



Global Medical Integration and US Central Command

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Overall Classification of this brief is **UNCLASSIFIED**

Disclosures

Presenter has no interest to disclose.

AMSUS and ACE/PESG staff have no interest to disclose.

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Characteristics of the USCENTCOM AOR

- **World's most energy- rich region**
 - 50% of world's petroleum reserves
 - 53% of natural gas reserves
- **Highly Complex Area**
 - **Strategic choke points**
 - Bab al Mandeb
 - Suez Canal
 - Strait of Hormuz
 - **Religious, ethnic, & tribal tensions**
 - **Youth Bulge**
 - 15-29 age group constitutes over 40% of the population in the vast majority of 20 states
 - **Inadequate economic development, insufficient basic services, and poor governance**



- 20 Countries Spanning 4.6M Sq Miles
- 530 Million People
- Home to 3 of the world's 5 Major Religions
- 18 Major Languages/22 Ethnic Groups



Global Medical Integration

Areas of Success

- **Expedited Patient Movement Request (ePMR)**
 - TF MED-A ID'd gap (AFRICOM similar issue)
 - TRANSCOM/SG worked with fixed wing users, suppliers, medics, regulators, etc
 - In less than 2 months, able to use ePMR
 - AFRICOM offered to use immediately as well
- **mTBI tools**
 - BrainScope and InfraScanner
 - MACE 2

Global Medical Integration

Areas of Success

(cont)



- **Damage Control Surgery**
 - CENTCOM and AFRICOM demand signal
 - Smaller, lighter DCS
 - More DCS
 - All 3 services adapted DCS capability to meet COCOM demand
- ***COCOMs need to bring requirements together***
 - ***Increases chances of adapting resources to requirements***



Global Medical Integration Areas for Consideration

- **Ability to rapidly deliver blood (and supplies) to base in need**
 - Drone? Drop off and Pick up?
 - Air Drop at time of need rather than routine storage
- **Poor Cross-Agency utilization**
 - DoD and DoS in Baghdad and Kabul
- **Poor Multi-lateral medical coordination**
 - FVEYs not coordinating Medical Security Cooperation efforts



Global Medical Integration Areas for Consideration

(cont)

- **Field medical documentation**
 - At least 3 solutions currently being used
 - BATDOK, T6, TCCC card
 - No integration and poor compliance of approved solution (TCCC card)
- **COCOM Deployed Medical Documentation**
 - Current system a patch quilt of solutions
 - Not the same across COCOMs
 - Funding seems to be drying up
 - Genesis is the future but scheduled 5+ years



Always Global Medical Integration?

- **Theater Medical Entry Requirements**
 - These must remain COCOM specific
 - Markedly different available resources
 - Coalition MTFs, Host Nation MTFs, A/E availability
- **Theater Training Requirement**
 - Different threats/resources drive different requirements

Global Medical Integration should certainly be sought, but consideration must be given to unique situations



Questions?