

DARPA TRIAGE CHALLENGE

Jeremy Pamplin, MD
Program Manager
Biological Technologies Office



DARPA TRIAGE CHALLENGE

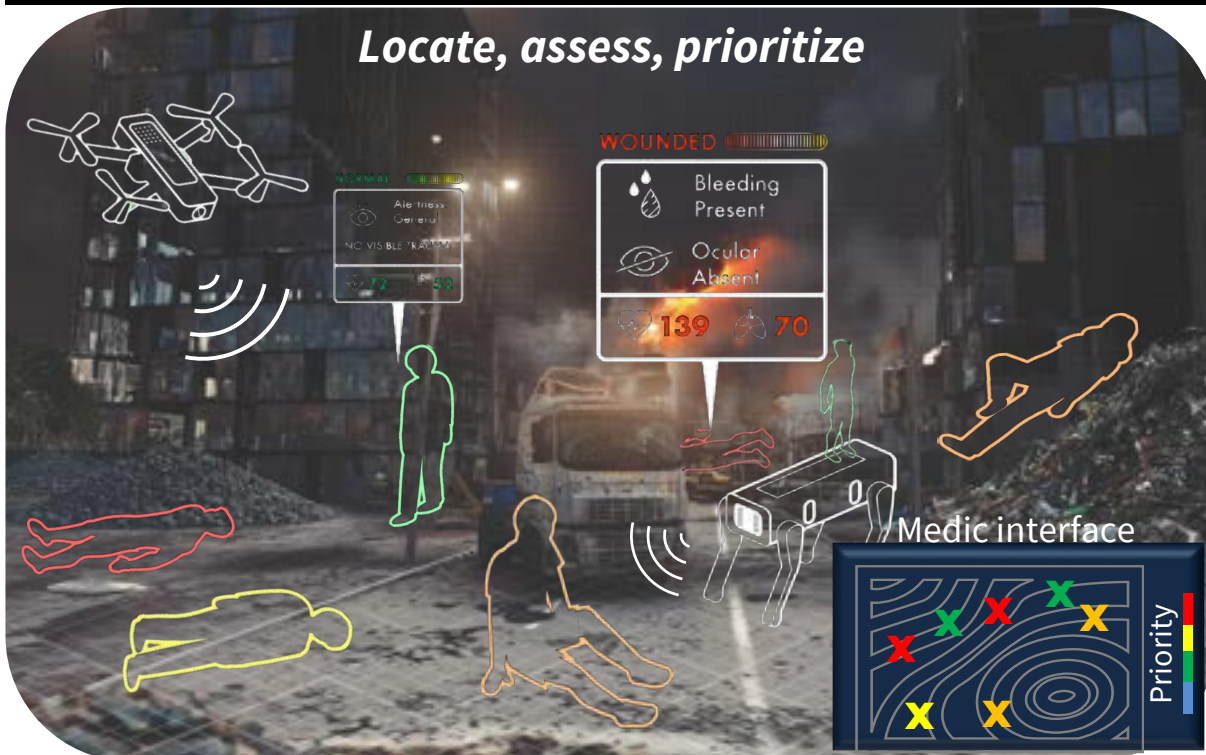
Goal: Drive breakthrough innovations in identification of signatures of injury for *scalable*, *timely*, and *accurate* triage in mass casualty events



DoD Problem: Current triage approaches are inadequate for mass casualty incidents and have limited value for predicting need for life-saving medical interventions.

Systems Competition

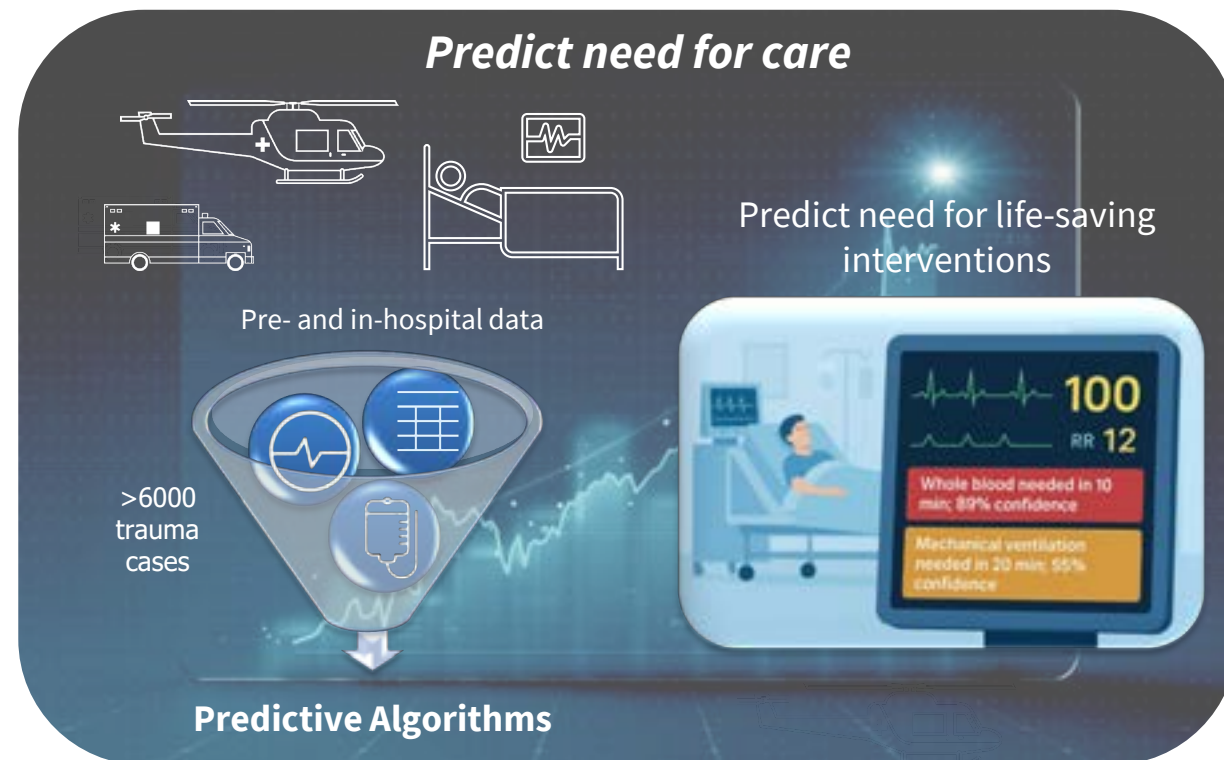
Locate, assess, prioritize



Primary triage – Point of injury, medical providers sort casualties by injury severity

