

## The Role of EMS in the Military

By Ben Chlapek, NAEMT At Large Director and Chair of NAEMT's Military Relations Committee

From basic first aid to surgical intervention and psychological therapy to blood banking, the military medical field prepares members of the military medical system to provide life-saving care to our nation's warriors. In addition, the military now realizes that training in basic Tactical Combat Casualty Care (TCCC) techniques for all combatants – from tankers to engineers – helps to save lives. Training techniques enable anyone involved in casualty scenarios to recognize and treat the causes of preventable death in wounded soldiers, at the point of injury. Battlefield trauma care has undergone a remarkable transformation since the attacks in our country on 9-11.

Trauma research done in the aftermath of the conflicts in Afghanistan and Iraq shows that most deaths occur before the casualty arrives at a medical treatment facility. The success of using new trauma strategies that are customized for the battlefield, led every military branch to begin training each Soldier, Sailor, Airman, and Marine as first responders on the battlefield. Special Operation units have achieved historic lows in preventable deaths by providing each combatant with skills and equipment necessary to stop external hemorrhage, and perform basic airway management on wounded teammates. *So, what is the role of EMS in the military?*

Although EMS – as medical treatment of a patient prior to (and during) transportation to the hospital – may have roots dating back centuries, it is only since Napoleon's European campaigns that we can draw a direct line from his system of moving combat casualties to today's EMS. Napoleon's physician, Dominique-Jean Larrey, developed a system specifically for the transportation of battle casualties (the "flying" ambulance), which was introduced to the U.S. Army during the Civil War.

From World War I "medics" (who were trained to provide basic first aid in the trenches), to the original "corpsmen" and "medics" on the battlefield of World War II, the military took a huge step toward military EMS as we know it today – with initial treatment and evacuation on the battlefield being the

primary mission of military EMS. Helicopters came along during Korea and Vietnam to enhance battlefield evacuation and out of necessity, improved the survival of our fighting forces, in spite of trauma and blood loss. As the

wars in Iraq and Afghanistan progressed, so did advanced treatment, such as tourniquets, hemostatic agents, better airway management, and needle chest decompressions.





From the 1950s to the 1970s, history contains specific examples of military battlefield medicine influencing the birth of civilian EMS, as well as the treatment of casualties in the field – both before and during transportation and evacuation. Civilian EMS was born, and two major components had a significant impact on EMS in the late 1960s and early 1970s: 1) the publication of *Emergency Care and Transportation of the Sick and Injured* as the primary text for EMT education and training; and 2) the television show "Emergency," which portrayed EMS as something other than just transportation of the sick and injured. Military EMS supported both of these influential events, and these events supported military EMS.

Military EMS contains advanced care components – one being Forward

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## Engage and Educate Your Congressional Leaders About EMS

Plan now to participate in EMS On The Hill Day in Washington, D.C., on March 26, 2014 (with a briefing on March 25). Help us celebrate the fifth anniversary of the only national EMS advocacy event open to all EMS professionals. Join us in educating your Members of Congress about the challenges you face in providing emergency medical care, and advocate for the passage of key EMS legislation.

- Personally meet and share your concerns with your U.S. Senators, House Representative and their Congressional staff.
- Meet and work with the top EMS leadership from across the country.
- Learn the “art” of advocacy to benefit your EMS agency and local community.

### PROGRAM HIGHLIGHTS:

**March 25** - Meet with other participants and attend an informative pre-Hill visit briefing, followed by a networking reception.

**March 26** - Attend scheduled appointments with your Senate and House leaders and their staff to talk about the challenges you face as an EMS professional, and the EMS legislation that can help. Then relax and enjoy a post-Hill visit reception.

The Washington Plaza Hotel will serve as event headquarters.

**The one factor that determines the effectiveness of our advocacy efforts is you – the EMS professional. Elected officials listen to the citizens who put them in office. Don’t miss the most important EMS advocacy event of the year! Please – Be there for EMS. Registration is now open at [www.naemt.org](http://www.naemt.org).**



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Surgical Teams (FST). Anywhere from 15-25 people make up the FSTs in the Army, Navy, and Air Force. Navy teams also cover and include Marines in their forward resuscitation teams. These teams staff between two-to-four physicians and surgical personnel to provide definitive care forward, and move EMS alongside the maneuver units. The FSTs are really an advanced form of EMS and are normally considered a Level II Medical Treatment Facility in treatment hierarchy.

Every American warrior on the battlefield carries an Individual First Aid Kit which contains a tourniquet, Combat Gauze and trauma dressings. They are all trained in the use of these adjuncts to stop bleeding on the battlefield. This is EMS at its finest, and the lives saved by this approach are solidly documented in literature from our recent wars. In lessons learned, military EMS is providing valuable information to civilian EMS. I am a strong advocate for first responders, from major cities and other targets of opportunity, to carry the same military first aid kit and be prepared to save lives, following suicide and terrorist bombings, or mass shooting events. The Boston Marathon incident and the Ft. Hood shooter are two prime examples of the need for these adjuncts in civilian EMS, fire, and law enforcement.

Military EMS ranges from the basic “buddy aid” by a fellow soldier with a tourniquet, to surgical procedures in austere environments. A basic infantryman or new Marine may stop a bleeding with his or her skills and equipment, while a surgeon with an FST may have his or her hands in a soldier’s chest cavity during the administration of blood products. Additionally, an Independent Duty Corpsman on a sub may be removing a sailor’s gall bladder, while his or her counterpart in the field with a Marine Expeditionary Unit may be relieving the pressure in a combatant’s crushed thumbnail, caused by fluid beneath it.

Military EMS covers a very broad spectrum of healthcare. There were 52 different versions of a “Navy Corpsman” at last check. TCCC in a combat zone through ambulance service on base may be included under the label of “Military EMS.” As military medics move up in rank, they become the equivalent of corporate leaders, managers, directors, chief ward masters, and deans of educational and training facilities. As they leave the military, they provide an untapped resource of experience and knowledge for our workforce. The broad spectrum of military EMS brings us a lot of good things and good people worthy of our admiration and respect.

*For the specific sources of this article, contact [info@naemt.org](mailto:info@naemt.org).*