



VFP 2025–2026

Scaling Nonmedical Prolonged Casualty Care in Drone-Contested LSCO

Build a doctrine-aligned model for future battlefield medicine, where drones, delayed evacuation, and dispersed teams force non-medical personnel to provide lifesaving care longer than current systems were designed to support until they reach medical care.



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Challenges

24-hour

days: Drone-contested war can stretch casualty care from 24 hours to multiple days.

35–40%

estimated share of amputations that may be preventable under prolonged evacuation constraints.

\$5M+

per month: Estimated prosthetics costs that improved limb salvage may help avoid.

Achievements



Built **All Service Members Plus** and **Combat Life Savers Plus** **doctrine-aligned nonmedical training and verification models** for **drone-contested** large-scale combat **operations**.



Helped move the concept from **battlefield adaptation to structured implementation at scale**.



Invited to help inform **US/NATO military medicine policy with frontline lessons from Ukraine**.

Activities

1. Identified the **operational gap in drone-contested war**: Small teams often operate without timely combat medic support.
2. Built **ASM+** as a **doctrine-aligned nonmedical model** for **hemorrhage control, tourniquet decisions, simple triage, deterioration triggers, and handoff**.
3. Refined the model with **US, Ukrainian, and NATO-adjacent medical and policy stakeholders**.
4. Developed the capstone into **manuscripts and white papers** with **senior US military leaders**.
5. Trained **25,000+ Ukrainian personnel** during the capstone, contributing to **200,000+ trained since 2014**.



Learn More
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