
Defense Report

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Battlefield Medical Aid—Can We Treat Our Wartime Casualties?

For years senior officials of the Defense Department have lamented the serious defects in combat medical care which would be available for our troops in the event of war. Top military commanders and the senior doctors of all services have bemoaned the shortage of hospital beds and surgical facilities as well as serious shortfalls in surgeons and operating room nurses needed to save the lives of many who would be wounded in combat.

The first part of the problem is being actively pursued, mainly by prepositioning fully equipped hospital "packages" in Europe and the Pacific, which can be rapidly placed into action once the people of the medical units are deployed from the United States.

Army planners have established the wartime requirement for 462 operating rooms to treat combat casualties in the NATO theater. There are now 134 operating rooms available and another 220 have been funded through the 1985 budget. The remaining 108 operating rooms are scheduled to be purchased in the next four years.

An even greater obstacle to military medical readiness lies in the shortages of trained health care professionals needed to provide lifesaving battlefield medical treatment.

The Army needs more than 13,000 physicians and nearly 22,000 nurses for mobilization requirements. But after pooling all available assets from the active Army, Reserve, National Guard and by recalling eligible retirees, the Army still finds itself lacking about half the surgical specialists—physicians and nurses—required for wartime medical preparedness.

The cost of the incentives needed to recruit all the required skills for medical combat readiness have not yet been developed, but are likely to be prohibitive. The alternative, if we are to meet mobilization needs, is for a pre-mobilization draft registration of health professionals.

Whatever it takes must be done now. It would be absolutely unthinkable to ask American field commanders to lead their troops into combat knowing all their wounded could not receive required care. Congress should enact legislation to provide for the immediate drafting of health care specialists, men and women, upon mobilization.