Data Competition

Predict need for care



Secondary triage – Resuscitation and administration of life-saving interventions en route and at the trauma center



DTC solves performance problems across the pre-hospital triage timeline

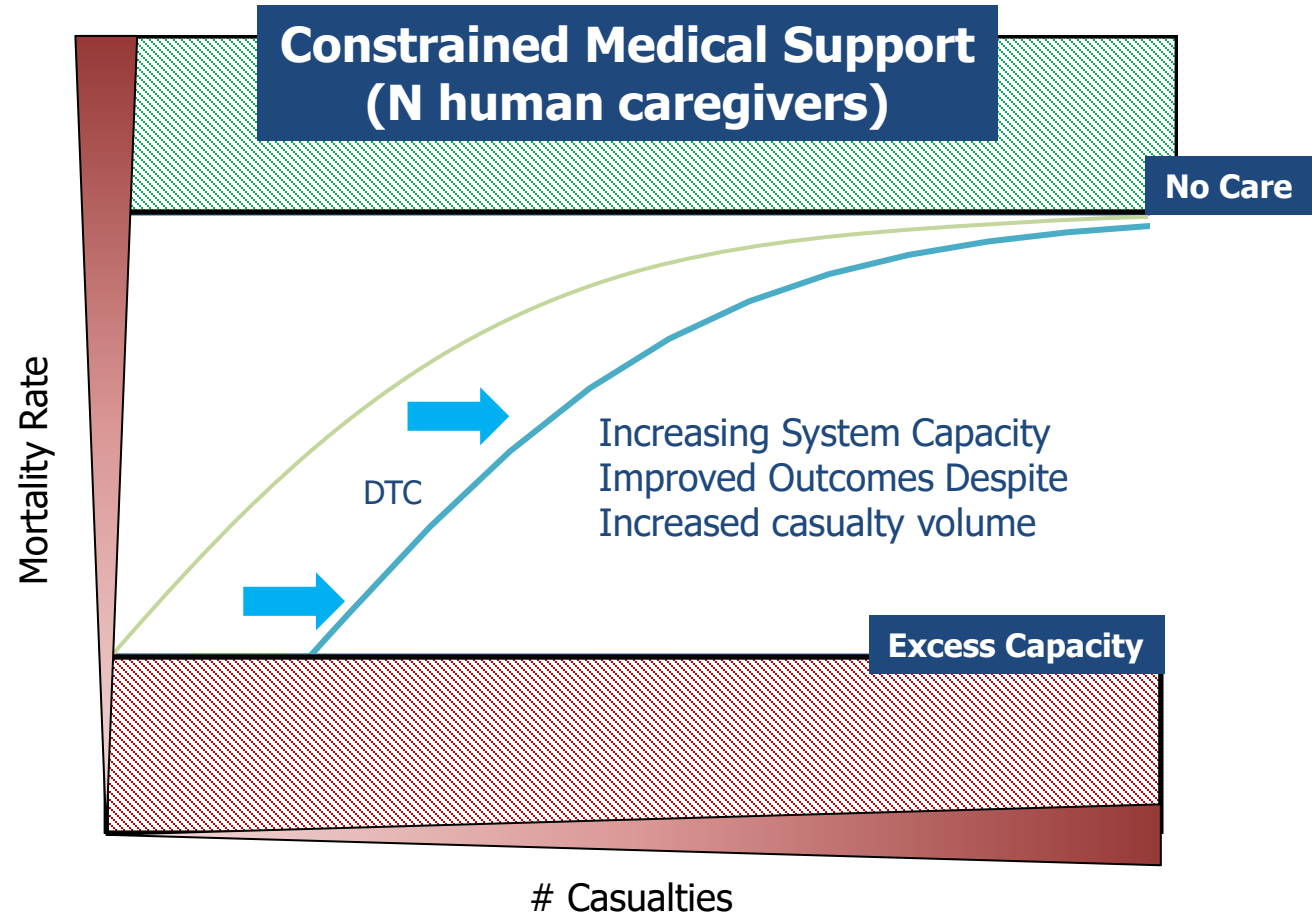


Triage stage	Performance attribute	Current practice	DTC
Primary	Hands-on evaluation	all casualties	priority casualties
Secondary	Subjectivity	high	low
Secondary	Predictive value	low-moderate	high
Primary & Secondary	Scalability	low	high

DTC impact on triage

- Makes finding casualties faster
- Prioritizes care faster
- Medics can plan more efficiently

Time Saved
=
Lives Saved



DTC Goal: Capture of novel injury signatures to improve MCI triage timeliness, accuracy, and prediction through out the triage timeline, improving the number of lives saved.



Challenge timeline – Where are we now?





