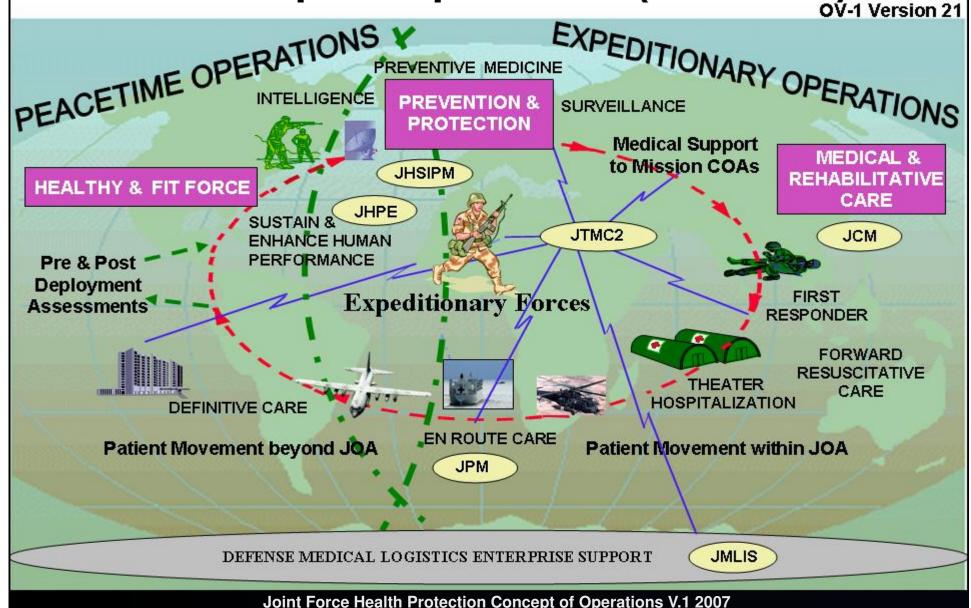








Joint Force Health Protection Concept of Operations (CONOPS)





- Once perceived as largely acute, post-casualty care, military medical capabilities are being reshaped into more responsive, joint-centered capabilities with more balance between prevention and treatment.
- Historically, disease non-battle injuries (DNBIs) have been far greater sources of casualties than injuries and illnesses inflicted by enemy combatants.
 - Prevention
 - Intelligence



- Continuum is no longer linear
- The medical system must be capable of rapidly adapting to the conditions of the operation.
- Ensuring the right medical assets are available at the right place and at the right time.
- Must be seamless, interoperable, interdependent, and fully networked to advise and consult with various SMEs, military/civilian organizations, agencies and host nation treatment facilities.



- The warfighter relies on preventive medicine disciplines to optimize human performance; vaccines, prophylactic medicines, epidemiology and health risk assessments, vector control measures, field industrial hygiene and food/water safety and sanitation.
- Site and health risk assessment are key functions to ensure the protection of forces both in the garrison and deployed settings



- Need to align military health services capabilities to meet the requirements of Homeland Defense, civil support and medical civil-military operations.
- Civil-Military teams must integrate medical expertise/intelligence into the earliest phases of planning, intelligence, diplomatic and military capabilities of the US Government, multinational partners and host nations, aided by adjunct academics and representative from international/agency government organizations.



- Must effectively provide health protection to a joint force that will
 - operate in a complex and diverse operational environment
 - confront a range of traditional and new adversaries and threats
 - employ and integrate new technologies
 - collaborate with other organizations, agencies, nations and cultures.
- Net centric operations to accelerate the ability to know, decide and act in real time with greater self-synchronization and precision.



