

**Task Force 2/7, “Ready for All, Yielding to None”**

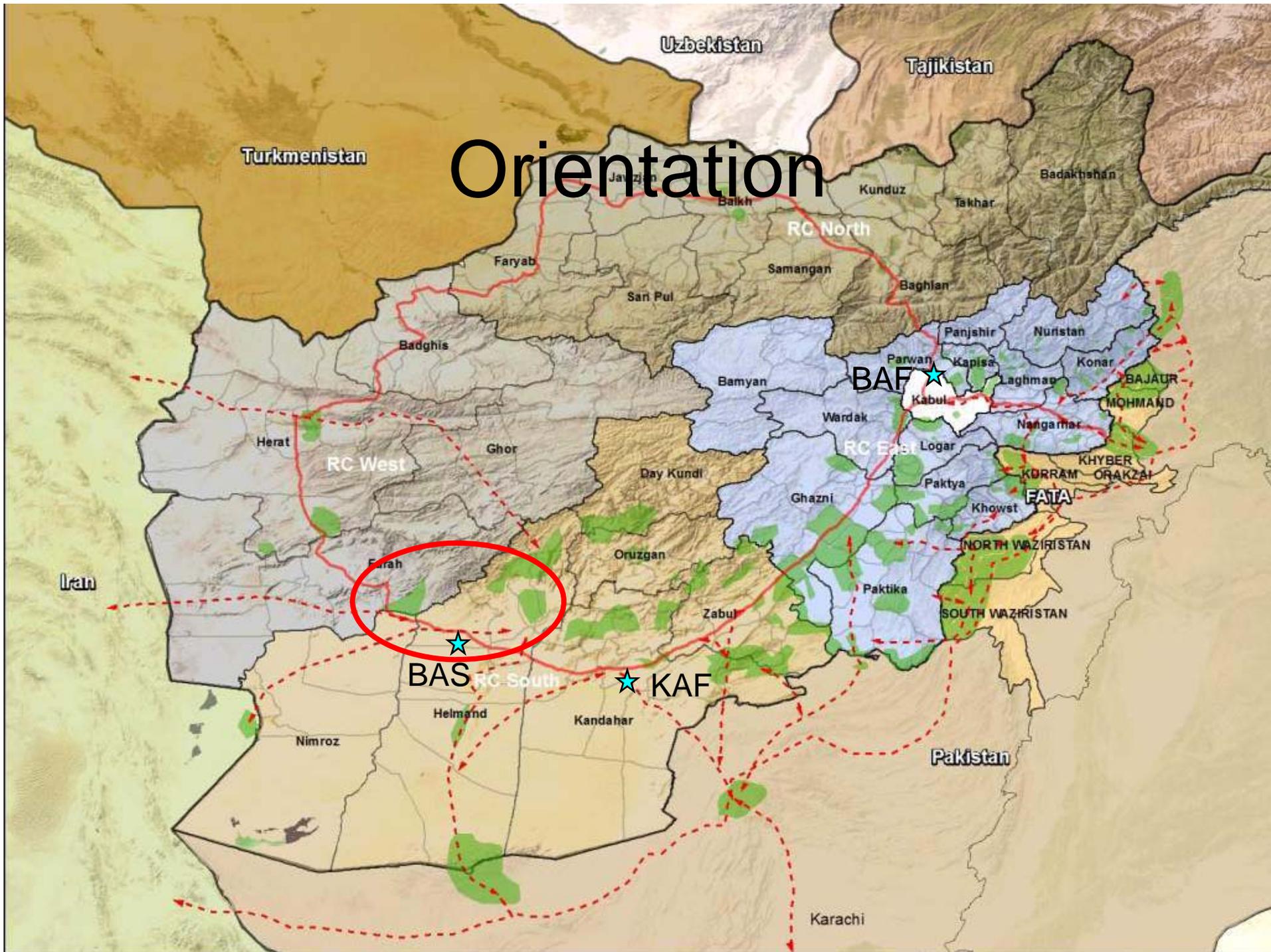


# **Combat Resuscitative Medicine, Afghanistan**

**CDR J.L.Hancock MD**

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# Orientation





# Environment (Civil Considerations)

- Mostly rural with small villages
- Neutral to Supportive





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# Environment (Terrain)

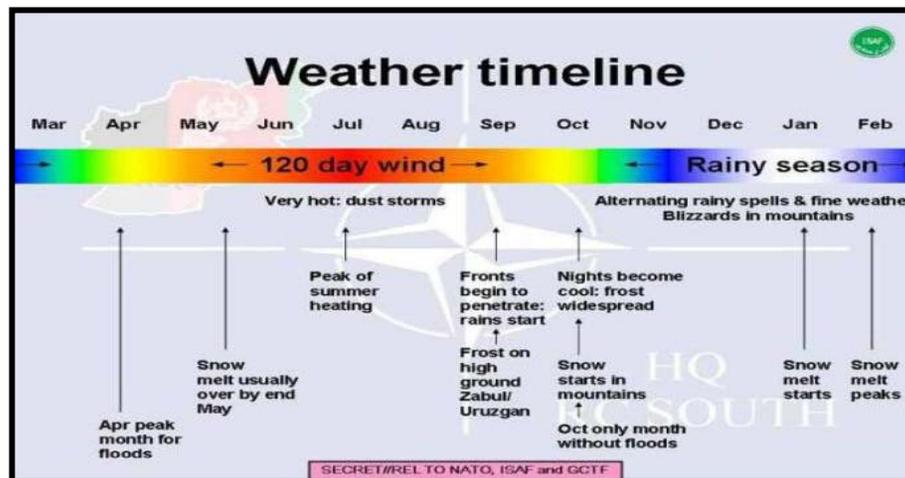
- The Ring Road is the main MSR in Afghanistan and is only one of two paved roads in our AO
- The terrain varies from flat desert in the south with numerous IV lines and wadies to mountainous very compartmentalized terrain in the North





