



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

SEP 21 2022

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 116-442, pages 154-155, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, "Review on the Existing Department of Defense Capabilities to Operate, Maintain, and Transport Sterile Clinical, Surgical, and Resuscitative Capabilities," is enclosed.

The overall response from the Services indicates that the medical capabilities established and maintained by the Department of Defense (DoD) continue to be worldwide deployable and require some sustainability via normal supply chain methods that are not required to be locally based. The Department can provide the Geographic Combatant Commands, U.S. Special Operations, the National Guard, and Reserve units with transportable medical capabilities to assist in medical exercises and humanitarian assistance but may degrade current capability based on level of support. DoD can provide recovery capabilities for patient movement based on specific echelons of care that involves multiple patients with continuous stabilizing treatment, with efforts made to provide these capabilities in a temperature-controlled and noise resistant environment.

Thank you for your continued strong support for our Service members, civilian workforce, and families.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

Report to the Congressional Armed Services Committees



Review of the Existing Department of Defense Capabilities to Operate, Maintain, and Transport Sterile Clinical, Surgical, and Resuscitative Capabilities

**In Response to: House Report 116–442, Pages 154-155,
Accompanying H.R. 6395, the William M. (Mac)
Thornberry National Defense Authorization Act for Fiscal
Year 2021**

September 2022

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$1,500 for the 2021 Fiscal Year. This includes \$100 in expenses and \$1,400 in DoD Labor.

Generated on June 16, 2021

Report/Study Cost Estimate
(9-5F40D2B)

EXECUTIVE SUMMARY

This final report is in response to House Report 116–442, pages 154-155, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021. The data presented below, as reported by the Defense Health Agency (DHA), is as of May 28, 2021.

The overall response from the Military Services indicates that the medical capabilities established and maintained by the Department of Defense (DoD) continue to be worldwide deployable but may require some support via normal supply chain methods that are not locally based. The Department can provide the Geographic Combatant Commands (GCCs), U.S. Special Operations Command (USSOCOM), the National Guard, and Reserve units with transportable medical capabilities to assist in medical exercises and humanitarian assistance, but may degrade capabilities of units providing support based on their respective operational posture and level of support required. DoD provides recovery capabilities for patient movement based on specific echelons of care that involve multiple patients with continuous stabilizing treatment with efforts to provide these capabilities in a temperature controlled and noise resistant environment.

BACKGROUND

House Report 116–442, pages 154-155, accompanying H.R. 6395, the William M. (Mac) Thornberry NDAA for FY 2021, requested a review on the existing DoD capabilities to operate, maintain, and transport sterile clinical, surgical, and resuscitative capability assets, that includes:

1. An assessment of [whether] the Department’s assets can be transported by existing land, sea, air capabilities anywhere in the United States or the world;
2. An assessment of whether the Department’s assets have an integrated power solution that does not require location-based fuel or sourcing;
3. An assessment on if the Department can provide GCCs and USSOCOM with transportable capabilities to train, equip and support Host Nation and friendly medical forces through regular Medical Exercises and Humanitarian Assistance;
4. An assessment of whether the Department can provide National Guard and Reserve units the capability to respond to domestic [‘]Acts of God’ or man consistent with the Department’s Active, Reserve and/or National Guard authorities; and
5. An assessment of whether the Department’s treatment and recovery capabilities can allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment.

The DHA worked with the Military Services to review the capabilities and prepare this response.

