



*Time Travel* — The Global Defense Force (GDF) employs Seasonal Assault Longevity Time Teams (SALTTs) for events involving significant loss and devastation falling outside of national and foreign policy interests. During a mission, the teams have two opportunities to correct a timeline. (AI image generated by NCO Journal staff)

## Rican Seven #25

# The End of the Medical Command as Known to Us

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**I**n the future, lessons learned aren't just found on websites or in literature, nor do single leaders decide what historical accounts to live by. The Department of Defense — now known as the Global Defense Force (GDF) — developed a secretive unit capable of time travel.

Its Seasonal Assault Longevity Time Teams (SALTTs) shaped the outcomes of pandemics, conflicts, wars, and other geopolitical events. A select few know how far back in history the SALTTs traveled, how many teams exist,

and what events resulted from their work.

The GDF employs SALTTs for events involving significant loss and devastation falling outside of national and foreign policy interests. During a mission, the teams have two opportunities to correct any timeline's course.

One project is so secret that only a handful of GDF leaders know about it: Operation ASCLEPIUS. Its objective is to address organizational problems and their future implications by changing the GDF itself.

The mission may represent the first time SALT T is used on its parent organization — some claim the teams have tried to change structures within other organizations inside the GDF before. No one knows if changes to cavalry or reconnaissance units, for example, were natural evolutions or the result of SALT T's actions.

In any case, Operation ASCLEPIUS was given the green light. Named after the Greco-Roman god of medicine, the mission targets Medical Command (MEDCOM). The team lead is Rican Seven #25, one of the last of his kind to live through pivotal moments on Earth XYZA (the time frame encompassing Generations X, Y, Z, and A).

What follows is his account as documented by SALT T-AI, an artificial intelligence dedicated to documenting missions and proposing courses of action (COAs). After providing background about Rican Seven #25, the text assumes his voice to address the affected audience — the members of MEDCOM in the first quarter of the 21st century.

## Mission Analysis

### Team Leader Profile:

#### Rican Seven #25

*A proven combat veteran with more than 25 successful leaps into the past. A master of coaching and mentoring versions of himself throughout his travels to shape desired outcomes. He facilitated other SALT T missions outside his primary directive of operational and technical sphere. He is also the highest-ranking SALT T member and nearing his end-of-mission date-time group in support of the GDF.*

Rican Seven #25 documented negative outcomes on Earth XYZA throughout his travels. He identified three primary SALT T targets within Earth XYZA MEDCOM as vital to correcting its trajectory. They encompass misaligned leadership priorities at multiple levels: the struggle to separate two mission sets (health care delivery and operational medicine) and the misinterpretation of how the Army operates.

The three targets are multifaceted, complex, and holistic, involving resources encompassing the human domain. Rican Seven #25 understands the difficulty in influencing MEDCOM changes — and that this is his last chance. (He tried to effect change before by aligning his efforts with a global pandemic.)

## The Future Situation

For those of you who live on Earth XYZA, I'm Rican Seven #25, and the date-time group for GDF and the state of the planet are in the distant future. (Security concerns bar the disclosure of more detailed information.)

In this future, one organization bears the responsibility for the health, welfare, and care of the GDF forces — regardless of whether those forces are part of a planetary exploration recon team, an interstellar assault squad, or are otherwise affiliated.

The greatest shift in the Army Medical Command's history was the division between health care delivery and the health care readiness of the force and combat-ready medical professionals. Doctors with no wartime mission don't wear uniforms. They are private citizens. While they don't deploy, they maintain an adequate case load for those in uniform to sustain and improve their wartime skills.

The GDF-H (the *H* stands for *health*) is a regionally and globally aligned structure within the Operational Global Defense Forces — what you know as four-star commands. For more than 56 years, GDF-H proved to be the best such organization in all galaxies and perhaps the most capable structure in GDF to undertake future missions.

### Your Situation

For those of you living in the early years of the 21st century, know that your MEDCOM is at a crossroads — struggling to redefine itself amid impending conflict, AI's rise, and resource competition. Your MEDCOM seeks a foothold in hospitals

rather than focusing on directly supporting your current major operational and doctrinal commands.

My records show it's been at least eight years since any leader tackled your enlisted and officer force structure. While other senior enlisted leaders in other military occupations have redefined their warfighters' strength by focusing on similar military occupational skills (MOS) to create a more lethal Soldier, you're stuck having your most senior enlisted leaders compete with each other. Our future leaders don't understand why. No other service of your time does, did, or ever will.

