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Heads-Up, Hands-Off Medic-Robot Teaming with Foundation Models and Agentic AI

Johns Hopkins Applied Physics Laboratory
Research & Exploratory Development Mission Area – Frontier Intelligent Systems
Global Health Mission Area – Assured Care

Collaboration with Army Research Laboratory
U.S. Army Combat Capabilities Development Command
Army Artificial Intelligence Innovation Institute

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5 August 2026

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UNCLASSIFIED

Disclosure

- David Handelman, Ph.D. has no conflicts to report.
- This research was sponsored by the Army Research Laboratory and was accomplished under Cooperative Agreement Number W911NF-21-2-0211. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied, of the Army Research Office or the U.S. Government. The U.S. Government is authorized to reproduce and distribute reprints for Government purposes notwithstanding any copyright notation herein. This research was also supported by Johns Hopkins Applied Physics Laboratory Independent Research and Development funding.
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Research Aim: Extend Medic Capacity Through Human-Robot Teaming

- **Motivation – Sustain care under pressure**
 - Help medics manage more casualties in dangerous, resource-constrained environments without navigating complex robotic interfaces.
- **Research Question – Can robots become effective teammates?**
 - Can foundation models and agentic AI enable natural interaction, coordinated action, and shared understanding while preserving medic authority and system trustworthiness?
- **Technical Objective – Advance toward medical assistance**
 - Integrate speech, multimodal perception, reasoning, and edge autonomy – progressing from conversational teaming and scene assessment to supervised medical task execution.



Approach: Intent-Based Autonomy for Medic-Robot Teaming

- **Hypothesis – Team through shared intent**
 - Foundation models and agentic AI can help medics direct heterogeneous robots through natural interaction rather than low-level control.
- **Approach – Progressively increase autonomy**
 - Shift between teleoperation, shared control, and high-level tasking while preserving medic authority and reducing interface burden.
- **Architecture – Integrate generative, neuro-symbolic, and agentic AI**
 - Leverage generative AI for natural interaction through speech (LLM) and robot perception (VLM), and agentic techniques for task planning, execution, monitoring, and replanning.
 - Neuro-symbolic methods combine the rigor and constraint awareness of formal planning methods with the creativity and adaptability of large language models.
- **Teaming progression:** Build from robot maneuver and information exchange toward collaborative decision support and medical task execution



The Problem

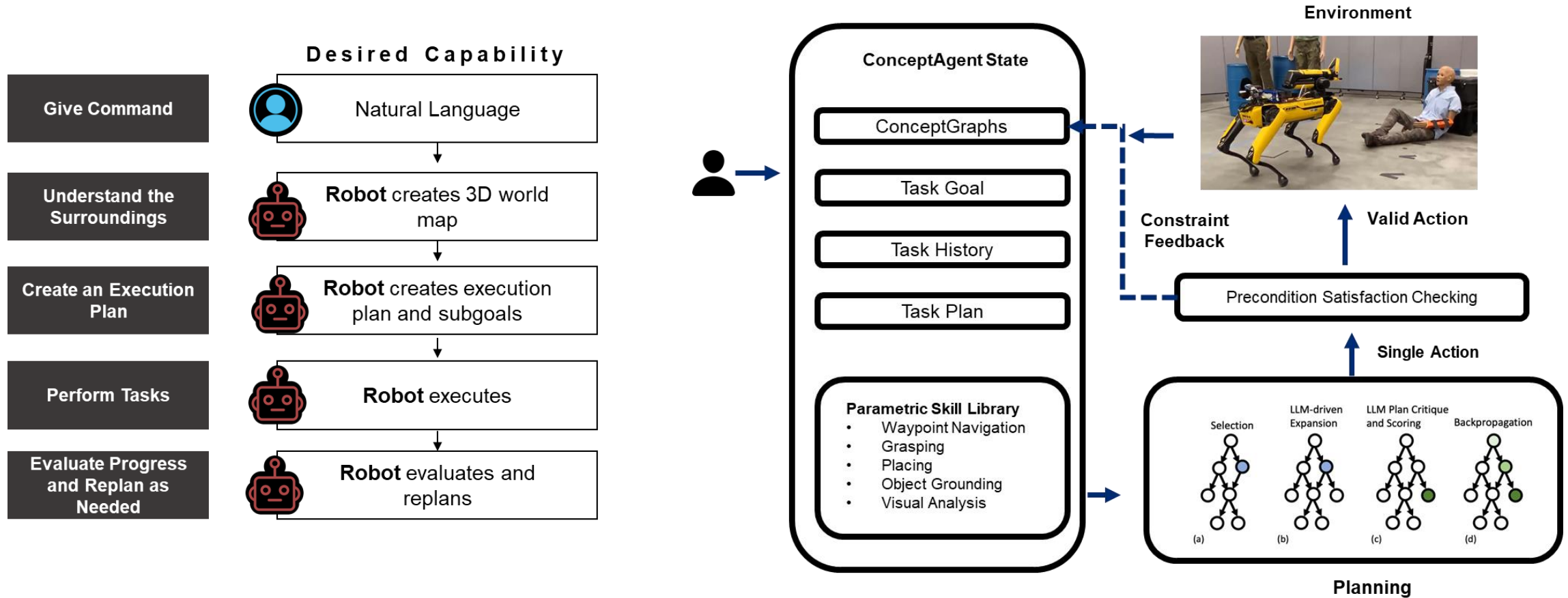
“We’ve got to get to a point where the Soldier **never lowers his or her weapon to pick up a remote control.** That’s the golden rule. That’s my red line.,,”



