AEAG-OSURG **18 March 2026**

MEMORANDUM FOR RECORD

SUBJECT: (U) TRIP REPORT: Vinnytsia Military Medical Clinical Center-Central Region (MMCC-CR) Site Survey and Lessons Learned for Large Scale Combat Operations (LSCO) | 10–11 March 2026

1. (U) Purpose / Background

This report details a multi-purpose engagement at the Vinnytsia Military Medical Clinical Center-Central Region (MMCC-CR) on 10–11 March 2026. **The primary, stated objective was to conduct a site survey to validate spatial and equipment requirements for the renovation of the legacy nine-story inpatient facility and its transition to a new five-story surgical center. This action directly supports a formal commitment of assistance from LTG Buzzard to MG Kazmirchuk.** This was completed by the 68th Theater Medical Command team, attached is the out-brief of their work.

The **secondary, and principal lessons-gathering objective was to leverage this access to capture critical lessons learned from Ukrainian medical operations in a high-attrition conflict. This visit provided an invaluable opportunity to observe and document Ukrainian solutions to challenges directly relevant to future U.S. military medical planning for Large Scale Combat Operations (LSCO)**, specifically in the areas of infrastructure survivability, high-volume surgical throughput, antimicrobial resistance, and Return to Duty (RTD) optimization.

2. (U) Key Leader Engagements (KLEs) and Coordination

The engagement was centered around direct coordination with the MMCC-CR command and key department leaders to fulfill both the architectural survey and intelligence-gathering objectives.

- **10-11 Mar – Command Engagement:** Conducted a comprehensive site tour and series of briefings with Colonel Serhii Pashkovskyi, Commander of MMCC-CR. Discussions fulfilled the primary mission objective by focusing on the architectural and logistical challenges of the facility transition. This access also provided the command perspective on strategic medical challenges in a high-attrition conflict.
- **10-11 Mar – Departmental Coordination:** Held working sessions with key department chiefs, including Lt Col Vadym Babii (Chief of Critical Care Air Transport) and Lt Col Viktor Romanchuk (MMCC-CR Surgeon). These engagements were essential for validating the technical requirements of the new facility while simultaneously gathering firsthand accounts of clinical capacity, infection control protocols, and patient movement TTPs.

3. (U) Session Overview and Key Takeaways for SAG-U

The site visit yielded several key findings of direct strategic importance to SAG-U and U.S. military medical planning, answering the question of 'what can we learn' by providing a real-world model for medical operations in a peer conflict.

A. Survivability: Hardening vs. Expedient Adaptation

Observations at both the strategic (Role 3) and tactical (Role 1) levels reveal a critical distinction in survivability strategies. At the MMCC-CR (Role 3), resilience is achieved through deliberate hardening of massive, pre-existing Soviet-era bunkers. Critical logistical and C2 functions operate from subterranean positions 40 feet underground, allowing for uninterrupted operations. This is supplemented by low-tech camouflage solutions to conceal facility entry points.

However, anecdotal reports from surgeons rotating from the front indicate that Role 1 care relies almost exclusively on the expedient use of pre-existing civilian infrastructure, such as the basements of former clinics or other available underground spaces. There is little evidence of deliberate construction or burial of new medical modules during active combat.

- **SAG-U Takeaway:** The Ukrainian experience demonstrates two critical points. First, for large, fixed facilities, survivability depends on leveraging massive, pre-existing hardened structures. Second, at the tactical edge, the operational tempo of LSCO makes the construction of new, hardened Role 1 facilities impractical. This places a premium on pre-conflict planning and the rapid identification and adaptation of existing structures. This lesson is especially critical for planning in theaters like PACOM, which lack the dense, Soviet-era infrastructure of Eastern Europe and where opportunities to 'dig in' will be minimal once conflict begins.

B. Surgical Capacity and Antimicrobial Resistance (AMR)

Direct observation at MMCC-CR confirms that the high prevalence of multi-drug resistant organisms (MDROs) is a major clinical challenge, validating the issue as a top-level concern for both the Ukrainian Ministry of Defence (Health) and international partners. The patient evacuation chain itself is a primary vector for AMR proliferation. Research from CCWG partners (CDC, WRAIR) shows negligible AMR colonization at Role 1/2 facilities, but the problem explodes at Role 3 hospitals like MMCC-CR due to factors like patient overcrowding and increased length of stay.

- **SAG-U Takeaway:** The MDRO crisis in Ukraine is a critical warning for U.S. medical planners. The lessons learned are invaluable and directly inform the CCWG's unified response, which includes developing a single digital AMR surveillance module and reviewing antibiotic guidelines. **The long tenure of Ukrainian staff also**

highlights a potential vulnerability in the U.S. system's ability to retain specialized surgical expertise during a protracted conflict.

C. Medical Reach: Non-Standard Patient Evacuation

With dedicated air MEDEVAC platforms unavailable, the MMCC-CR has adapted by using modified civilian buses, including Czech-provided ICU bus conversions, for long-range casualty evacuation. This innovative approach has enabled the successful transfer of over 9,000 patients since 2014 without a single loss of life in transit.

- **SAG-U Takeaway:** The Ukrainian ICU bus model proves that operational reach can be sustained even when air superiority is denied. This low-cost, adaptable solution provides a viable TTP for U.S. forces planning for operations in high-risk environments.

D. Holistic Lethality: Optimizing the Human Weapon System

The MMCC-CR employs a pragmatic recovery model that contributes to maximizing Return to Duty (RTD) rates. The approach focuses on functional restoration, pairing aggressive physical rehabilitation with nutritional self-sufficiency and mandatory re-integration programs. To address combat stress, the facility uses low-cost modalities, including subterranean suites that provide sensory deprivation for psychological decompression.

- **SAG-U Takeaway:** This model demonstrates a results-oriented approach to prolonging warfighter endurance with both quantitative and qualitative effects. Quantitatively, it achieves higher RTD rates, preserving invaluable combat proficiency and leadership. More fundamentally, however, it also reinforces the moral component of fighting power. Where medical can often be dismissed by line facing military professionals, the institutional promise of high-quality care acts as a form of psychological backstop, giving front-line troops the confidence to engage in high-risk actions. This stands in stark contrast to an attritional model that treats soldiers as expendable resources. This is, objectively, what separates US backed forces making us exceptional; similar to the US approach, by investing heavily in the individual soldier's survival and recovery, the Ukrainian system generates a deeper will to fight, directly enhancing the lethality and resilience of its units. It is a critical mental backstop that underwrites the entire warfighting effort.

4. (U) Recommendations / Way Ahead

1. **Refine Medical Doctrine for LSCO:** Incorporate the Ukrainian TTP of leveraging pre-existing civilian infrastructure for Role 1 care into joint planning. This requires a planning emphasis on pre-conflict infrastructure surveys, particularly in AORs like PACOM.
2. **Establish Clinical Exchange:** Create a formal clinical exchange program with MMCC-CR focused on War Wound Infection Management and MDRO treatment to capture best practices for the AMR CCWG.

3. **Analyze RTD Protocols:** Conduct a detailed study of Ukrainian rehabilitation and psychological decompression protocols for integration into treatment plans at facilities like Landstuhl or Tripler Army Medical Center.
4. **Develop Non-Standard Ambulance Kits:** Initiate a requirements evaluation for "non-standard" ambulance conversion kits based on the Ukrainian ICU bus model.
5. **Formalize Medical Liaison:** Maintain regular, formal liaison with COL Pashkovskyi and his staff to ensure a continuous flow of information and to track the evolution of their medical TTPs.

Attachment 1.

68 TMC Transition Plan Outbrief

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16 March 2026

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