# Environment (Weather)

- Rainy season will significantly effect on force
  - Oct to Mar
- Ever Present Issue





# Environment (Critters!!!!!!!!!!)



JOHN H. TASHJIAN/FORT WORTH ZOO



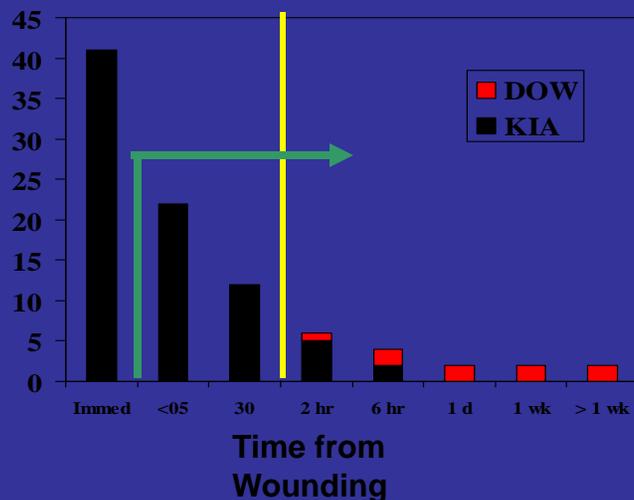
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# Underlying Principles of Change

- **The Myth of the Golden Hour**
  - Time to death is a continuum
  - VietNam era data
  - Advanced resuscitation
    - Saves lives/Buys time
    - NATO Doctrine
  - Corpsmen/CLS Skill set
    - Tourniquets
    - Airway Stabilization
    - Chest Decompression

- **The Proximity-Capability Paradox**
  - Counterintuitive
  - Proximity disperses capability
  - Grouping is synergistic
  - Grouping provides greater capability



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- Injuries from IED's have increased nine fold.
- 60% of IED wounded present in clusters of 3 or more.



# Qalat



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Mobile Trauma Bay (MTB)

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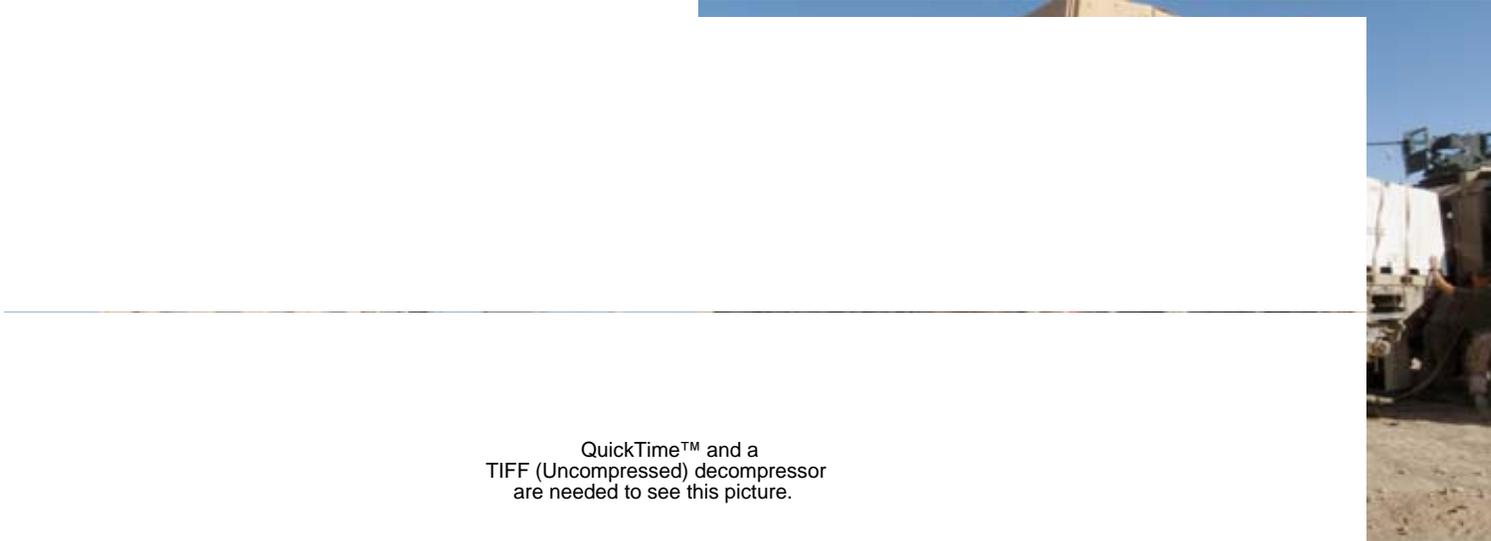








# Next Generation MTB



QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.







# Lessons learned.....

- Afghanistan is different.....
- Adaptive Resuscitative Medical Assets
- Combat Training for Medical Assets
- Combat Costs.....