REPORT DETAILS

1. Based on input from the Military Services, DoD assets can be transported by existing land, sea and air capabilities anywhere in the world. Service-specific capabilities are outlined below:
 - Air Force: Air Force deployable medical assets are typically configured for air transport. However, they can be reconfigured to support land and sea.
 - Army: Army operating force medical units can be transported through strategic movement via land, sea, or air. In addition, the Army capabilities identified each have “Conduct Expeditionary Deployment Operations” as a mission essential task. Each unit varies in terms of the ability to transport all of the unit authorized equipment based on organic vehicles. For example, the Forward Resuscitation Surgical Detachment can transport 100 percent of authorized equipment in a single lift using organic vehicles.
 - Navy: The Expeditionary Medical Facility (EMF) can be transported using land (trucks, rail) sea, and air, coordinated through the U.S. Transportation Command. The Expeditionary Medical Units can be transported by land (trucks, rail), sea, and air. The Expeditionary Resuscitative Surgical System can be transported by land (trucks, rail), sea and air. Navy Hospital Ships (T-AH) are also large sea based Role 3 capabilities, or full but short-term hospital capability, consists of surgery, intensive care, postoperative care, and specialty care provided by large, semi-permanent medical treatment facilities.
 - United States Marine Corps (USMC): This capability can be transported by existing capabilities across land, sea and air.
2. DoD has limited assets that have an integrated power solution that do not require location-based fuel or sourcing. Only the U.S. Army has capabilities which rely on authorized tactical generators for organic power generation. These generators primarily operate on JP-8 fuel, other military approved diesel fuels, and use standard military oils, lubricants and coolants that may vary on sourcing. All other Military Service capabilities rely on Base Operating Support (BOS) for power and/or fueling. Other Service capabilities and requirements are outlined below:
 - Air Force: Air Force deployable medical assets rely on BOS. BOS requirements include, but are not limited to, transportation (including patient transportation); messing; and other consumable materials, water, fuels, cryogenics, liquid oxygen and other gases (obtained from fuels or on a contract basis), billeting, latrines, showers, laundry, and security. Additional requirements include alternate generator support, fire protection, vehicle maintenance support, vehicle decontamination, maintenance and logistics, life support, contracting, supportive information/communications systems maintenance, waste management, and personnel decontamination.
 - Navy: Theater Hospitalization (Role of Care III) assets bring base support operating capability but require a fuel / water source in order to operate. Additionally, the Navy

Hospital Ships (T-AH) have some internal capability but require resupply via Military Sealift Command underway replenishment. Navy Forward Resuscitative Care (Role of Care II) assets do not have a base operating support package but can be configured with one. The Navy Forward Resuscitative Care requires external fuel/ water sourcing to operate.

- USMC: While the Forward Resuscitative Surgery System (FRSS) contains a generator, it relies on BOS in order to remain operational.
3. DoD has the capability to provide the GCCs and USSOCOM with transportable capabilities to train, equip and support Host Nation and friendly medical forces through regular Medical Exercises and Humanitarian Assistance. Service-specific capabilities and requirements are outlined below:
- Air Force: Air Force has limited deployable assets are created to support wartime Combatant Commanders' requirements. These assets can be leveraged to support humanitarian assistance missions and/or exercises.
 - Army: United States Army Forces Command provides available units in the Global Force Pool. In addition, some Army Service Component Commands (e.g., U.S. Army Europe and Africa) have medical units assigned as identified in the Global Force Management Implementation Guidance.
 - Navy: The Navy can provide transportable capabilities, including hospital ships, to GCCs and USSOCOM; however, assets in the Navy inventory are part of the War Reserve Program for employment on those roles.
4. DoD's current assets and capabilities allow it to provide National Guard and Reserve units the capability to respond to domestic "Acts of God" or man consistent with the Department's Active, Reserve, and/or National Guard authorities. Service-specific capabilities are outlined below:
- Air Force: Air Force deployable assets are created to support Wartime Combatant Commanders' requirements. However, they can be leveraged to support National Guard and Reserve units to respond to domestic "Acts of God" or man-made disasters consistent with the Department's Active, Reserve, and/or National Guard authorities.
 - Army: The Army routinely provides forces to support Defense Support to Civil Authorities missions based on the Lead Federal Agency request.
 - Navy: The Navy can provide equipment and supply assets, including hospital ships, to support Navy Reserve EMF units to respond to domestic "Acts of God" as required and properly authorized by Defense Authorized Support of Civil Authorities guidance and directives.

