MILITARY HEALTH SYSTEM RESEARCH SYMPOSIUM 2026

*Global Health Engagement: Partnerships for Military Medical Readiness*

August 4, 2026

# FORGING A NATIONAL TRAUMA NETWORK

## AFP Military–Civilian Health Interoperability as a Strategic Imperative for Resilience, Readiness, and Life-Saving Excellence

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# Disclaimer / Acknowledgements

The views, interpretations, and perspectives expressed by the presenter during this session are personal interpretations of the institutional paradigm governing the AFP Trauma Network. They do not necessarily reflect the official stance, guidelines, or doctrine of the Armed Forces of the Philippines or its affiliated medical institutions.

The presenter wishes to acknowledge the **Armed Forces of the Philippines (AFP)** and the leadership of the AFP Trauma Network for providing the institutional paradigm and resource materials that made this presentation possible. We honor the medical personnel whose dedication on the frontlines shapes the capabilities discussed herein.

**Trauma care is not about uniforms— it is about survival. The next mass casualty incident in the Philippines will not ask whether we are military or civilian.**

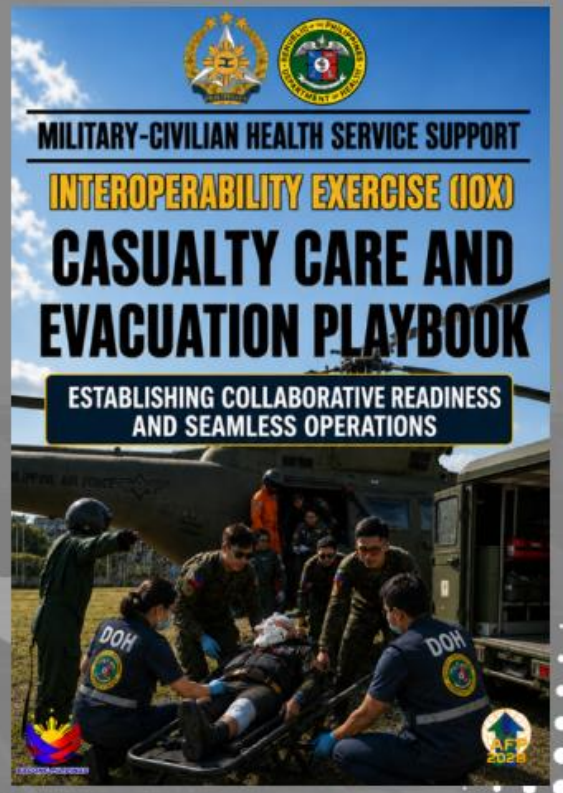
*“The golden hour belongs to no institution—it belongs to the patient.”*

# 1: The Human Imperative

National Security + Human Security = Integrated Trauma Care

- *Lessons from PH-US Balikatan 41-2026*

  **Institutionalization of military–civilian health service support for joint and combined operations**




## 2: Strategic Relevance to Global Security

*"Our goal is **operational interoperability**, not institutional integration — unifying military and civilian health systems into a single life-saving network while preserving their unique strengths"*


- Dual use medical systems: Military trauma infrastructure adaptable for disaster response.
- Unified protocols: Joint triage, casualty evacuation, and command and control.
- Technology infusion: Telemedicine, AI-enabled triage, and shared data platforms.

# 3: Innovation Through Interoperability

## 4: Impact Beyond the Battlefield

# National Resilience Infrastructure

Dual-use purposes of military trauma systems transforms military medicine into something greater than a defense asset.