Brigadier General Phil Kiniery
U.S. Army Maneuver Center of Excellence
AUSA MCoE Industry Day, April 2025

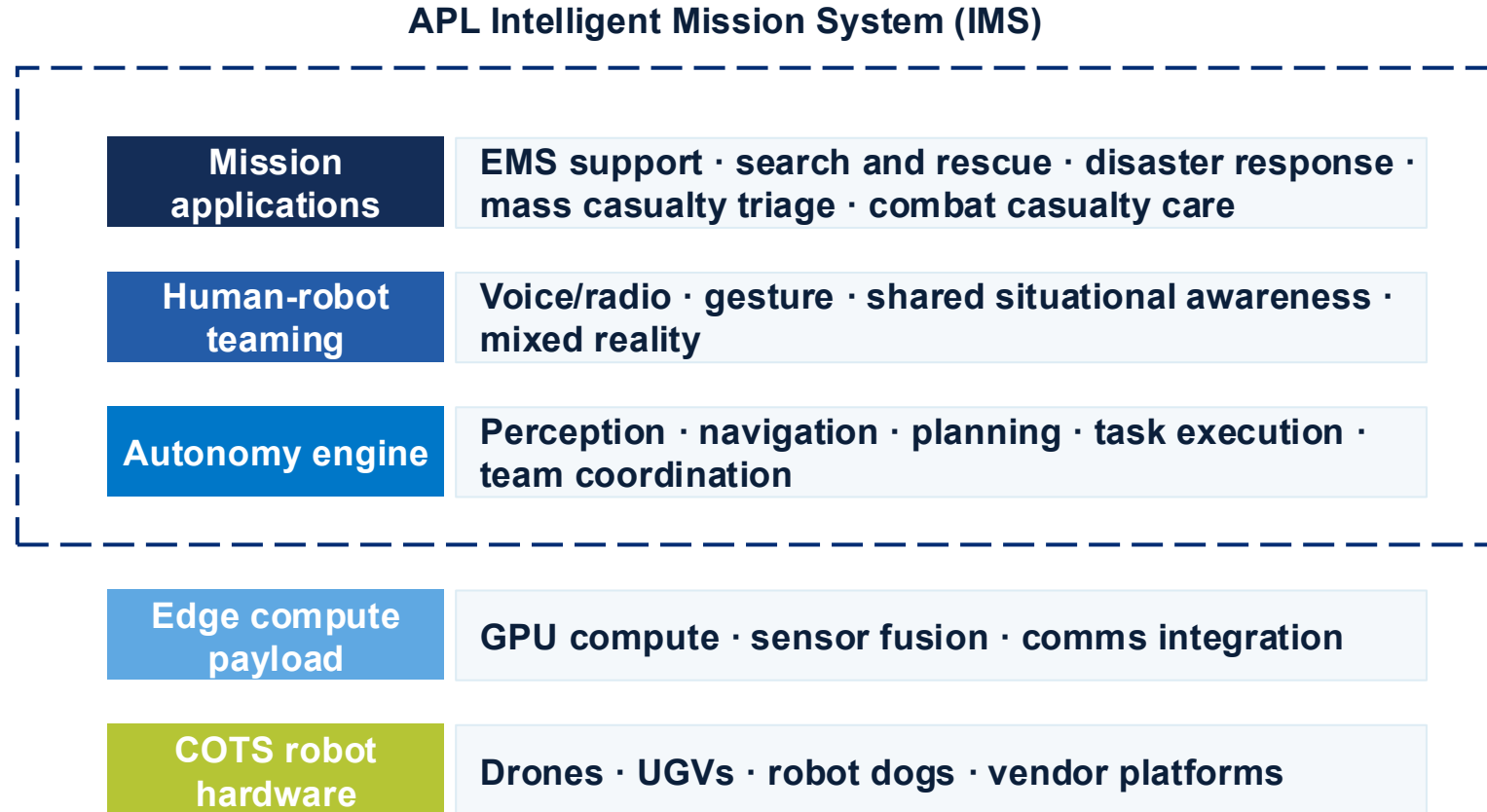


Agentic Robot AI for Medic-Robot Teaming



Byrd et al. Constrained natural language action planning for resilient embodied systems. npj Artificial Intelligence 2026
 Rivera et al. ConceptAgent: LLM-driven precondition grounding and tree search for robust task planning and execution. ICRA 2025
 Gu et al. ConceptGraphs: Open-vocabulary 3d scene graphs for perception and planning. ICRA 2024
 Handelman et al. Leveraging foundation models for scene understanding in human-robot teaming. SPIE 2024
