Why We Need to Draft Trauma Surgeons

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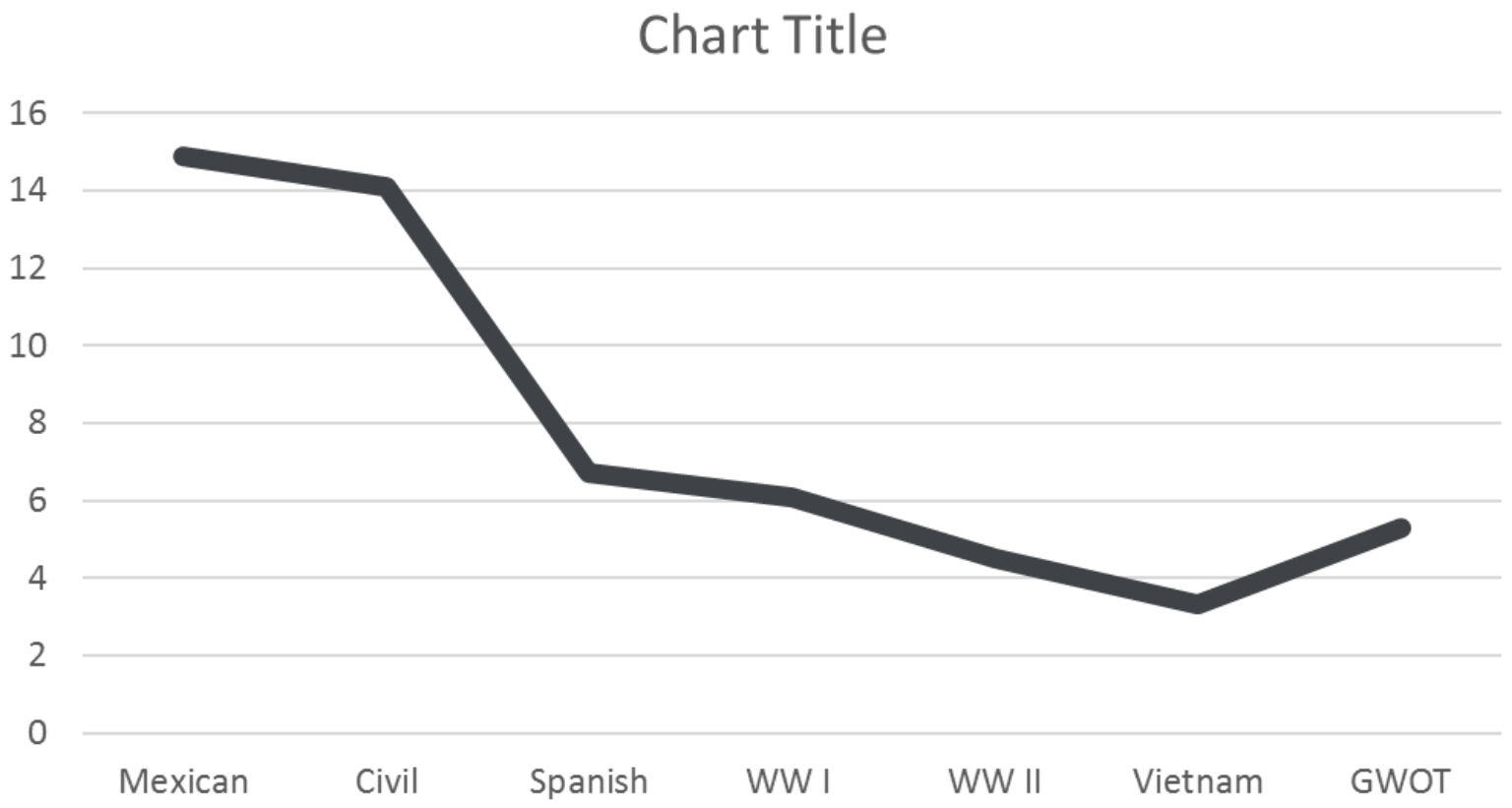
We don't have enough trauma surgeons

- Military Health System
  - A large 50 billion dollar a year HMO.
  - Maintains soldiers medically ready
  - Maintains a medically ready force?
  - Insufficient volume to maintain competencies of surgeons
- Operational Units
  - Professional Filler System
  - Replaced the Berry Plan
  - Relies on MHS to maintain Competent battlefield healthcare force

How is it working?

