## TATRC's Op-T-med Lab Gets a Prominent Seat at the AUSA Med Table

n behalf of the Army Medical Command, the Association of the United States Army Institute of Land Warfare sponsored an Army Medical Symposium and Exposition 24 - 25 July at the Grand Hyatt in San Antonio, Texas. This symposium provided a venue for collaborative discussion and education on key topics by identifying leading practices and innovations from Joint, Interagency, Intergovernmental, and Multinational organizations and industry partners that will better enable Army Medicine to prepare for future challenges in support of our Army and the Joint Force. Keynote speakers included LTG Sean B. Mac-Farland, Deputy Commanding General and Chief of Staff, United States Army Training and Doctrine Command, who spoke on the Army's future Multi-Domain Battle Concept, and LTG Nadja Y. West, Commanding General, United States Army Medical Command, The Surgeon General, United States Army, who spoke on the future of Army Health Care and Force Health Protection Readiness.

In addition to the plenary sessions, the meeting included several break-out panels. One such panel, chaired by COL Michael F. Breslin, Medical Evacuation Proponency Division Chief, United States Army Medical Department Center and School, focused on the future of

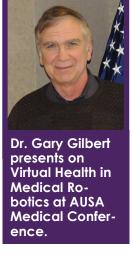
Patient Evacuation in the Multi-Domain Battle. Among the panel members was TATRC's own Dr. Gary Gilbert, Operational Telemedicine Lab Manager, who discussed the Army's new Science & Technology Research Domains in Virtual Health, Medical Robotics, Medical Autonomy & Unmanned Capabilities, and Medical Manned-Unmanned Teaming. The first three of these new research task areas are managed by the MRMC

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Medical Simulation and Information Sciences Research Program, and the last is managed by the Military Operational Medicine Research Program. Army RDTE funding for these new task areas will commence in FY 2019. Dr. Gilbert discussed how technologies developed under these novel research areas can potentially be applied to patient evacuation under the Multi-Domain Battle Concept.

When asked why we should consider applying emerging technologies

in Artificial Intelligence, machine learning, and robotics to patient evacuation and enroute care, Dr. Gilbert cited LTG MacFarland's talk in which he suggested that in the Multi-Domain Battle Concept, tactical commanders may not be able to risk routine **MEDEVAC** "through the



breach", meaning through the "no-man's land" between forward-deployed independent maneuver forces, and the main force in the rear. "We should do this because we have to in order to protect our patients," argued Dr. Gilbert. "If unmanned vehicles are deployed forward for logistical support missions, there is going to be significant pressure by tactical commanders to use those platforms to 'clear the battlefield'; we need to do the research and development to make sure that when that happens, our patients are