 Handelman et al. Multi-agent playbook for human-robot teaming. SPIE 2023

Autonomy and Teaming Software Stack



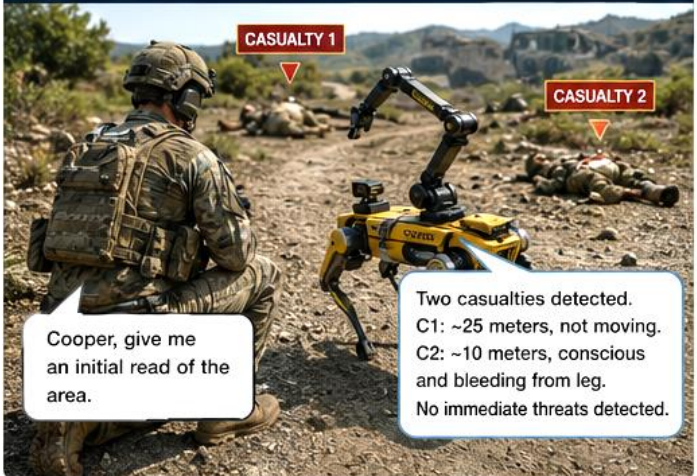
- Hardware-agnostic software and payload integration for drones, UGVs, quadrupeds, and future robotic platforms
- Enable first responders to communicate intent, have better situational awareness, and delegate useful actions to robots

SCENARIO: PARALLEL TRIAGE AND TREATMENT WITH ROBOTIC TEAMMATE

One medic. Two casualties. Heads-up, hands-off teaming.

1 ARRIVAL & INITIAL ASSESSMENT

00:00–00:25



CASUALTY 1

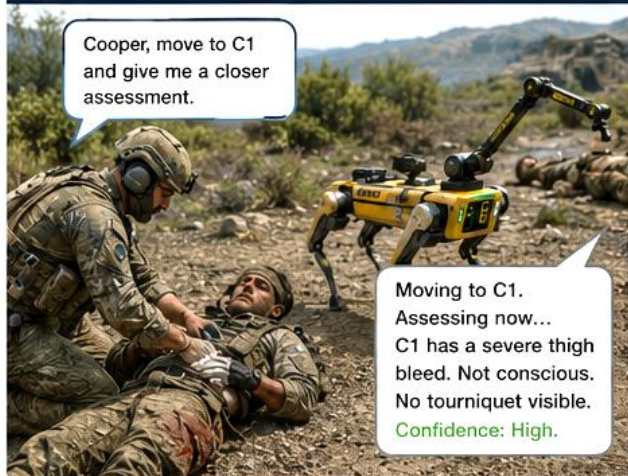
CASUALTY 2

Cooper, give me an initial read of the area.