5. DoD's treatment and recovery capabilities can allow multiple patients to be stabilized and transported while providing continuous treatment and recovery. Some patient movement platforms do not provide a temperature-controlled and noise-resistant environment. In those cases, personal protective equipment (PPE) can be given to patients to mitigate the effects of temperature and noise extremes.
- Air Force: Air Force deployable medical assets identified are designed to treat and recover multiple patients. Each capability outlined is defined to meet specific numbers of patients and/or population at risk.
 - Army: The Army's capabilities can allow for the treatment, stabilization, and/or recovery prior to and during medical evacuation or patient movement; however, evacuation platforms do not provide medical evacuation or patient movement in a noise-resistant environment. PPE can be given to the casualty.
 - Navy: Role 3 and 2 assets have treatment and holding capabilities to allow multiple patients to be stabilized. The Navy Hospital Ships (T-AH) provide comprehensive Role 3 capabilities that have the greatest patient transport capacity in all of DoD, although limited to areas of the ocean that allow for a ship of its size. These assets are not designed for long-term care and depends on the external support capability to transfer to the next level of care to ensure better health outcomes. Patients are supported with continuous care through the aeromedical transportation system provided by the Air Force or contracted airframe as required.
 - USMC: The FRSS does not contain patient transportation capabilities. Instead, it is a level two surgical suite.

CONCLUSION

DoD medical logistics continues to provide mission ready medical equipment deployable to any location in the globe. The logistical requirement to sustain the material exists and there is flexibility on where that support comes from thus giving our medical forces some room for variation depending on the situation. The Services have resources to support the GCCs, USSOCOM, the National Guard, and Reserve in a scaled capacity if needed. With regard to patient movement, the Services have the capability of moving multiple patients with efforts to provide continuous stabilizing treatment in a temperature-controlled and noise-resistant environment.

Interim Response to House Report 116-442, Pages 154-155, Review on the Existing Department of Defense Capabilities to Operate, Maintain, and Transport Sterile Clinical, Surgical, and Resuscitative Capabilities

Note: For these five questions, we will interpret "Sterile Clinical, Surgical, and Resuscitative Capabilities" as any DoD deployable medical, dental, and/or veterinary capabilities used to treat patients.

Part 1, Capabilities List

Service	Role of Care	List Existing DoD Sterile Clinical, Surgical, and Resuscitative (Deployable) Capability Assets that treat patients.	Can capability asset be transported by existing land, sea, air anywhere in the United States or the world? (Y, N)	Does capability asset have an integrated power solution that does not require location-based fuel or sourcing? (Y, N, or N/A)	Can the capability be provided to Geographic Combatant Commands and US Special Operations Command to train, equip and support Host Nation and friendly medical forces through regular Medical Exercise and Humanitarian Assistance.	Can the DoD provide the National Guard and Reserve units with these capabilities to respond to domestic "Acts of God" or man. (Y, N, or N/A)		Do the treatment and recovery capabilities of these assets allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment? (Y, N, or N/A)	Comments
						National Guard (COMPO 2)	Reserve (COMPO 3)		
Air Force	1	Special Operations Forces Medical Element (SOFME)	Y	N	Y	Y	Y	Y	UTC FFOEK and associated equipment
Air Force	1	SOFME Augmentation	Y	N	Y	Y	Y	N	UTC FFOE9 and associated equipment
Air Force	1	Special Operations Forces Medical Augmentation	Y	N	Y	Y	Y	N	UTC FFOE8 and associated equipment
Air Force	2	Special Operations Surgical Team (SOST)	Y	N	Y	Y	Y	Y	UTC FFOE3 and associated equipment
Air Force	1	Air Transportable Clinic (ATC)	Y	N	Y	Y	Y	Y	
Air Force	2	Ground Surgical Team (GST)	Y	N	Y	Y	Y	Y	
Air Force	2	Expeditionary Medical Support (EMEDS)	Y	N	Y	Y	Y	Y	
Air Force	3	AF Theater Hospital (AFTH)	Y	N	Y	Y	Y	Y	
Air Force	N/A	En-Route Care System Patient Stage (ERPSS)	Y	N	Y	Y	Y	Y	
Air Force	N/A	Aeromedical Evacuation Patient Movement Items (PMI)	Y	N	Y	Y	Y	Y	
Air Force	N/A	Aeromedical Evacuation Critical Care Air Transport (CCATT)	Y	N	Y	Y	Y	Y	
Air Force	N/A	Bio-Containment / Infectious Disease Transport (NPC/NPC-L)	Y	N	Y	Y	Y	Y	