Prizes



Challenge I Fall 2024

Prizes	Systems [self-funded]	Data [self-funded]	Virtual [self-funded]
1st	\$120,000	\$120,000	\$60,000
2nd	\$60,000	\$60,000	\$30,000
3rd	\$20,000	\$20,000	\$10,000

Challenge II Fall 2025

Prizes	Systems [self-funded]	Data [self-funded]
1st	\$300,000	\$300,000
2nd	\$150,000	2nd \$150,000
3rd	\$50,000	3rd \$50,000

Finals Fall 2026

Prizes	Systems	Data
Grand	\$1,500,000 [†]	\$1,000,000 [†]
1 st	\$300,000*	[†] All teams *Self-funded teams only
2 nd	\$150,000*	
Gate Champion	\$12,500	

Systems Competition – Increasing difficulty

Guardian Centers, GA



Disaster City, TX



Scenario Condition	Competition 1	Competition 2	Finals
Casualties per course	9 - 18	18 - 30	Up to 50
Environmental challenges	<ul style="list-style-type: none"> Navigation through grass, mud, asphalt, ash, etc. Daylight with good visibility Fiduciary support for localization 	<ul style="list-style-type: none"> Navigation through grass, mud, asphalt, ash, etc. Nighttime / low light Smoke / dust / fire pit No fiduciaries for localization 	<ul style="list-style-type: none"> Navigation through grass, mud, asphalt, ash, etc. Multi-level structure, large rubble pile Large variations in lighting Smoke / dust / fire pit
Casualty Placement and Presentation	<ul style="list-style-type: none"> Casualties respond to verbal prompts Well-separated casualties Casualties are stationary No change in physiology during scenario Casualties protected under mesh shelters 	<ul style="list-style-type: none"> Casualties respond to verbal prompts Co-located casualties Walking wounded with movement perimeter Realistic physiological decline/improvement during scenario 	<ul style="list-style-type: none"> Casualties respond to verbal prompts Co-located casualties Realistic physiological decline/improvement Teaming with medics
Occlusions	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Partially occluded casualties (e.g., rubble, obstacles, smoke) 	<ul style="list-style-type: none"> Some fully occluded casualties (e.g., rubble, obstacles, smoke)
# Systems and Autonomy	<ul style="list-style-type: none"> 5 systems, autonomy not required 	<ul style="list-style-type: none"> 5 systems, autonomy preferred 	<ul style="list-style-type: none"> 10 systems, autonomy required

Injury patterns: TBI; penetrating wounds; burn; respiratory distress; severe hemorrhage; polytrauma; amputations

[DARPA Triage Challenge Workshop 2](#)



Guardian Centers, GA



Workshop 3 Courses



Guardian Centers, GA

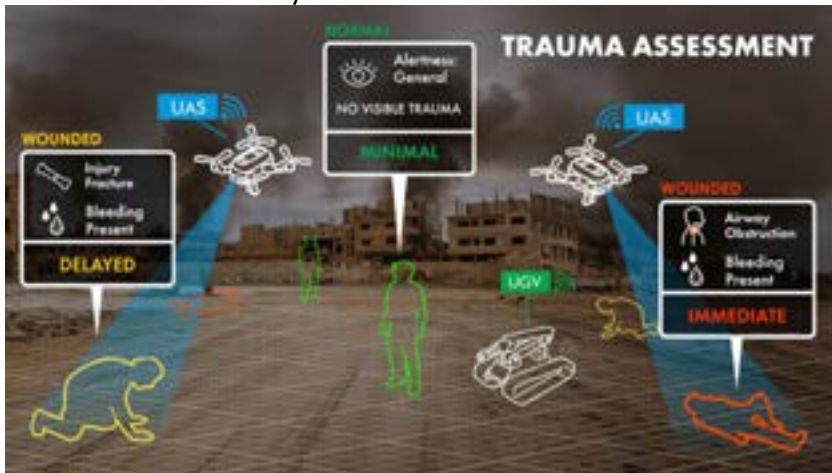


Autonomy required

Find and Locate: Platforms must autonomously locate as many casualties as possible, as quickly as they can in a complex environment with many obstructions.



Rapid Triage: When every second matters, teams must rapidly identify critically injured casualties.



Trauma Assessment: Using sophisticated onboard sensors, teams will report on injury types and casualty locations.



Accurate Vitals: Teams will accurately report on vital signs such as heart and respiration rates. Scores from this optional gate will add to the aggregate score for teams choosing to participate.



The goal of the human machine teaming lane is to determine how autonomous sensing platforms can help medics perform more accurate and timely triage.

Teams will operate their systems autonomously through complex environments on both a **day** and **night** course.



Competitor teams deploy their autonomous systems at the start of course run.

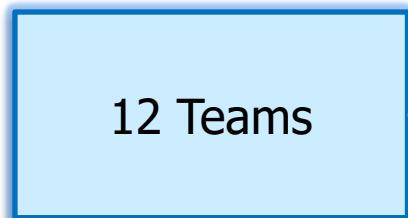
Medics deploy 5 minutes into the course run and review team-provided information (TAK-compatible) before starting triage.

Medics are allowed to interact with autonomous systems. Their movements are monitored with GPS.



\$12,500 each Gate

Gates

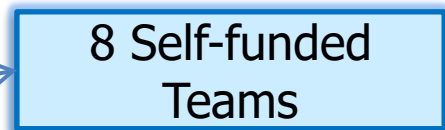


First Place
\$300,000



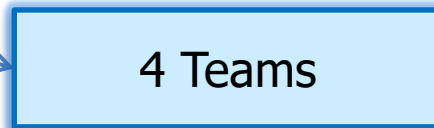
Second Place
\$150,000

Gate Finals

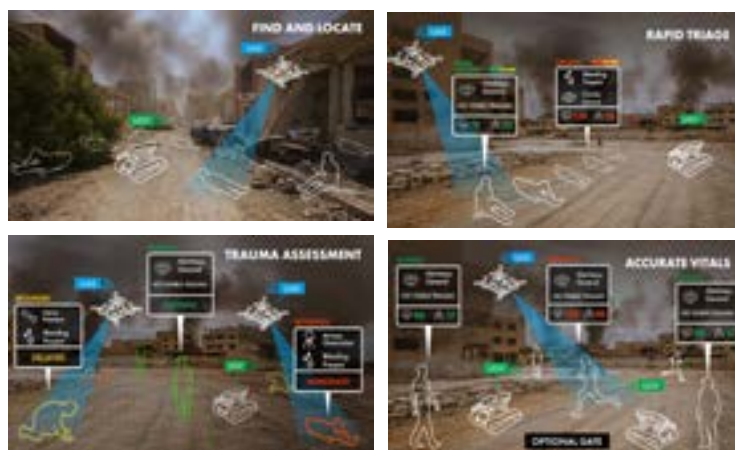


Grand Prize
\$1,500,000

Human-machine Teaming



Championship



Creating a storyline

Custom designed casualty presentations

Generating ground truth

Ground truth sensors

Scoring in command center

Sensor monitor tracking

Live scoring server

Scenario design

Moulage

Overhead view of the course
Each casualty is identified by their number

Monitoring and scoring infrastructure developed by NIWC – Atlantic, IV&V Partner

Multiple panels showing patient information for 'DARPA TRIAGE CHALLENGE PATIENT #1'. Includes fields for Name, Age, Sex, Height, Weight, and various vital signs like Heart Rate, Respiration, and Blood Pressure. A table at the bottom shows 'Time' and 'Findings' for different POI (Point of Interest) markers.

