

# 9.j. GETAC Trauma System Committee Update to Council - March 2025

Chair: Stephen Flaherty, MD, FACS

Vice-chair: Raul Barreda, MD, FACS



# Trauma Systems Committee

## Trauma Spotlight



**Toni von Wenckstern**- Vice President, Trauma Service Line

**Meg Michael**- Trauma program manager

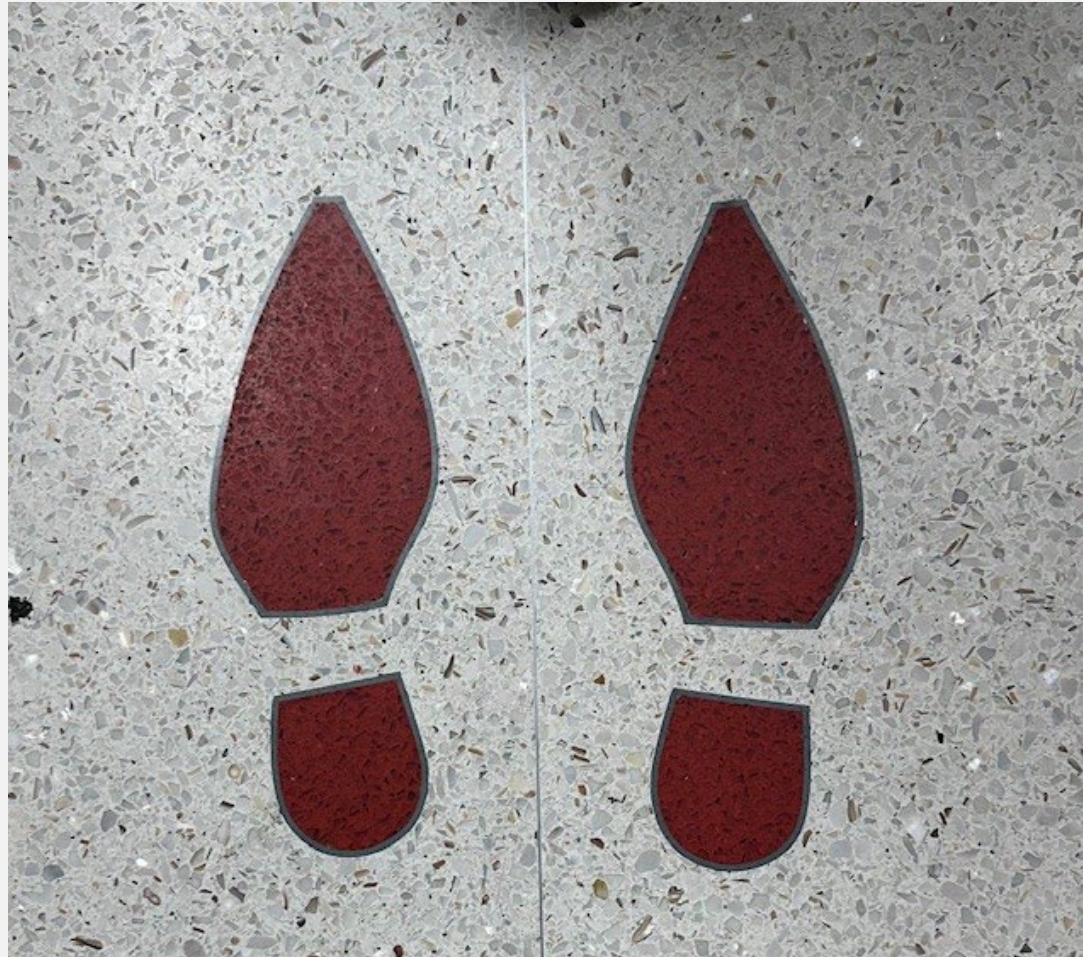
**Michael Wandling**- Assistant Trauma Medical Director

**Adam Fitzhenry**- Director, EMS Operations



# Trauma Systems Committee

## Trauma Spotlight



# Trauma Systems Committee

## Trauma Spotlight





# Trauma Systems Committee

## Trauma Spotlight



7 bed ER  
1 MD  
2 RN  
9,000+ ED visits  
61 registry patients  
Level IV Trauma Center  
Community integration