Part 2, Capability Assessment Narrative

Question: An assessment of the Department's assets can be transported by existing land, sea, air capabilities anywhere in the United States or the world

Answer: Air Force deployable medical assets are typically configured for air transport. However, they can be reconfigured to support land and sea.

Question: An assessment of whether the Department's assets have an integrated power solution that does not require location-based fuel or sourcing

Answer: IAW AF CONOPS, Air Force deployable medical assets rely on Base Operating Support (BOS).

Question: An assessment on if the Department can provide Geographic Combatant Commands and US Special Operations Command with transportable capabilities to train, equip and support Host Nation and friendly medical forces through regular Medical Exercises and Humanitarian Assistance

Answer: Air Force deployable assets are created to support Wartime Combatant Commanders' requirements. However, they can be leveraged to support Humanitarian Assistance missions and/or exercises. These are very limited assets and any use would degrade the CCDR's ability to go to war.

Question: An assessment of whether the Department can provide National Guard and Reserve units the capability to respond to domestic Acts of God" or man consistent with the Department's Active, Reserve and/or National Guard authorities

Answer: Air Force deployable assets are created to support Wartime Combatant Commanders' requirements. However, they can be leveraged to support National Guard and Reserve units to respond to domestic "Acts of God" or man-made disasters consistent with the Department's Active, Reserve and/or National Guard authorities.

Question: An assessment of whether the Department's treatment and recovery capabilities can allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment.

Answer: Air Force deployable medical assets identified are designed to treat and recovery multiple patients. Each capability outlined is defined to meet specific numbers of patients and/or population at risk.

