

The Role of Defense Ministry of Clinical Facilities

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DESCRIPTION

The primary duty of the Defense Ministry is to inform the Services Headquarters, Inter-Services Organizations, Production Establishments, and Research and Development of the policy directions of the Government for implementation in all matters relating to defence and security. The Department of Defense is in charge of India's defence, covering all facets of defence strategy. The National Defense College, the Institute for Defence Research and Analysis, the Defence Accounts Department, the Canteen Stores Department (CSD), the Coast Guard, the National Cadet Corps, the Border Roads Organization, etc. are all covered.

For the care of those disabled and hurt in conflict and peace, the military's medical institutions are responsible. Even though more fighters have died from disease than from wounds sustained in war, the clinical services' main duty is to quickly treat combat injuries and manage emergency clinics where doctors may undertake life- and limb-saving surgeries. Amazing progress was made in battle causality-related medical operations throughout the past century. In the Golden time period, improvements in preclinical care, damage control medical techniques and resuscitation, understanding of injury and trauma physiology, and swift clinical evacuations to neighbouring field emergency clinics have all produced better results.

Types of defense ministry

The Egyptian king Thutmose III (reigned 1479–26 BCE) used specialised infantry, chariot, engineer, and transport units in the earliest conflicts that are known to exist in distant Syria. The Assyrian conquerors left behind numerous bas-reliefs portraying different military specialisations. By simply moving their finest men and bolstering them with pleased allies and local mercenaries, they were able to solve some logistical problems in a pattern that was regularly repeated. Bingfa (The Art of War), which was purportedly composed by Sunzi, is the oldest surviving military treatise and reveals an equally high level of military expertise in China a century after the fall of Nineveh in 612 bce. According to Sunzi, the rules of battle were moral law,

geography, the terrain, the commander's skills, and the army's tactics and organisation.

The Indian Military Forces, in notably the Army, have also kept up with advancements made to previous Medical Battalions, Field Ambulances, and now Field Hospitals. Care of the war wounded from the Indo-Pak wars, Indo-China conflict, Cargill conflict, and the developing counter insurgency actions in Jammu and Kashmir and Northeast have been an ongoing adventure to genuinely focus on the heroic officers, and the medical advantages have not been found wanting. Standard protocols and the introduction of trauma centres have altered everyday life for the average citizen.

At the place of injury to mobile or permanent field or boundary static medical clinics with shifting abilities until a more significant degree of care in the rear, battle loss care occurs across a continuum range of normalised care.

Armed forces in the clinical facilities

Sparta was known for producing expert fighters. Every male citizen received financial support through a land allotment run by many Messenian helot families, as well as military training. Athens, the other prominent city-state in Greece, had a robust navy based on the skillful rowers of its trireme fleet. After driving the Persians back and decimating themselves in internal wars, most notably the Peloponnesian War, the Greeks sent mercenary soldiers. Xenophon's *Anabasis* describes the 10,000 Greek mercenary soldiers' march from near to Babylon to the Black Sea.

CONCLUSION

A person who dies or is hurt during a battle is known as a setback or casualty. Battle casualty (BC) refers to a person who was killed in the line of duty before arriving at a field clinical treatment facility. Died of wounds is defined as a combat casualty who eventually died from wounds after arriving at a field clinical treatment facility. The number of combat deaths and wound deaths divided by the overall battle casualty rate is known as the casualty fatality rate. The development of body armour for ground personnel is frequently cited as the primary

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factor contributing to the perception of improved medical care, along with speedy evacuation and the execution of early damage control medical treatments.