Dena Looney, RN - ER Director, TPM  
Mackenzie Tomanek, RN - ER Manager, trauma registry  
Shelby Bosley, RN  
Stacey Allen, RN  
Dr. Samuel Lightsey - ER Physician  
Dr. Erik Martin (not pictured) - TMD

UNCLASSIFIED

# The Southern Border MIL-CIV Integration

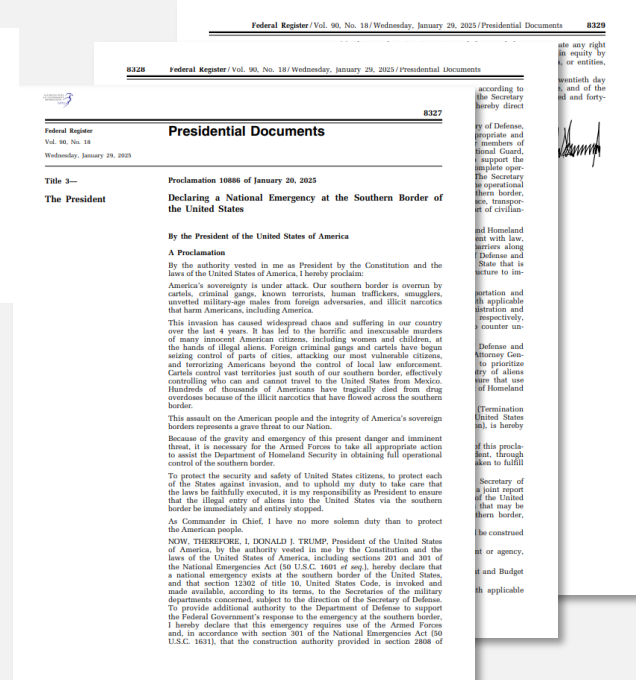
Stephen Flaherty, MD, FACS  
Chair, Trauma System Committee  
GETAC

# Proclamation 10886

- Title: “Declaring a National Emergency at the Southern Border of the United States ”

America's sovereignty is under attack. Our southern border is overrun by cartels, criminal gangs, known terrorists, human traffickers, smugglers, unvetted military-age males from foreign adversaries, and illicit narcotics that harm Americans, including America.

Because of the gravity and emergency of this present danger and imminent threat, it is necessary for the Armed Forces to take all appropriate action to assist the Department of Homeland Security in obtaining full operational control of the southern border.





# U.S. NORTHERN COMMAND

February 28, 2025

## Sustainment support units set to enhance southern border mission

U.S. Northern Command Public Affairs

**PETERSON SPACE FORCE BASE, Colo.** – By the order of the Department of Defense and under the direction of U.S. Northern Command, additional troops will deploy to enhance the capacities of Customs and Border Protection as part of the mission along the U.S. southern border.

The DoD continues to work with the Department of Homeland Security to fill critical capabilities gaps at the southern border in accordance with President Trump's Executive Order "Protecting the American People Against Invasion."

The additional tranche will provide sustainment support to the already announced Joint Task Force for southern border operations, including: command and control of sustainment units and coordination of logistical support; field feeding support sites; and control of logistical movement.

Army units preparing to deploy include:

- 101st Division Sustainment Brigade, Fort Campbell, Kentucky
- Alpha Company, 189th Division Sustainment Support Battalion, Fort Bragg, North Carolina
- Bravo Company, 68th DSSB, Fort Carson, Colorado
- Charlie Company, 129th DSSB, Fort Campbell, Kentucky
- Headquarters and Headquarters Company, 264th Combat Sustainment Support Battalion, Fort Bragg, North Carolina
- 70th Movement Control Team, Joint Base Langley-Eustis, Virginia
- 564th Quartermaster Company, Joint Base Lewis-McChord, Washington

Lead Agency



Support Agency





# Possible Area of Response

**200 mile distance**

**100 mile distance**



# Support Requirements

- Housing
- Water
- Fuel
- Communications
- Healthcare
  - Routine
  - Time-critical



# Importance of MIL-CIV Integration for Emergent Care

- **Faster Access:** Civilian hospitals may be nearer to operation sites, reducing transport time, which is vital for emergencies.
- **Golden Hour Impact:** Getting to care within the golden hour can improve survival rates, and civilian integration can help achieve this, as seen in studies showing time to care affects outcomes (Impact of Time to Definitive Care on Survival Rates).
- **Resource Availability:** Civilian facilities often have advanced equipment and specialists, potentially offering better care for complex injuries.
- **Flexibility:** In emergency situations, the primary goal is saving lives, and flexibility is key. TRICARE coverage allows active duty service members to seek emergency care at any hospital, including civilian ones, without prior authorization, facilitating rapid response. This flexibility ensures that the nearest appropriate medical facility is used, whether military or civilian, which is crucial for time-sensitive cases.
- **Challenges:** Security concerns and differing protocols between military and civilian systems may complicate integration, requiring careful coordination.