Time	Findings	POI
POI = 5 Minutes	Person standing, probably from ILLIAD	Expectant
POI = 10 Minutes	Person sitting, head to head	Expectant
POI = 15 Minutes	Person sitting, head to head	Expectant
POI = 20 Minutes	Person sitting, head to head	Expectant



Respiration using Vernier Chest Straps. The transducer is designed to measure changes in chest diameter resulting from breathing.



Heart rate using Polar chest band sensors to detect HR using Electrocardiogram tech.

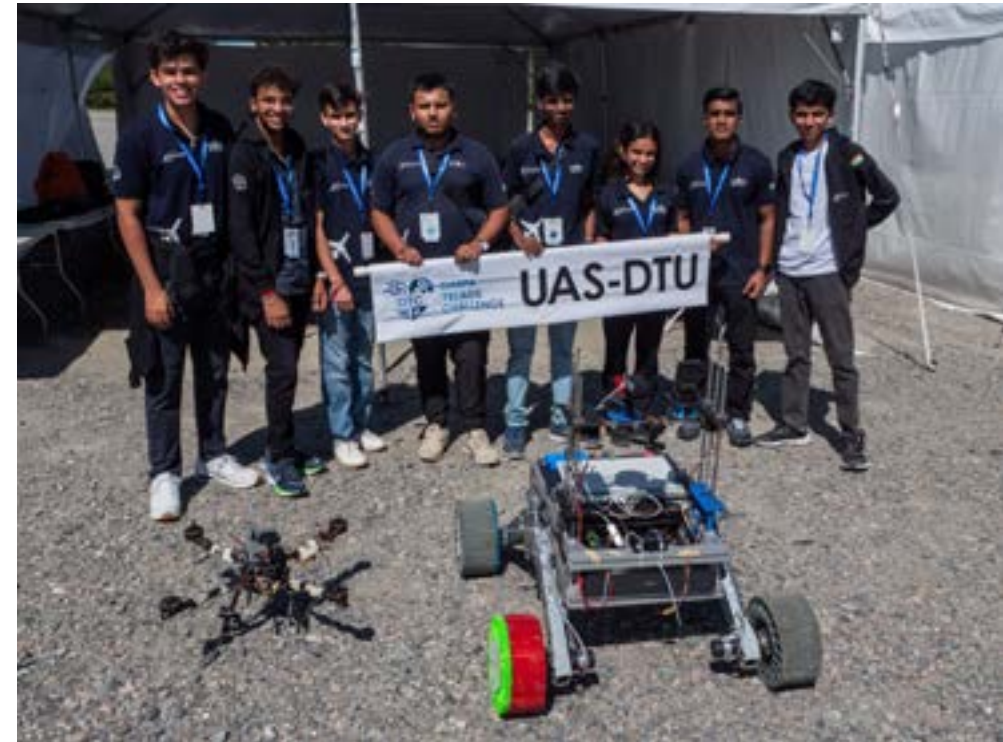


Each actor's location and biometric data tracked in real time





A maximum of 12 teams will compete at the Finals



- UAS-only, UGV-only, mixed platforms
- Verbal prompts and audio capture, analysis using LLMs
- Machine-vision based person, pose detection (YOLO)
- Heart rate and respiration rate measured by minute change in color (RGB cameras) or movement (IR/RGB cameras, radar)

EO cameras



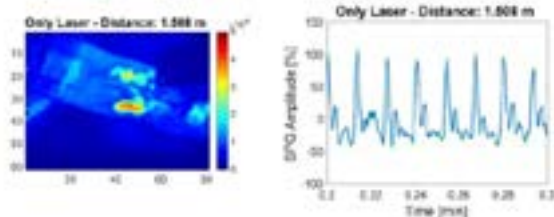
Radar detection, evaluation of casualties



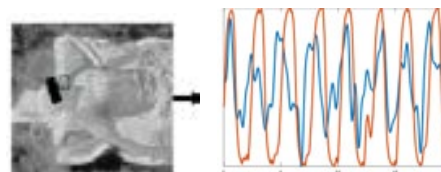
Verbal interaction with casualties with microphone and speakers



Stand-off capture of heart rate and waveforms on forearm by laser speckle contrast imager



IR detection of respiration



You only look once object recognition model YOLO; Red-green-blue RGB; Infrared IR; Electro-optical EO