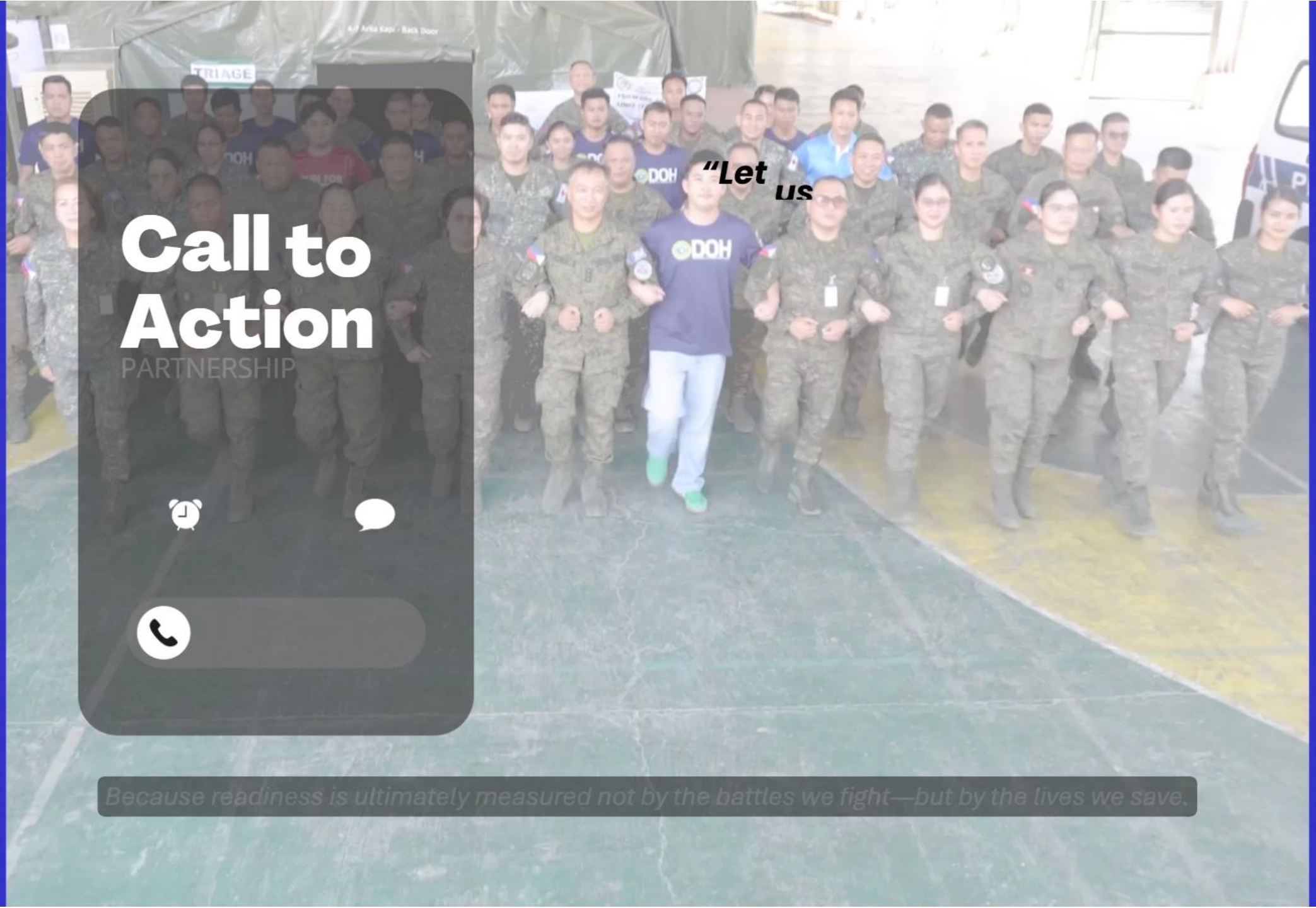
**Battlefield Critical Care**

Specialized trauma expertise, medical command structures, and rapid evacuation platforms

**Civilian Disaster Response**

Leverages military logistics and medical assets to provide life-saving relief during large-scale humanitarian crises


# 5: Vision 2030: Building a National Trauma Network




# Call to Action

PARTNERSHIP

"Let us

*Because readiness is ultimately measured not by the battles we fight—but by the lives we save.*

# Thank you and Mabuhay!

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# Strengthening Trauma Care in the Philippines Through Military-Civilian Integration

## A Delphi Consensus

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# Disclaimer

The opinions or assertions contained herein are the private ones of the author/speaker and are not to be construed as official or reflecting the views of the Department of War, the Uniformed Services University of the Health Sciences or any other agency of the U.S. Government.