# Joint Trauma System (JTS): Coordinating Communication



COUNTY OF SAN DIEGO  
EMERGENCY MEDICAL SERVICES



TEXAS J  
Regional Advisory Council



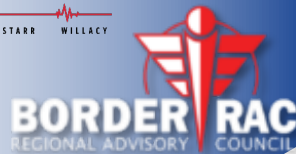
Seven Flags Regional Advisory Council  
Trauma Service Area "T"



STRAC  
Southwest Texas Regional Advisory Council



TRAC V  
TRAUMA REGIONAL ADVISORY COUNCIL-V  
CAMERON HIDALGO STARR WILLACY



BORDER RAC  
REGIONAL ADVISORY COUNCIL



ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
PREPAREDNESS

ADHS Bureau of EMS & Trauma System



The Joint Trauma System (JTS), the DoD's trauma care authority, coordinates communication with Regional Advisory Councils (RACs) and Regional Medical Operations Centers (RMOCs) in border states to integrate military and civilian trauma systems. Through frameworks like the Trauma System Support branch, JTS shares guidelines, data, and expertise—e.g., collaborating with the Southwest Texas Regional Advisory Council—to enhance rapid patient care within the golden hour. This strengthens DoD-civilian interoperability, aligning with national mandates for improved trauma outcomes.



# Civilian System Implications

- Optimized Use of Civilian Infrastructure:
  - Civilian hospitals will serve as the primary destination for time-critical conditions (STEMI, stroke, sepsis, severe trauma), leveraging their established expertise and proximity to reduce time to definitive care
- Military Air Medical as a Force Multiplier
  - In austere or remote border regions, military air medical assets (e.g., MEDEVAC helicopters) can bridge gaps where civilian evacuation is limited, enhancing access to care by transporting patients to civilian facilities efficiently.
- Systemic Resilience Gains
  - Collaboration enhances regional emergency response capacity, as military evacuation support and civilian hospital expertise combine to create a more responsive network for both populations, especially in border or rural zones.

# Summary

- Executive Order declaring national emergency on the southern border enables the use of DoD resources to support the Lead Agency.
- Anticipate 1000 personnel involved along the entire course of the border
- DoD plans routine healthcare within the DoD system (TriCare)
- Time-critical injury/illness will be managed in the civilian healthcare system
- Awareness is preparation
- Military-civilian integration of trauma systems is essential to defense of the homeland



# Trauma Systems Committee

## 2025 Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Designation Pillar: Assess for barriers to designation.	Continual communications with workgroups focusing on the inclusive trauma system pillar, the financial health pillar and RAC communication and with DSHS team to assess the flow of trauma centers in and out of the system, identify weak areas in the system, identify barriers to designation and participate with these groups to improve the trauma system.	
2. Improve communication with RAC Chairs to facilitate early awareness of challenges in the trauma system.	Committee members assigned to this pillar are developing regular communication with the individual RAC Chairs.	
3. Inclusive trauma system pillar (to include military-civilian integration)	<i>Facilitating military civilian integration for DoD activity along the southern border</i>	

# Trauma Systems Committee

## 2025 Committee Priorities Update

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

Committee Priorities	Current Activities	Status
4 Financial health pillar	Monitoring news, social media and other platforms to identify financial developments that may impact trauma centers or the trauma system.	
5. Pediatric injury pillar	Reviewing recommendations from the pediatric committee  Developing facts and recommendations about transmission of radiographs between facilities	
6. Burn Injury Pillar	Monitoring the Burn Care Task Force  Request to add Dr. Edabat to email lists regarding task force activity.	

# GETAC Committee/Stakeholder Action Item Request for Council March 2025

Stephen Flaherty, MD, FACS  
Trauma Systems Committee



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services



# Action Item Request and Purpose

- Approve Dr. Barreda as vice-chair
- Add Dr. Ebadat to the Burn Care Task Force