Systems Competition Year 2 leaderboard

CUI



Scoring Criteria

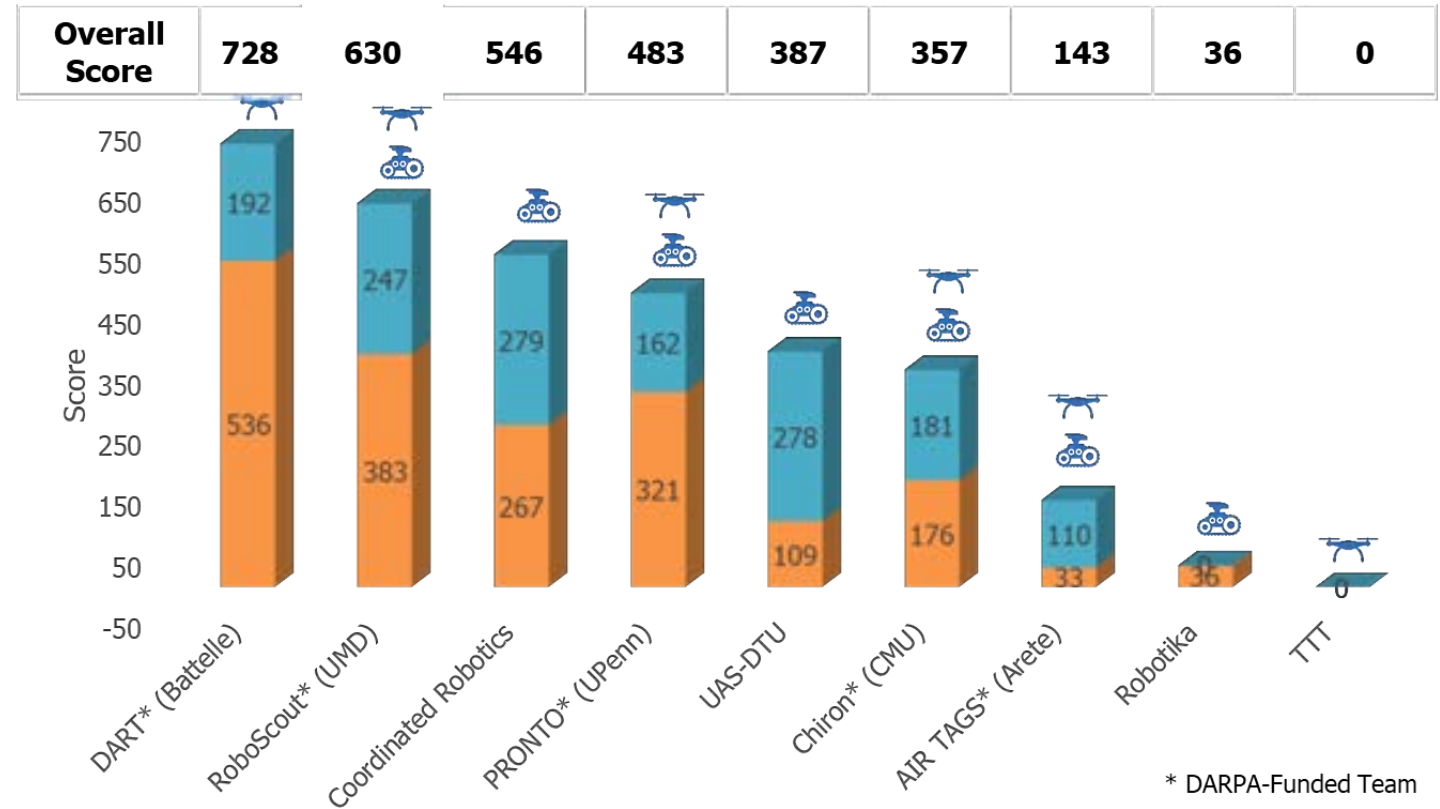
Location¹	(latitude, longitude)
Severe Hemorrhage¹	[present, absent]
Respiratory Distress¹	[present, absent]
Vitals¹	HR ± 3 BPM RR ± 5 BrPM
Trauma	Head: [wound, normal, Not Testable (NT)] Torso: [wound, normal, NT] Upper Ext.: [wound, amputation, normal, NT] Lower Ext.: [wound, amputation, normal, NT]
Alertness¹	Ocular: [open, closed, NT] Verbal: [normal, abnormal, absent, NT] Motor: [normal, abnormal, absent, NT]

Bonus points given for speed

[More information](#)

C130 Attack

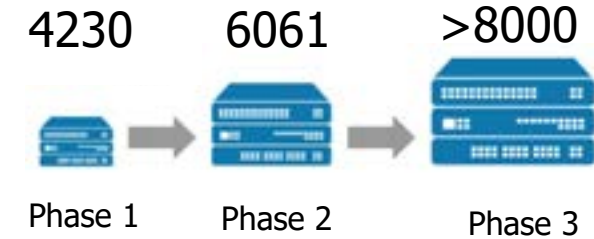
Night Ambush



Pre- and in-hospital vitals data



Clinical Case Count



Tasks

- Predict need for life-saving interventions (LSIs) up to 4 hours after hospital admission using the first few minutes of data.
- Continuous alert with streaming data with a 15min sliding window
- Develop algorithms that can adjust to the availability of resources (e.g. civilian hospital vs forward medical tent)

Research Infrastructure for Trauma with Medical Observations (**RITMO**) Program



Data description

- Pre- and in-hospital data up to 4 hrs after admission
- Expanded EHR: procedures, labs, demographics, vitals waveform data