Your MEDCOM is slowly being picked apart. Some leaders in high government offices are losing faith in its need to exist. This is where I, Rican Seven #25, come in.



Rican Seven #25 is a seasoned combat veteran with more than 25 successful time leaps into the past. As the team leader for Operation ASCLEPIUS, he is tasked with reshaping the future of the Army Medical Command. (AI image generated by NCO Journal staff)



## Objective

*Ensure the future of the MEDCOM by redirecting its current path.*

## Objective Explained

The goal is to ensure the future of warfighting medical professionals on Earth XYZA. To do so, my team will infiltrate MEDCOM and direct projects toward failure or success depending on our goals. To meet the objective, we have devised three targets.

## Target Backbone

*Target backbone* is the most crucial target, where MEDCOM separated itself from the rest of the Army. Its critical targets of opportunity are: your eradication of talent at the senior level; the misalignment of knowledge, skills, and attributes (KSA); and the lack of a clear promotion path for your enlisted personnel.

You lose too many senior NCOs among your MEDCOM. It's because you have intervened in the selection and promotion process for more than 20 years, our intel suggests, rather than using KSA. For example, senior NCOs with extensive combat experience who can lead formations in coming wars aren't considered or given proper weight on centralized evaluations — in preference of friendships.

In the future, GDF-H Soldiers who passed their institutional graduation receive assignments in operational forces 100% of the time. To reach the highest levels —

including command — they must demonstrate they can be in charge of a squad, platoon, company, and so on. Those who can't don't get selected for leadership positions. Those lacking operational experience relevant to the GDF priorities aren't placed in command of those organizations.

SALT T plans to ensure you start using KSAs as the sole regulatory method for selecting future leaders. SALT T will also dedicate AI assets capable of blocking favoritism, thus ensuring an end to MEDCOM's mass talent exodus.

We learned that preserving fighting strength requires transparency. AI assigns Order of Merit Lists (OML), the system operates in real time, and our Soldiers can predict outcomes. In contrast to your method, we don't need doctorate degrees to determine our standing among our peers.

## Target True Health

In the future, Congress intervened aggressively in all services to determine the outcome of health care delivery. Services were mandated to work under one agency. This agency became responsible for caring for military personnel, their families, and veterans. The remaining medical assets nested in hospitals transformed into two-star commands subordinate to a three-star command, which I know as *GDF-H* (similar to what your time knows as *MEDCOM*).

The difference between my *GDF-H* and your *MEDCOM* is that the *GDF-H* operationally commands



SALT T teams are highly specialized soldiers tasked with changing the course of history, traveling back in time to shape critical events. Their most classified mission to date, ASCLEPIUS, involves influencing the future of the Army Medical Command (MEDCOM). (AI image generated by NCO Journal staff)



In the early years of the 21st century, your MEDCOM is at a crossroads — struggling to redefine itself amid impending conflict, AI's rise, and resource competition. It seeks a foothold in hospitals rather than focusing on directly supporting current major operational and doctrinal commands. (AI image generated by *NCO Journal* staff)

all medical assets for all services. Our GDF-H provides medical support to air, space, land, and beyond — no one works in hospitals. We have a different patch so servicemembers can recognize a clear and distinct difference between the two entities.

The GDF is similar to your Combatant Command (CCMD). However, unlike in your time, our GDF-L (the *L* stands for *light*, or what you know as CCMD) has a two-star GDF-H aligned with it. That means they can deploy them at a moment's notice. This arrangement also results in better-trained medical personnel and complete equipment modernization.

SALT'T plans a synchronized operation to pressure your Congress to force change. We will simultaneously infiltrate your CCMD's surgeon cells, allowing our team to advocate for change through the four-stars.

### Last Resort

If all else fails, we're authorized to implement Operation ASCLEPIUS-19. This course is the least optimal, the most dangerous, and — once initiated — it cannot be aborted. I am the only one allowed to authorize it with the GDF supreme general and the Council of Planetary Defense. It is an all-out war that would force your services to divest medical assets from hospitals into your maneuver and warfighting units.

Allegedly, my predecessors tried this before: think back to major conflicts like the Iraq War. Our logs show they had minimal success in shaping the future of the MEDCOM, but if it comes to it, we won't have a choice. Your present and mine depend on a new MEDCOM Force Structure capable of handling the challenges to come.

Time to prep for my 26th time leap. ■

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