



## Defense Health Agency (DHA) Clinical Communities Speaker Series

### August 2021 CCSS: Exploration of Innovations in Health Care

#### S01: Review of Select Military Innovations During the COVID-19 Pandemic

##### Resource List

Over the past 18 months, women and men in uniform have bravely answered a call to service in response to the global SARS-CoV 2 (COVID-19) pandemic. In this context, the synergies between military medicine and civilian health care have been on full display. From National Guard members activating in support of pre-hospital and in-hospital care in Philadelphia to active duty and reserve service members deploying to New York City, Los Angeles, and other locations around the country, the military health system (MHS) has demonstrated its value to the American public. Through an intensive effort on the part of both the civilian and military medical services, vaccines are now widely available. The convergence of these experiences led the authors of the article, [Charting a new path after two decades of war and a global pandemic](#) (2021) to reflect on the landmark innovations documented in the pages of past military supplements looking forward to the future of combat casualty care and the global leadership of the United States MHS.

The COVID-19 pandemic is influencing increase in military engagements in health-related activities at the domestic level. The article, [Military responses to COVID-19, emerging trends in global civil-military engagements](#) (2021) situates actions amid issues of continuity, change, and resistance in contemporary redefinitions of military health roles. It positions the COVID-19 pandemic as a pivotal moment in global health military practice. The author identifies three emerging trends within national military responses to COVID-19: (1) Minimal technical military support; (2) Blended civil-military responses; and (3) Military-led responses. The dynamics that underpin each type of military involvement follow context-specific military political legacies. These levels of involvement also relate to national public health approaches and the degree of capacity within health care systems. Each identified trend points towards specific trajectories for the future co-constitution of global and local civil-military engagements.

Health care workers caring for patients with COVID-19 are at risk for infection. In April 2020, U.S. military personnel were deployed to a New York City field hospital to care for COVID-19 patients. A robust infection control plan was implemented and enforced. The authors in the article, [SARS-CoV-2 infection risk among active duty military members deployed to a field hospital — New York City, April 2020](#) (2021) noted that among 336 soldiers participating in an infection risk study, the overall infection rate was 1.7%; the rate among those involved in direct patient care was 0.9%. Concluding that with a well-designed and well-implemented infection control plan and use of adequate personal protective equipment the risk for SARS-CoV-2 transmission in health care settings can be mitigated, including nontraditional settings.

For updates on the Department of Defense's (DoD) response to the Coronavirus, COVID-19 vaccination efforts, and innovations during the pandemic review the [Spotlight Coronavirus: DoD Response webpage](#) (2021).



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### References

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