Patient EHR



Additional Sensors

Helicopter ventilator



Pupillometry in trauma bay



Trauma bay brain and tissue oximetry



Helicopter and trauma bay video



Collected by



Maximum of 15 Teams will compete in the Finals

MarvsAI



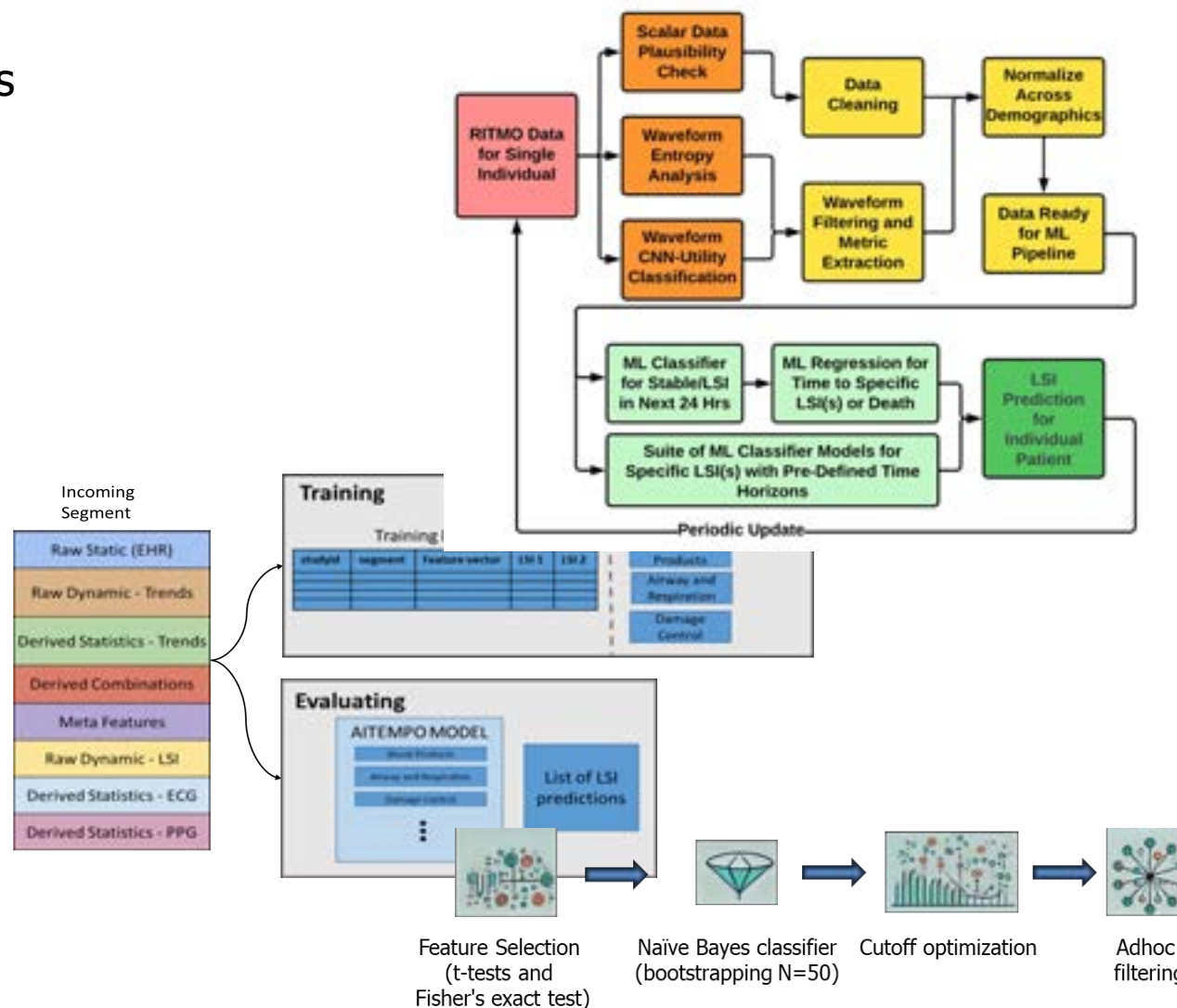
Triage360



Michigan Tech University



Coordinated Robotics





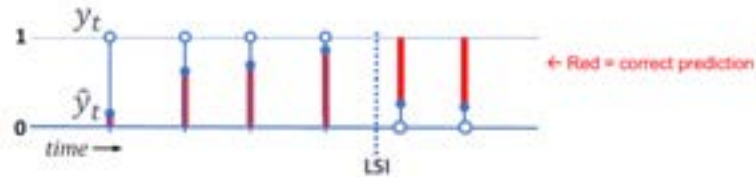
Scoring criteria

LSI prediction accuracy
Minimum lead time: 5min before LSI occurs

Metrics

Mean Squared Correct

Mean Squared Correct (MSC): Proximity of sequential 0-1 confidence score predictions (\hat{y}_t) to binary ground truth (y_t):



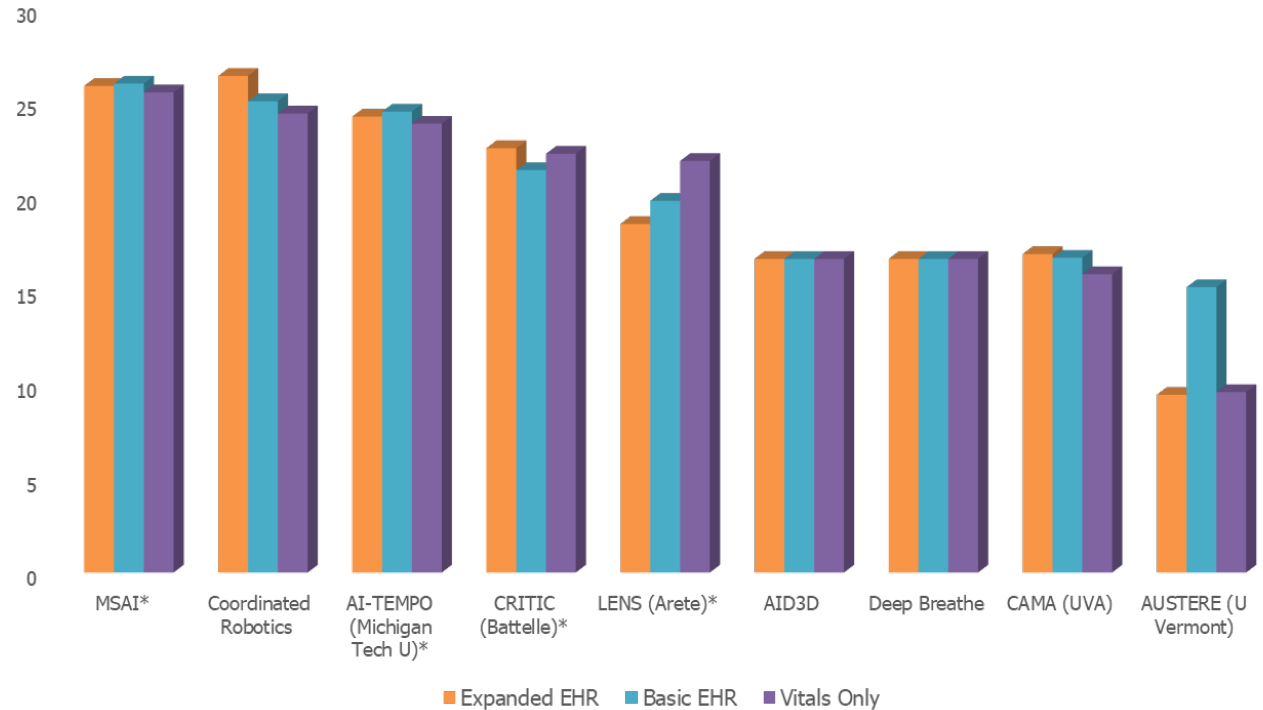
Weighted sum over time t and LSIs k for case i :

$$MSC_i = \sum_{k=1}^K \sum_{t=1}^{T_{Lk}} w_{t,k,i} ((1 - y_{t,k,i}) - \hat{y}_{t,k,i})^2$$

