

**Mil Med. 2014 May;179(5):477-82**

**Challenges to improving combat casualty survival on the battlefield.**

**Mabry RL, Delorenzo R**

**Quote:**

“As a call to action, the following steps offer a potential way forward to overcome the challenges described above (Table I): (1) Adopt the IDF or similar model of combat casualty care focus and make an institutional commitment to eliminating potentially preventable death. Allow careful study of these deaths to drive the training, research, and development agenda. (2) Leadership of battlefield care must be established at the most senior level and the service medical departments held accountable for improving it. (3) Data and metrics must be obtained from the point of injury and throughout the continuum of care, and this information should drive evidence-based decisions. (4) Commit to training physician, nursing, and allied health providers to become “combat medical specialists” and placing them in key operational and institutional positions to leverage improvements in training, doctrine, research and development. (5) Research funds should be directed towards solving prehospital clinical problems and balanced to include research on training, organization, and leadership, not just material solutions. (6) The current paradigm of military medicine needs to evolve from an organizational culture chiefly focused on full-time beneficiary care in fixed facilities and part-time combat casualty care, the “HMO that goes war,” toward an organizational culture that treats battlefield care delivery as its essential core mission. This need not lessen the importance or scope of beneficiary care and if agilely executed, could enhance the prestige and cache of the beneficiary mission.”