Two casualties detected.
C1: ~25 meters, not moving.
C2: ~10 meters, conscious and bleeding from leg.
No immediate threats detected.

2 DELEGATED ASSESSMENT

00:25–01:05

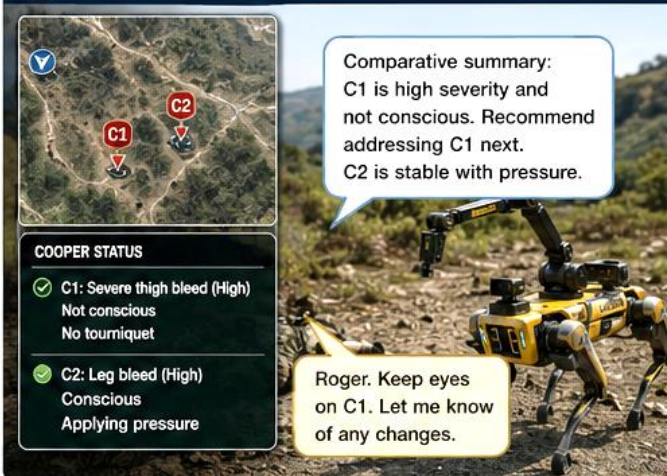


Cooper, move to C1 and give me a closer assessment.

Moving to C1.
Assessing now...
C1 has a severe thigh bleed. Not conscious.
No tourniquet visible.
Confidence: High.

3 PRIORITIZATION & CONTEXT

01:05–01:35



Comparative summary:
C1 is high severity and not conscious. Recommend addressing C1 next.
C2 is stable with pressure.

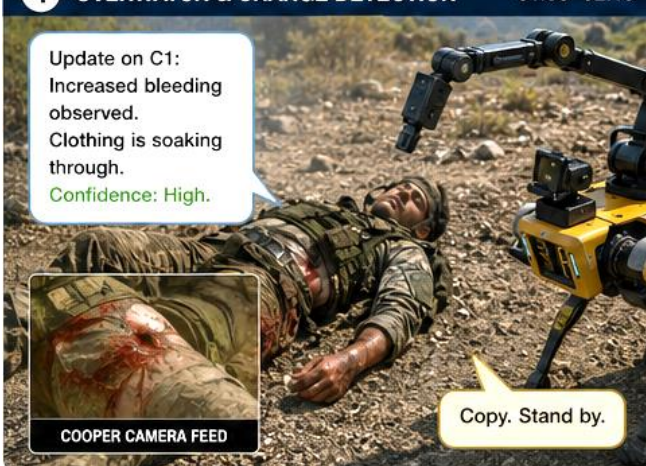
COOPER STATUS

- ✓ C1: Severe thigh bleed (High)
Not conscious
No tourniquet
- ✓ C2: Leg bleed (High)
Conscious
Applying pressure

Roger. Keep eyes on C1. Let me know of any changes.

4 OVERWATCH & CHANGE DETECTION

01:35–02:15



Update on C1:
Increased bleeding observed.
Clothing is soaking through.
Confidence: High.

COOPER CAMERA FEED

Copy. Stand by.

5 ASSISTED INTERVENTION (HANDS SUPPORT)

02:15–03:00

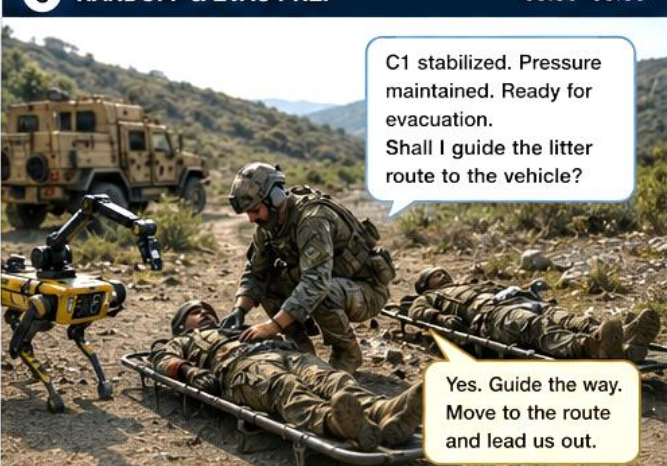


Cooper, apply direct pressure to the bleed at C1.