Inverse frequency weights calculated by LSI, ground truth, and data source:

$$w_{t,k,i} = \frac{N}{n_{t,k,i}}$$

Overall Score	77.39	75.86	72.6	66.22	60.17	50	50	49.53	34.21
---------------	-------	-------	------	-------	-------	----	----	-------	-------



* DARPA-Funded Team

[More information](#)



Using expanded EHR

Injury details, labs, procedures, medications

Expanded EHR	Number of Teams with Balanced Accuracy Greater than:		
	60%	70%	80%
Blood Products	5	4	1
Airway and Respiration	6	4	1
Neurologic Products and Procedures	6	4	3
Damage Control Procedures	5	4	2
Chest Decompression	4	3	1
Bleeding Control	5	4	1

Using basic EHR

Demographics, injury, GCS, EHR vitals, instantaneous labs

Basic EHR	Number of Teams with Balanced Accuracy Greater than:		
	60%	70%	80%
Blood Products	7	4	1
Airway and Respiration	7	5	1
Neurologic Products and Procedures	7	5	4
Damage Control Procedures	5	4	0
Chest Decompression	5	3	0
Bleeding Control	6	4	0

9 Teams competed

Using vitals only

Continuous waveforms and trends of vital signs

Vitals Only	Number of Teams with Balanced Accuracy Greater than:		
	60%	70%	80%
Blood Products	7	5	0
Airway and Respiration	7	5	0
Neurologic Products and Procedures	6	5	2
Damage Control Procedures	4	4	0
Chest Decompression	4	2	0
Bleeding Control	4	3	0

Source of Physiological Signs & Symptoms (S&S)

Indicators of clinical features:

- Vital signs
- Visual
- Audible

BioGears

Source of physiology for visual signs and symptoms

Unreal Metahumans

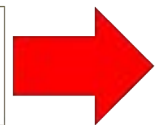
- Avatar generation
- Audio / visual signal assignation

Unreal Game Engine

- Visual Environment
- Signal disruptors / deviations



Virtual Causality Representation
Sensor detectable signals



Virtual Stand-off Sensors

Capturing of physiological data

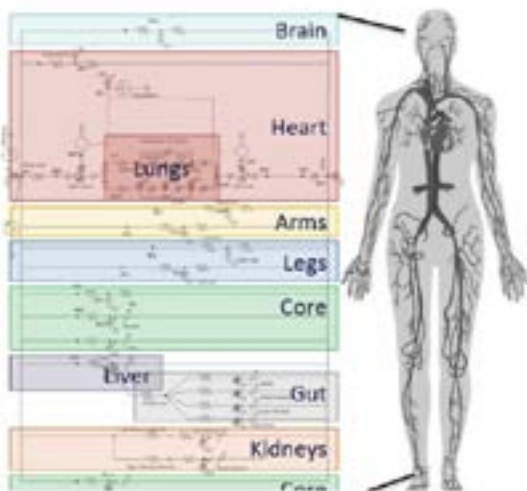
- RGB camera
- Thermal camera
- Microphone

Sensor Algorithms*

Analyze detected sensor data to identify injury patterns for triage

*Competitors' Task

Physiology Engine - BioGears



BioGears is an open-source human physiology engine developed by ARA to advance medical training and research. It uses lumped parameter models that enable complex physiological systems to be represented with electric analog components. DARPA is enhancing BioGears with injury models, sensors, platforms, and environmental effects.



Unreal engine 5 environments



Metahumans

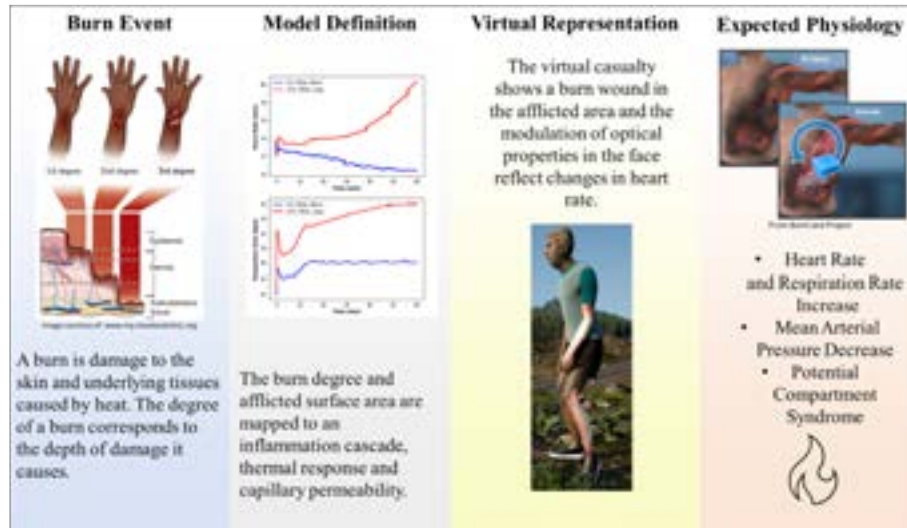
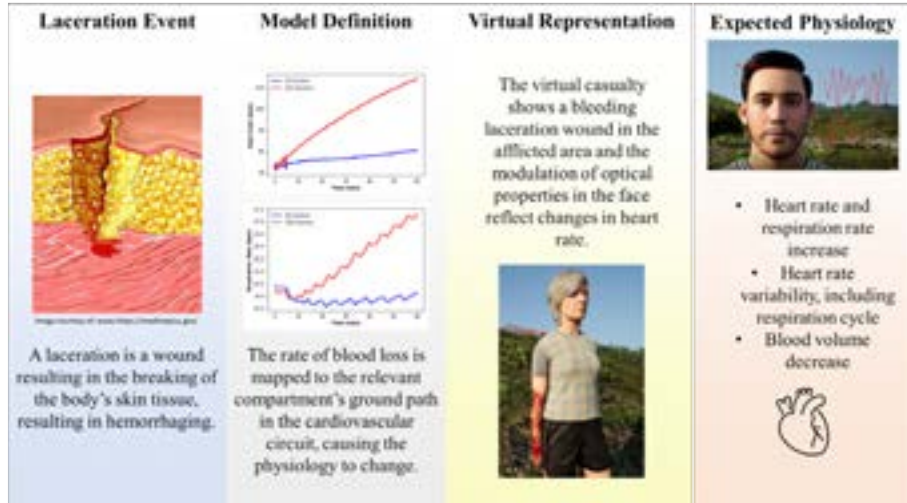