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# IMPACT- Integrated Military Partnerships and Civilian Trauma

## PHASE I

1

Case Series and Scoping Review

## PHASE II

2

Mixed Methods Analysis - survey and focus discussion groups

## PHASE III

3

Delphi Technique and Framework v1.0

A **Case Series** → B **Scoping Review** → C **Survey** → D **Focus Discussion Groups** → E **Delphi Technique** → F **Framework v.1.0**

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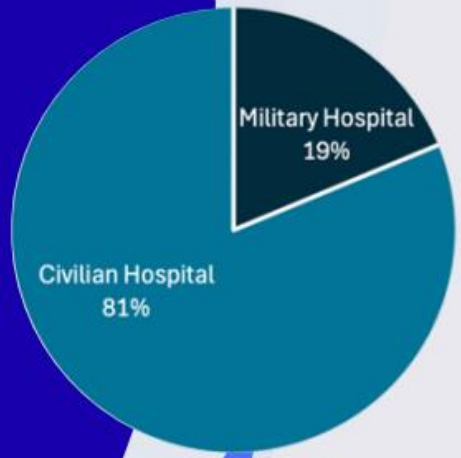
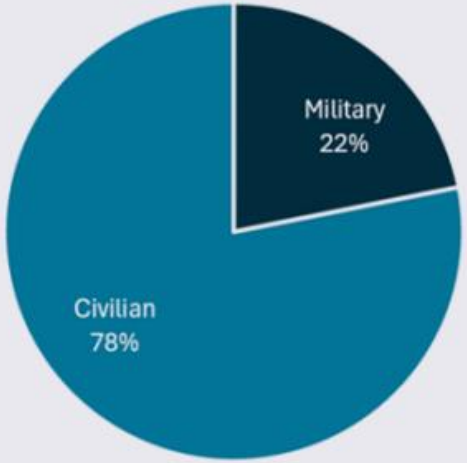
# IMPACT Survey