Applying pressure with 15 N target force.
Monitoring...
Bleeding decreasing.
Confidence: High.

6 HANDOFF & EVAC PREP

03:00–03:30



C1 stabilized. Pressure maintained. Ready for evacuation.
Shall I guide the litter route to the vehicle?

Yes. Guide the way. Move to the route and lead us out.



THE TAKEAWAY: The robot extends the medic's eyes and reach—enabling parallel assessment, continuous monitoring, and informed decisions while preserving medic authority and focus on care.



SECOND SET
OF EYES



THIRD ARM
(EMERGING)



MEDIC IN
COMMAND







165 lb Dummy - Remote Control



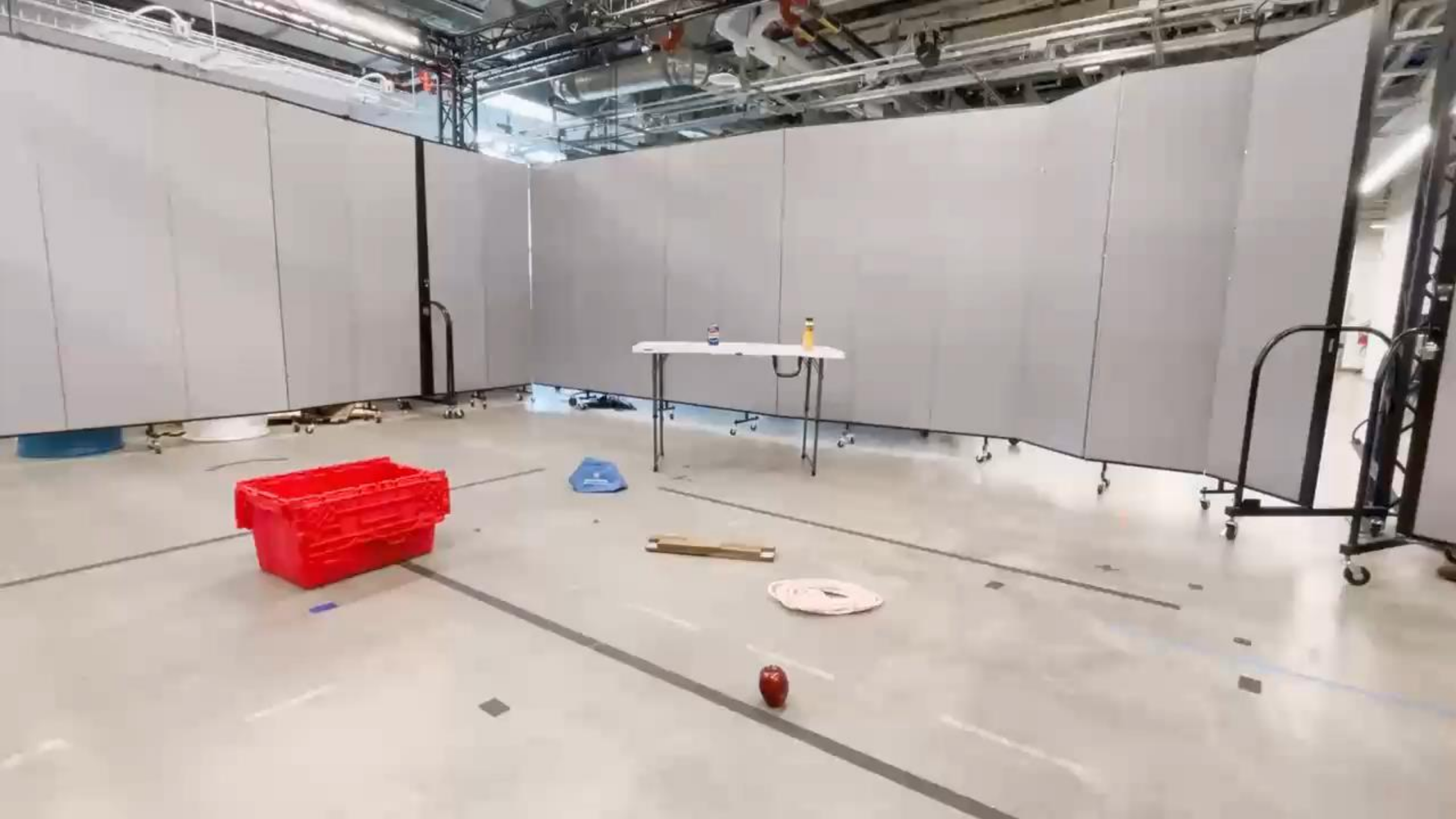
thon3 - tac_srv_obj_det + v

0344 min 0.019
.0241 min 0.0203 max 0.0417 std 0.0064
.0072 min 0.0050 max 0.0094 std 0.0015
.0658 min 0.0470 max 0.0769 std 0.0092











Edge Foundation Model for Object Detection and Visual Reasoning

Object detection...

detect
person lying
on ground
and their
head and feet

Trigger object c

Detection results

No detection results yet.

Visual reasonin...

what can you
see?

Trigger visual r

Visual reasoning results

No reasoning response yet.

Navigation in

approach the
casualty from
left side

Navigation mo

☒ Observe ☐

Trigger nav

Views X

Image buffer position

Pause

 9.20 s