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Part 1, Capabilities List

Service	Role of Care	List Existing DoD Sterile Clinical, Surgical, and Resuscitative (Deployable) Capability Assets that treat patients.	Can capability asset be transported by existing land, sea, air anywhere in the United States or the world? (Y, N)	Does capability asset have an integrated power solution that does not require location-based fuel or sourcing? (Y, N, or N/A)	Can the capability be provided to Geographic Combatant Commands and US Special Operations Command to train, equip and support Host Nation and friendly medical forces through regular Medical Exercise and Humanitarian Assistance.	Can the DoD provide the National Guard and Reserve units with these capabilities to respond to domestic "Acts of God" or man. (Y, N, or N/A)	National Guard (COMPO 2)	Reserve (COMPO 3)	Do the treatment and recovery capabilities of these assets allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment? (Y, N, or N/A)	Comments
Army	2	Forward Resuscitation Surgical Detachment (FRSD)	Y	Y	Y	N/A	Y	N/A	Provides Role 2 (LM) when combined with a Medical CO (Area Support) or Brigade Support Medical Company.	
Army	3	Field Hospital (FH) (32 Bed)	Y	Y	Y	N/A	Y	N/A	Doctrinal Link requires 1xHHD Hospital Center per two field hospitals or w/ first field hospital deployed. Provides hospitalization and outpatient services for all classes of patients within the area of operations.	
Army	3	Hospital Augmentation Detachment (Surgical 24 bed)	Y	Y	Y	N/A	Y	N/A	Augments the capabilities of the Field Hospital (32 Bed), with thoracic, urology, oral maxillofacial surgical capabilities, 24 additional ICU beds, outpatient services, and microbiology	
Army	3	Hospital Augmentation Detachment (Medical 32 bed)	Y	Y	Y	N/A	Y	N/A	Augments the field hospital (32 Bed) with operational dental care, one additional ICU ward (12 beds), one ICW ward (20 beds), additional microbiology capabilities and outpatient services for all classes of patients within the area of operations.	
Army	3	Hospital Augmentation Detachment (ICW 60 bed)	Y	Y	Y	N/A	Y	N/A	Augments the capabilities of the field hospital (32 Bed) as required with three additional ICWs providing intermediate nursing care and additional personnel to support nutrition and patient administration capabilities.	
Army	3	Medical Detachment Minimal Care	Y	Y	Y	N/A	Y	N/A	Provides minimal care/convalescent care hospitalization, nursing and rehabilitative services in support of theater hospitals	
Army	3	Hospital Augmentation Team, Head and Neck	Y	Y	Y	N/A	Y	N/A	Provides ear, nose and throat surgery; neurosurgery; and eye surgery augmentation in support of mission and consultative services as required.	
Army	1	Medical Company (Ground Ambulance)	Y	Y	Y	Y	Y	N	Provide ground medical evacuation in a theater of operations	
Army	2	Medical Company (Area Support)	Y	Y	Y	Y	Y	N	Provides Roles 1 and 2 Army Health System (AHS) support to units located in the area of operations of the Medical Company	
Army	1	Medical Company (Air Ambulance)	Y	Y	Y	Y	Y	N	Provides intra-theater aeromedical evacuation.	
Army	3	Medical Detachment, Veterinary Services	Y	Y	Y	N/A	Y	N/A	Provides equipment and personnel to provide dispersed Veterinary Role 1 and 2 medical and resuscitative surgical care; Veterinary Role 3 comprehensive canine medical/surgical care to military and Department of Defense (DOD) contract working dogs	
Army	N/A	Medical Detachment, Blood Support	Y	Y	Y	N/A	Y	N/A	Provides collection, manufacturing, storage, and distribution; of blood and blood products to Brigade Combat Teams (BCTs) and echelons above brigade (EAB), medical units and to other services as required.	
Army	N/A	Global Field Medical Laboratory	Y	Y	Y	N/A	N/A	N/A	On order, to deploy worldwide in tailored teams to conduct health threat detection, confirmation and health surveillance for CBRN, occupational/environmental health, endemic disease agents, and consequence management to protect and sustain the health of the force across full spectrum operations	
Army	1	Dental Company (Area Support)	Y	Y	Y	N/A	Y	N/A		

Part 2, Capability Assessment Narrative

Question: An assessment of the Department's assets can be transported by existing land, sea, air capabilities anywhere in the United States or the world

Answer: **Yes, the Army operating force medical units can be transported through strategic movement via land, sea, or air. In addition, the Army capabilities identified each have "Conduct Expeditionary Deployment Operations" as a mission essential task. Each unit varies in terms of the ability to transport all of the unit authorized equipment based on organic vehicles. For example, the FRSD can transport 100 percent of authorized equipment in a single lift using organic vehicles.**

Question: An assessment of whether the Department's assets have an integrated power solution that does not require location-based fuel or sourcing

Answer: **The Army capabilities identified rely on authorized tactical generators for organic power generation. These generators primarily operates on JP-8 fuel, other military approved diesel fuels, and use standard military oils, lubricants and coolants that may vary on sourcing.**

Question: An assessment on if the Department can provide Geographic Combatant Commands and US Special Operations Command with transportable capabilities to train, equip and support Host Nation and friendly medical forces through regular Medical Exercises and Humanitarian Assistance

Answer: **Yes, United States Army Forces Command provides available units in the Global Force Pool. In addition, some Army Service Component Commands (e.g. USAREUR-AF) have medical units assigned as identified in the Global Force Management Implementation Guidance.**

Question: An assessment of whether the Department can provide National Guard and Reserve units the capability to respond to domestic Acts of God" or man consistent with the Department's Active, Reserve and/or National Guard authorities

Answer: **Yes, the Army routinely provides forces to support Defense Support to Civil Authorities missions based on the Lead Federal Agency request.**

Question: An assessment of whether the Department's treatment and recovery capabilities can allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment.