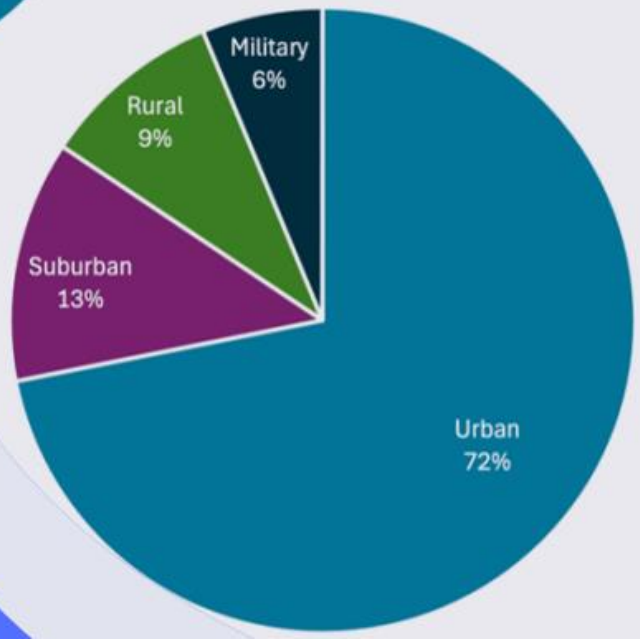
## Employment of Respondees



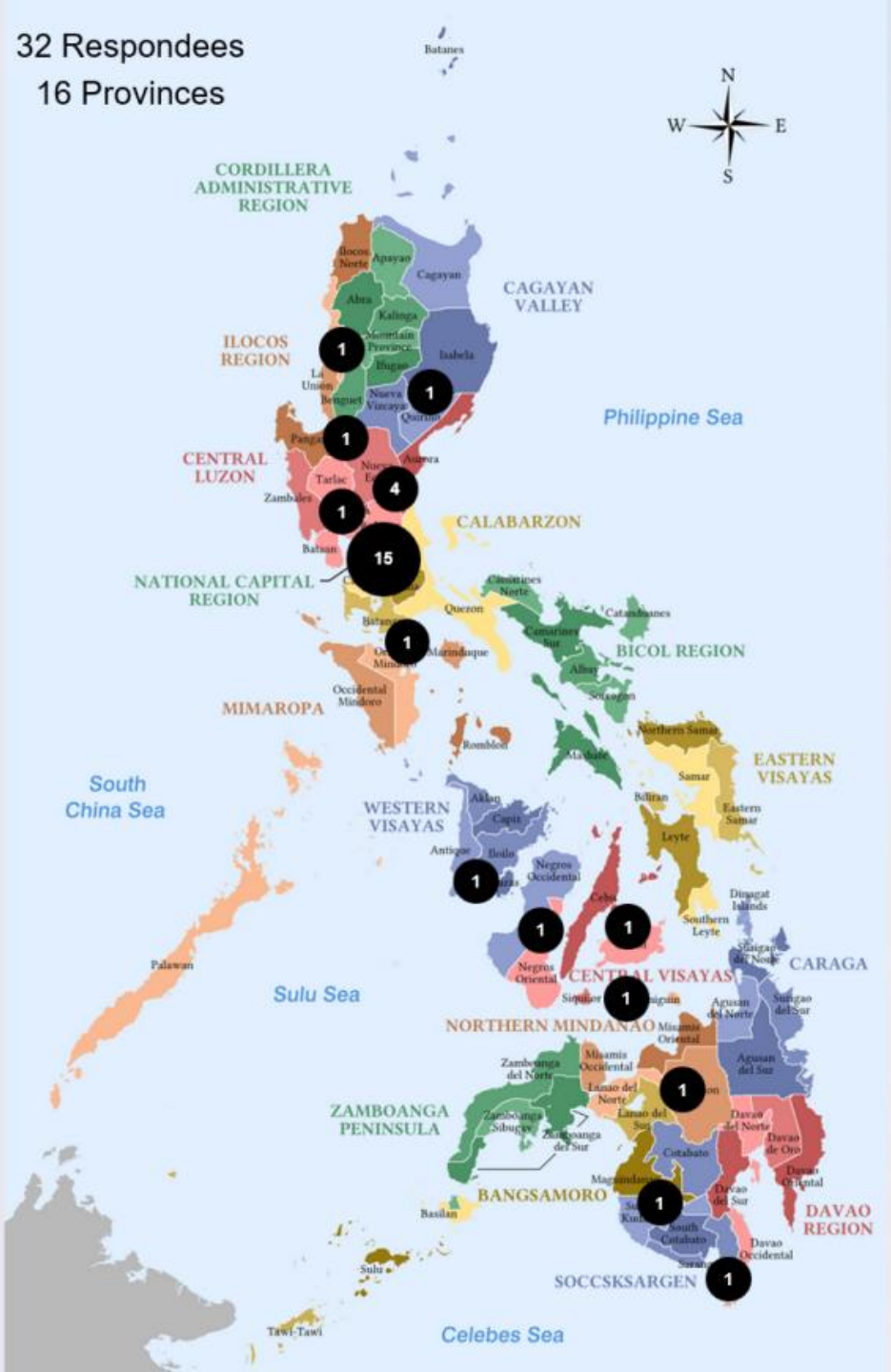

## Military Status of Respondees




## Main Workplace Setting




32 Respondees
16 Provinces

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# Key Informant Interviews

Focused Trauma Assessment in Northern Philippines – FY 23 GHERI

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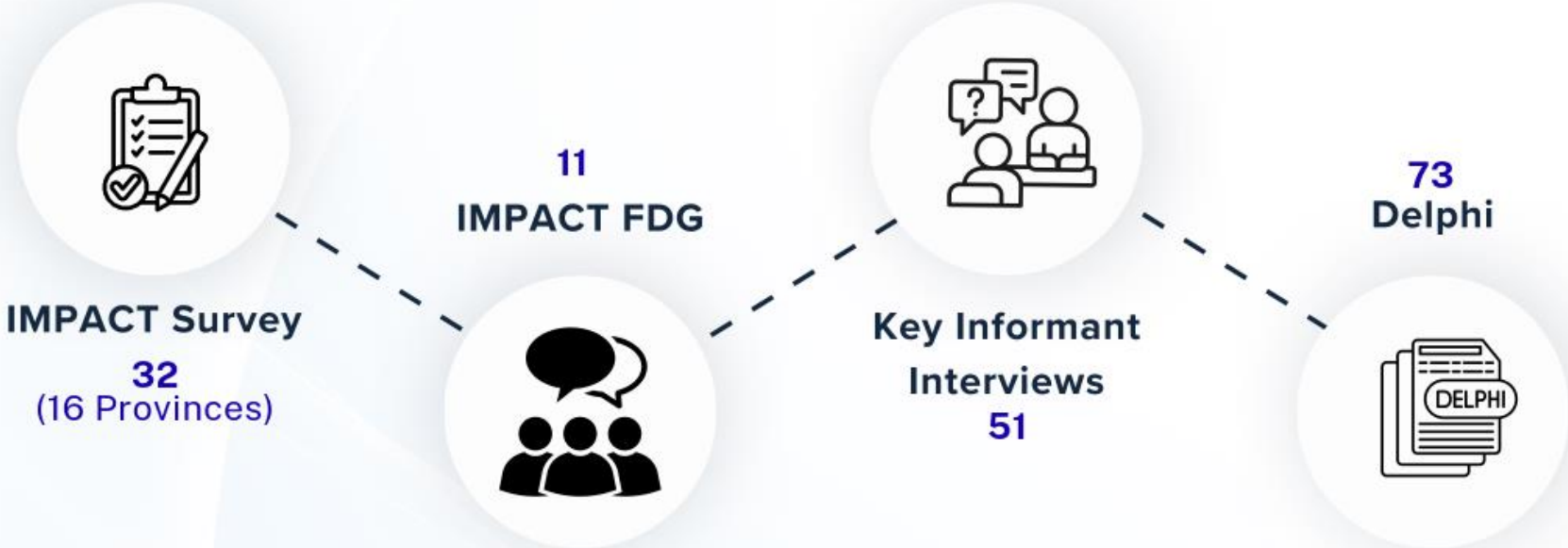
# Data Sources and Synthesis

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# Results




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Prehospital

In-hospital

Posthospital

PEACETIME

DISASTER

CONFLICT

Service Delivery

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# Infrastructure Solutions

Improve ***pre-hospital care*** time by mitigating urban traffic, military assistance in road construction in remote areas by providing personnel and security. Utilize air assets in urban areas. ***National policy allowing*** systematic ***civilian access to military air assets*** for medical transport in exchange for military access to civilian expertise and ground resources.

***Decentralize supplies*** to reduce reliance on Metro Manila.
Implement a ***digitalized inventory tracking*** and supply system for medical resources (personnel, equipment, diagnostics, blood) accessible to both civilian and military entities.
Implement ***stockpiling*** with more ***regular inventory checks*** and with a sophisticated inventory system to manage viability, expiry and rotation of supplies.
Encourage ***local manufacturing*** of medical supplies, including prosthesis.

