

The military experience and integration with the civilian sector

by Jonathan Woodson, MD, FACS, Assistant Secretary of Defense for Health Affairs, Department of Defense



A famous dictum, attributed to Hippocrates, is well known in the medical community: “Above all, do no harm.” But I am partial to another one: “He who wishes to be a surgeon should go to war.”

For thousands of years the battlefield, unfortunately, has been the classroom where the greatest medical advances have been made—in trauma care, aeromedical evacuation, pain management, and a host of other clinical services for both injury and disease. This learning opportunity accelerated in the U.S. Civil War and then in the series of world wars and regional wars of the past century.

221 For the last 14 years, U.S. military forces have been engaged in prolonged conflicts in Afghanistan, Iraq, and other locations around the world. And once again, we have learned a great deal about how to train for, equip ourselves for, and manage trauma in some of the most austere environments on the planet.

Our achievements have come at great cost. More than 6,800 lives have been lost, and tens of thousands of lives have been changed forever with consequences that ripple out across communities, both civilian and military. War has changed the lives of the spouses, parents, and children of military personnel, as well as the lives of their extended network of friends and relatives.

Nonetheless, the Military Health System (MHS) has performed like no other in the history of warfare. Our system of care has achieved the highest rates of survival from wounds in the history of warfare, as well as the lowest disease/non-battle-injury rate ever achieved by any military force anywhere. We have moved hundreds of thousands of ill and injured in the air, more than 8,000 miles, more quickly and more safely than ever before.

If war is the dark side of humanity, medicine often represents hope and light.

The outcomes have occurred through discipline and a relentless assessment of what was and what was not working on the battlefield. These outcomes were

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achieved by senior physicians with many years of training in their subspecialties. And these outcomes were also achieved by 19- and 20-year old medics and corpsmen on the front lines, serving shoulder-to-shoulder with the war fighters. These young men and women, often with only a high school diploma, received exceptional training and have been abetted by strong mentors.

It would be a mistake to assume, however, that our successes emerged purely from an internal discipline or expertise. Knowledge sharing is a two-way street. Early in the recent war, Colonel John B. Holcomb, MD, FACS, and others recognized that the establishment of a military Joint Trauma System, based on the principles promulgated by the American College of Surgeons (ACS) Committee on Trauma, was going to be essential to optimizing the strategy for saving lives on the battlefield. The data-driven Joint Trauma System promoted rapid improvement in the training, clinical practice guidelines, equipment, and organization of medical units for battlefield care.

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These military-civilian partnerships bring great thought leadership, added expertise, efficiency, and value to the MHS. Equally important, they help the military to connect with the American people. In an era when society has become more distant from military communities, the military needs its partners to be a conduit to the American people. These partnerships enhance the recruitment and retention of needed skilled personnel. The military needs our citizens to

support us as we serve the needs of all citizens through our duty to care for those who protect us all. The military needs to deepen these relationships, and these relationships need to be more accessible and adaptable.

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The relationship with the ACS provides an avenue for military surgeons in all subspecialties to sustain their trauma skills at both military and civilian institutions around the country. This collaboration is as important in peacetime as in wartime. The Department of Defense has benefited greatly from participation in the ACS National Surgical Quality Improvement Program. This initiative allows us to compare our performance across a wide range of quality measures with leading civilian institutions.

This collaboration is the future of military medicine. Ongoing, close collaboration with civilian partners like the ACS is important on many levels. We both benefit from understanding what each of us is doing in our respective areas of research and operational experience, and we can accelerate the learning to our staff. Furthermore, there is inherent value in providing our civilian colleagues with insight into the unique and indispensable role of the MHS in supporting our broader national security needs.

The Hartford Consensus is a milestone achievement in bolstering collaboration in a manner that helps all Americans. I am grateful for this opportunity and the engagement of the best minds in medicine to drive our never-ending improvement. ♦