Variety of metahumans of different age, sex, body type, skin-tone

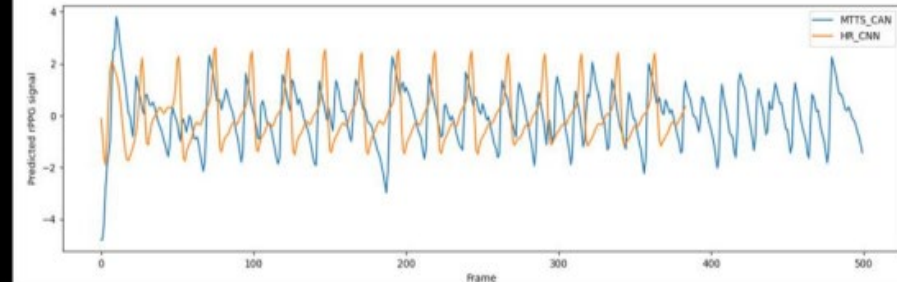
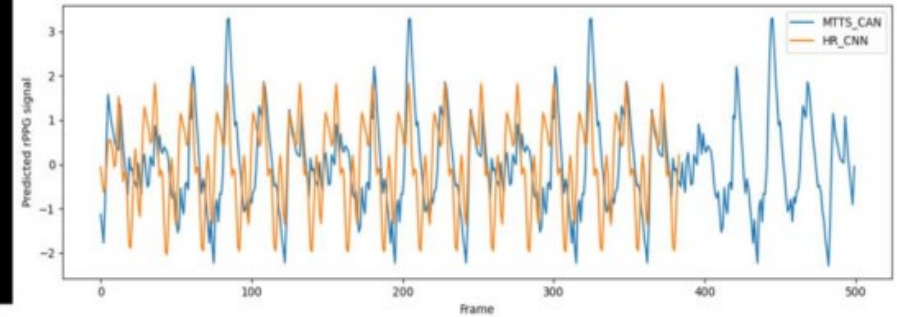
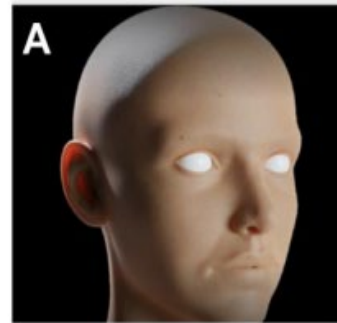
Available Sensor Feeds

- IMU
- GPS
- LIDAR
- RADAR
- CAMERA
- IR
- Depth Camera

Injury modeling



rPPG Signals and heart rate predicted for avatars with different skin tones





[BTO Livechain website](#)

Extending the Live Chain of casualty care

This conceptual scene illustrates a medic, equipped with a virtual reality interface and real-time battlefield data, surveying the wounded. The need for prolonged field care solutions is critical in future conflicts, where rapid evacuation is not guaranteed.

Technologies like **FSHARP artificial blood** and the **GOLDEVAC system** represent DARPA's investment in advanced resuscitation and stabilization techniques, enabling medics to deliver life-saving treatment at the point of injury until definitive surgical care can be reached.

Programs

- **ABC**: Seeks to develop safe, battlefield-ready anesthetics in order to reduce injury-associated trauma and improve combat casualty outcomes
- **ALIAS**: Envisions a tailorable, drop-in, removable kit that would promote the addition of high levels of automation into existing aircraft, enabling operation with reduced onboard crew
- **DARPA Triage Challenge**: **Drives innovations in identifying vital signs of injury, locating and assessing casualties, and transmitting critical data**
- **FSHARP**: Will develop a deployable, shelf-stable, universal whole blood substitute as a hemorrhage countermeasure to sustain injured warfighters in austere, pre-hospital settings
- **GOLDEVAC**: Will yield a single intravascular device and gas exchange (i.e. oxygenation) strategy to address a wide range of life-threatening injuries and buy more time to accomplish medical evacuation
- **In the Moment**: Investigates whether the alignment of artificial intelligence (AI) to individual humans affects willingness to delegate in high-stakes domains
- **Medics Autonomously Stopping Hemorrhage (MASH)**: Aims to develop robotic systems to autonomously find and stop life-threatening bleeding inside the body, giving injured warfighters a much better chance of survival in combat situations
- **RACER**: Will demonstrate game-changing autonomous UGV mobility, focused on speed and resiliency, using a combination of simulation and advanced platforms



See you at the Finals!

CUI



Upcoming dates

June 28, 2026

Team qualification close

November 11, 2026

Public Day

November 12, 2026

Distinguished Visitors Day

November 13, 2026

Championship webstream





[Challenge Event 2 highlights](#)



[Medic POV 360 video](#)

Challenge Documents

- Qualification guide
- Rules document
- Operations guide



www.darpa.mil

<https://www.darpa.mil/research/challenges/darpa-triage-challenge>
triagechallenge@darpa.mil