***Integrate military Forward Treatment Units*** (FTUs – mobile operating rooms/hospitals) ***with civilian trauma teams*** and support personnel during exercises (like Balikatan 2026) and actual crises.

***Increase POC radiology training, access to portable xrays and ultrasounds*** and utilize ***telemedicine*** to ensure 24/7 access to radiologist.

***Investment in rehabilitation services and facilities*** will improve access and reduce overall hospital capacity

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# Communication Solutions

***Addressing Connectivity Gaps:*** Increase funding for expanded telecommunication in areas lacking cellular or internet signals in peacetime, conflict, or disaster through ***public-private partnership.*** ***Implement alternative communication methods*** like military- grade radios and satellite phones as reliable fallback network when traditional telecommunications fail.

***Universal emergency number*** needs improved governance, interoperability across agencies, and trained dispatchers and personnel who consistently answer calls.

Implement reliable ***secure mode of communication*** between and within hospitals to replace modes such as viber and messenger.

Overcome ***National Trauma Registry*** implementation barriers such as ***slow budget release*** from DOH, ***ownership disputes*** of data, and technical gaps (currently only Android-compatible). ***Electronic medical record adoption*** requires significant government and leadership buy in and funding. Needs to be compatible with PhilHealth and serve as a centralized platform for patient medical records and data collection for surveillance.

***Utilize telemedicine for follow-up*** for patients in remote areas.

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# Thank you!

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