



Marines with Combat Logistics Battalion 31, 31st Marine Expeditionary Unit, move simulated casualty to triage care during casualty evacuation exercise aboard amphibious assault ship USS *Wasp*, underway in Philippine Sea, June 12, 2019 (U.S. Marine Corps/Isaac Cantrell)

environment presents unique constraints for those traditional partnerships. As the article mentions, the Expeditionary Fast Transports (EPFs) have been identified as a viable solution for movement and treatment of patients, and design concepts are under way.

Forward Resuscitative Care. A great deal of analysis has been done that demonstrates the necessity of damage control surgery and forward resuscitative care as close to the point of injury as possible to increase survivability rates. Allowing greater distribution of Role II afloat both through the diffusion of Role II light maneuver in the fleet—as well as integration of surgical capabilities on the EPFs to increase surgical capacity, while also holding and moving the patient—is key.

Afloat Theater Hospitalization. The ability to maneuver and distribute over the significant distances of the Pacific while providing accessible capacity and capability challenge the current construct of USNS *Mercy* and *Comfort* hospital ships. The evaluation found a need to have smaller, more agile vessels that are able to be dynamically employed throughout the theater to support a wider range of warfighting missions. The Navy is currently reviewing alternatives to support the current and future demands.

As the demands and complexity of war continue to evolve, it is imperative that the Military Health System leverages its strengths and partnerships to truly enable the warfighter. An ongoing conversation and exchange of ideas is key to ensuring optimization of our resources across warfighting domains. JFQ

REAR ADMIRAL BRUCE GILLINGHAM
U.S. Navy Surgeon General

and

LIEUTENANT COMMANDER
KATHLEEN DAGHER
U.S. Pacific Fleet Medical Planner

Letter

To the Editor: The article “Joint Integrative Solutions for Combat Casualty Care in a Pacific War at Sea” by Dion Moten, Bryan Teff, Michael Pyle, Gerald Delk, and Randel Clark (*JFQ* 94, 3rd Quarter 2019) is an insightful piece that brings to light many issues that the Department of the Navy has been diligently pursuing over the past 2 years. In May 2018, the Chief of Naval Operations directed a comprehensive review of Navy Medicine’s ability to support the concepts of Distributed Maritime Operations and Expeditionary Advanced Basing Operations with the underlying concept of Fleet Design. This review was not conducted solely under the auspices of medical operational requirements in a distributed maritime environment. Rather, it was developed by leveraging capabilities across surface platforms and the combat logistics force in order to enable a comprehensive approach for medical capabilities across warfighting domains.

The requirements evaluation identified a necessary paradigm shift for the delivery of medical care within an austere and distributed maritime environment. As the article mentions, the standard

of the “golden hour” is no longer achievable in the future fight. The velocity-based capabilities that multidomain supremacy allows will not be granted in a Great Power competition. Instead, a capacity-driven network challenging the traditional continuum of care must be developed. The evaluation demonstrated many opportunities to develop capabilities to enable the warfighter. Some of the key findings that the Navy is currently developing are first responder care, patient movement, forward resuscitative care, and afloat theater hospitalization.

First Responder. The first responder is vital to survivability within a distributed environment. The Navy and Marine Corps recognize this and are currently instituting tactical combat casualty care for all Servicemembers and developing what prolonged maritime care will look like, both in equipment packages and training.

Patient Movement. A consistent gap in the Navy is the ability to treat and move patients via dedicated medical evacuation. Traditionally, the Navy and Marine Corps have leveraged Army and Air Force capabilities to treat and move patients around and out of the battlefield. A contested distributed maritime