Show: ☒ frontleft/image ☒ frontright/image ☒ right/image ☒ back/image

frontleft

☒ /spot/camera/frontleft/image



frontright

☒ /spot/camera/frontright/image



- Gemma 4:12B – encoder-free, decoder-only open multimodal model natively processes text, vision, and audio via direct linear projection layers
- Optimized for edge hardware (E2B, E4B, 12B, 26B, 31B)
- Open-vocabulary object detection locates specific items using natural language prompts, returning structured bounding box coordinates without custom training
- Visual reasoning and question answering
- Agentic workflows: multi-step reasoning and tool calling.
- Direct application to robot autonomy for casualty care

Object detection inp... Detection results

```
detect wound
```

== OD Trigger 7 =====

Request 1 (1.7 s)
1 frontleft : wound: unavailable (tf_unavaila
Request 2 (1.7 s)
1 frontright : wound: unavailable (tf_unavail

Trigger object detec

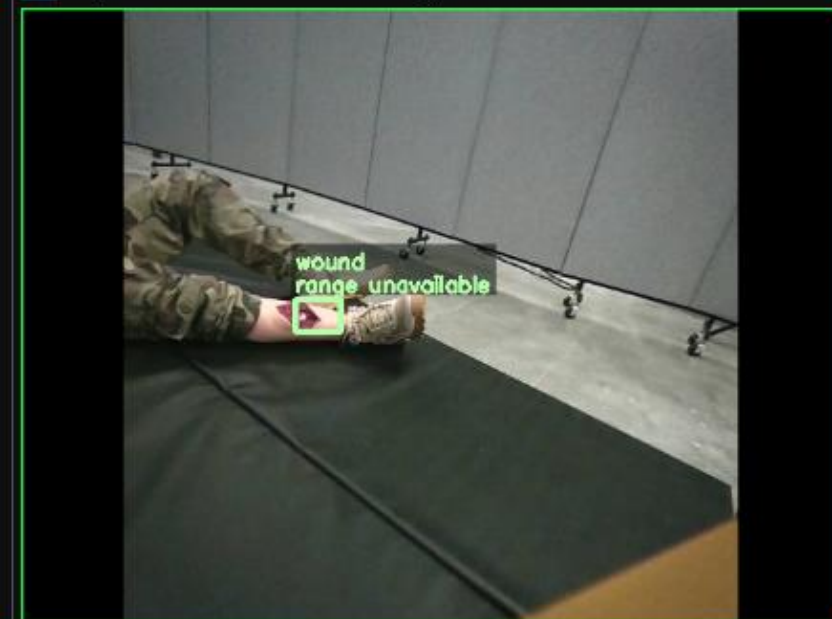
3 detection(s) on frozen frontleft,frontright,spot_camera_hand_image frame

Views X

Image buffer position play

Show: ☒ frontleft/image ☒ frontright/image ☐ left/image ☐ right/image

frontleft
☒ /spot/camera/frontleft/image



Visual reasoning inp... Visual reasoning results

what do you see?