Answer: **Army capabilities allow for the treatment, stabilization, and/or recovery prior to and during medical evacuation or patient movement; however, evacuation platforms do not provide medical evacuation or patient movement in a noise resistant environment. Personal Protective Equipment (PPE) can be given to**

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Note: For these five questions, we will interpret "Sterile Clinical, Surgical, and Resuscitative Capabilities" as any DoD deployable medical, dental, and/or veterinary capabilities used to treat patients.

Part 1, Capabilities List

Service	Role of Care	List Existing DoD Sterile Clinical, Surgical, and Resuscitative (Deployable) Capability Assets that treat patients.	Can capability asset be transported by existing land, sea, air anywhere in the United States or the world? (Y, N)	Does capability asset have an integrated power solution that does not require location-based fuel or sourcing? (Y, N, or N/A)	Can the capability be provided to Geographic Combatant Commands and US Special Operations Command to train, equip and support Host Nation and friendly medical forces through regular Medical Exercise and Humanitarian Assistance.	Can the DoD provide the National Guard and Reserve units with these capabilities to respond to domestic "Acts of God" or man. (Y, N, or N/A)		Do the treatment and recovery capabilities of these assets allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment? (Y, N, or N/A)	Comments
						National Guard (COMPO 2)	Reserve (COMPO 3)		
Navy	3	Expeditionary Medical Facility (EMF) X 8	Y	N	Y		Y	N	Capability is not noise resistant
Navy	2	Expeditionary Medical Unit (EMU) X 4	Y	N	Y		N	N	Capability is not noise resistant, not a program of record capability
USMC	2	Forward Resuscitation Surgical Suite (FRSS)	Y	N	Y	Y	Y	N	

Part 2, Capability Assessment Narrative

Question: An assessment of the Department's assets can be transported by existing land, sea, air capabilities anywhere in the United States or the world
 Answer: Navy: The Expeditionary Medical Facility (EMF) can be transported using land (trucks, rail) sea, and air, coordinated through TRANSCOM. The Expeditionary Medical Unit (EMUs) can be transported by land (trucks, rail), sea, and air. The Expeditionary Resuscitative Surgical System (ERSS) can be transported

Question: An assessment of whether the Department's assets have an integrated power solution that does not require location-based fuel or sourcing
 Answer: Navy: Role 3 assets bring base support operating capability but require a fuel / water source in order to operate. Additionally, the Navy Hospital Ships (T-AH) have some internal capability but require resupply via Military Sealift Command (MSC) underway replenishment. Navy role 2 assets do not have a base

Question: An assessment on if the Department can provide Geographic Combatant Commands and US Special Operations Command with transportable capabilities to train, equip and support Host Nation and friendly medical forces through regular Medical Exercises and Humanitarian Assistance
 Answer: Navy: Can provide transportable capabilities, including hospital ships, to Geographic Combatant Commands and US Special Operations Command however assets in the Navy inventory are part of the War Reserve Program for employment on those roles. USMC: The medical materiel and equipment which

Question: An assessment of whether the Department can provide National Guard and Reserve units the capability to respond to domestic Acts of God" or man consistent with the Department's Active, Reserve and/or National Guard authorities
 Answer: Navy: Can provide equipment and supply assets, including hospital ships, to support Navy Reserve EMF units to respond to domestic Acts of God as required and properly authorized by Defense Authorized Support of Civil Authorities guidance and directives. USMC: Reserve units are already in possession of

Question: An assessment of whether the Department's treatment and recovery capabilities can allow multiple patients to be stabilized and transported while providing continuous treatment and recovery in a temperature controlled and noise resistant environment.
 Answer: Navy: Role 3 and 2 assets have treatment and holding capabilities to allow multiple patients to be stabilized. The Navy Hospital Ships (T-AH) provide comprehensive Role 3 that has the greatest patient transport capacity in all of DoD although limited to areas of the ocean that allow for a ship of its size. These