Guest Editor's Note

Sustaining care under fire: from the front line to the clinic

It is a privilege to serve as guest editor of this issue of JIMM. The articles gathered here come from very different settings, from a field aid station and an evacuation helicopter to a hospital ward and a research laboratory. Yet they share one question that has become more pressing for the Medical Corps over the past year: how do we keep delivering good care when the system itself is under attack?

My own vantage point is primary and dental care. Dental emergencies are a major cause of lost duty time. IDF data show that intensive operations limit soldiers' access to dental care, while reservists mobilized without prior preventive care experience higher rates of emergencies [1,2]. During Operation Rising Lion in June 2025, missile fire across the country prompted many above-ground clinics to reduce or suspend operations. As a result, soldiers sometimes traveled amid active threats for conditions that could have been treated locally. Consequently, primary care and dental services were moved into protected spaces, reinforced with portable units, and integrated into the Medical Corps' online services. The cover of this issue shows one of these portable dental units, which recently began operating underground after Operation Roaring Lion began on 28 February 2026.

The articles in this issue examine the same challenge from different perspectives. Barski et al. describe how the Internal Medicine Division at Soroka University Medical Center kept inpatient care after a direct missile strike on 19 June 2025, bringing four damaged wards back into operation within ten weeks [3]. In this issue, Elbo Arama et al. interviewed field medical personnel who treated casualties on 7 October 2023 and found that moral commitment, prior experience under stress, and a sense of obligation to fallen colleagues helped them keep functioning.

Several papers follow the casualty through the chain of care. Weidmann et al. report on the evaluation and development of an automatic electromechanical tourniquet for combat hemorrhage control, and a new IDF clinical practice guideline standardizes helicopter medical evacuation. Sultani et al. show in a simulation study that a better documentation interface improves accuracy but does not close content gaps, a lesson for any digital or remote service. Gershon et al. report laboratory findings on a PKC-ε activator in a porcine hemorrhagic shock model. Finally, Weissmehl and Kalla review pharmacological treatments for PTSD-related nightmares, which are often first encountered by primary care physicians and dental clinicians treating bruxism and temporomandibular disorders.

Taken together, these papers support integrating deployable primary care and dental capabilities, both physical and remote, into the Medical Corps' standing emergency plans and collecting outcome data on what it achieves. I thank the authors, the reviewers, and the JIMM editorial team, and I encourage colleagues to submit their own operational experience and research to the journal.

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References

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