[hand/image]:
A person wearing camouflage pants and tan sneakers lies on a black mat. A red-and-white graphic is visible on their right calf. The individual's role is not identifiable.

Trigger Visual reasoning inp... Visual reasoning results

we used a moulage kit to fake injury. if the fake injuries you see were real, what would you do?

first aid would
[hand/image]:
If this were a real gunshot wound, I would apply direct pressure to the bleeding site and call emergency services immediately. The person's military status is not visually confirmed.

Trigger visual reaso

frontright
☒ /spot/camera/frontright/image



spot_camera_hand_image
☒ /spot/camera/hand/image



Edge Foundation Model for Visual Reasoning – Soldier Rank Identification

Visual reasoning inp...

the symbol on the square patch on the soldier's vest is a rank insignia. can you see and tell what rank he is?

Trigger visual reaso

Visual reasoning results

...vidence, it is impossible to determine the specific rank.

[hand/image]:

The symbol appears to be a "chevron" pointing upward. This typically signifies a non-commissioned officer (like a corporal), but the specific rank cannot be confirmed due to lack of detail.



Preliminary Results: Enabling Capabilities and Path to Medical Support

- **Demonstrated autonomy building blocks:** IMS prototypes highlight limited natural-language interaction, coordinated maneuver, and shared situational awareness within human-robot teams.
- **Intent-based teaming:** Agentic methods like ConceptAgent ground operator intent in perceived objects, spatial concepts, and robot capabilities – supporting dialogue beyond predefined commands.
- **Agentic planning and coordination:** Neurosymbolic techniques such as FLEET and SCLPlan combine formal planning methods with the creativity and adaptability of large language models, enabling goal-directed planning and heterogeneous robot coordination, but are currently low-TRL.
- **Transitioning toward medical assistance:** We are integrating these capabilities in manikin-based casualty scenarios, progressing from scene assessment and information sharing toward supervised task assistance and medic-in-the-loop evaluation.



Future Directions / APL Projects – Combat Casualty Care Scenario

- **Adaptive Human-Robot Teaming** – ARL CA and APL IRAD (prior)
- **Medic-Robot Teaming for Collaborative Intervention** – APL IRAD (prior)
- **Autonomous Patient Evacuation Robot** – APL IRAD (prior)
- **Shared Situational Awareness for Distributed Operations** – ARL CA
ARL CHAMP multi-agent SLAM, Soldier Borne Mission Command (SBMC):
Tactical XR – fuses data from Soldiers, sensors, and mission systems into
one clear operational picture, day or night
- **Open-World Reasoning and Decision Making** – ARL CA
Flying agentic drones at ARL R2C2, DARPA ITM-inspired CCC scenario –
no good options, rules of engagement, commanders intent, constitutional AI
- **Collaborative Autonomous Robotic Engagement** – DARPA Seedling
- **Robotic Manipulation Autonomy using VLAs** – APL IRAD
Quadruped learning from demonstration/imitation learning
- **Other agentic UGV and UAS efforts**
Drone control with Soldier-borne compute, autonomous robotic ISR, site
security



Search



Intubation



Bagging



Formation following and shared situational awareness



Casualty evacuation



Acknowledgements

Sponsors

- Army Research Laboratory
- DARPA BTO
- APL Research and Exploratory Development Mission Area
- APL Global Health Mission Area

APL Team



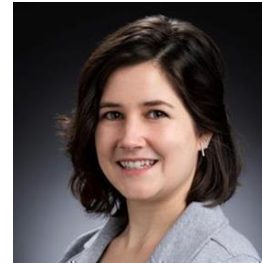
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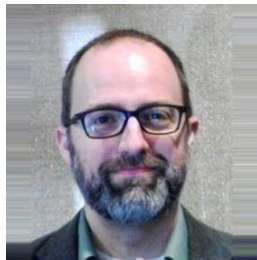
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Meghan Booker, Ph.D.



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