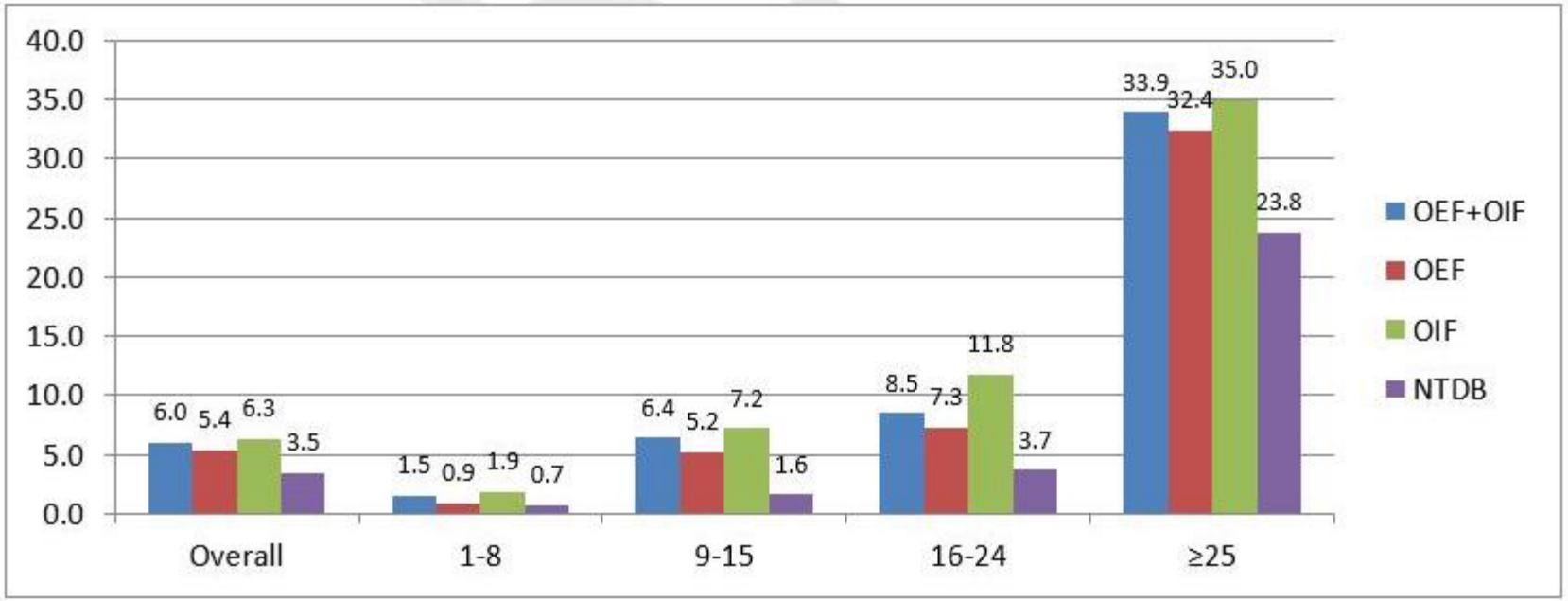
Table 1. Comparison of KIA, DOW and CFR with and without minor wounds (RTD) included in the equation									
Study population	study period	KIA n	DOW n	WIA n	RTD n (%)	WIA-RTD n	KIA* %	DOW* %	CFR %
RTD Excluded									
Overall: OIF + OEF	11/03-12/14	3835	1226	49990	26662 (53.3)	23328	14.1	5.3	18.6
OIF	11/03-7/10	2486	765	30094	17394 (57.8)	12700	16.4	6.0	21.4
OEF	11/03-12/14	1349	461	19896	9268 (46.7)	10628	11.3	4.3	15.1
Vietnam	11/55-5/75 (CASTOP data)**								
	Total	40934	5289	158592	—	—	20.5	3.3	23.2
	Army	27047	3604	100406	—	—	21.2	3.6	24.0

%DOW Over Time



GWOT Mortality by ISS

Figure 6. Mortality by ISS levels compared to U.S. trauma centers (NTDB 2015)



Deployment Pressure

- Currently 43% of Army General Surgeons are deployed
- 90 deployable general surgeons remain in the Army
- 200 general surgeons required
- Currently 21 trauma surgeons in the Army
- Lack of sufficient US Army Reserve Surgeons contributing to the problem
  - Less than 25% strength

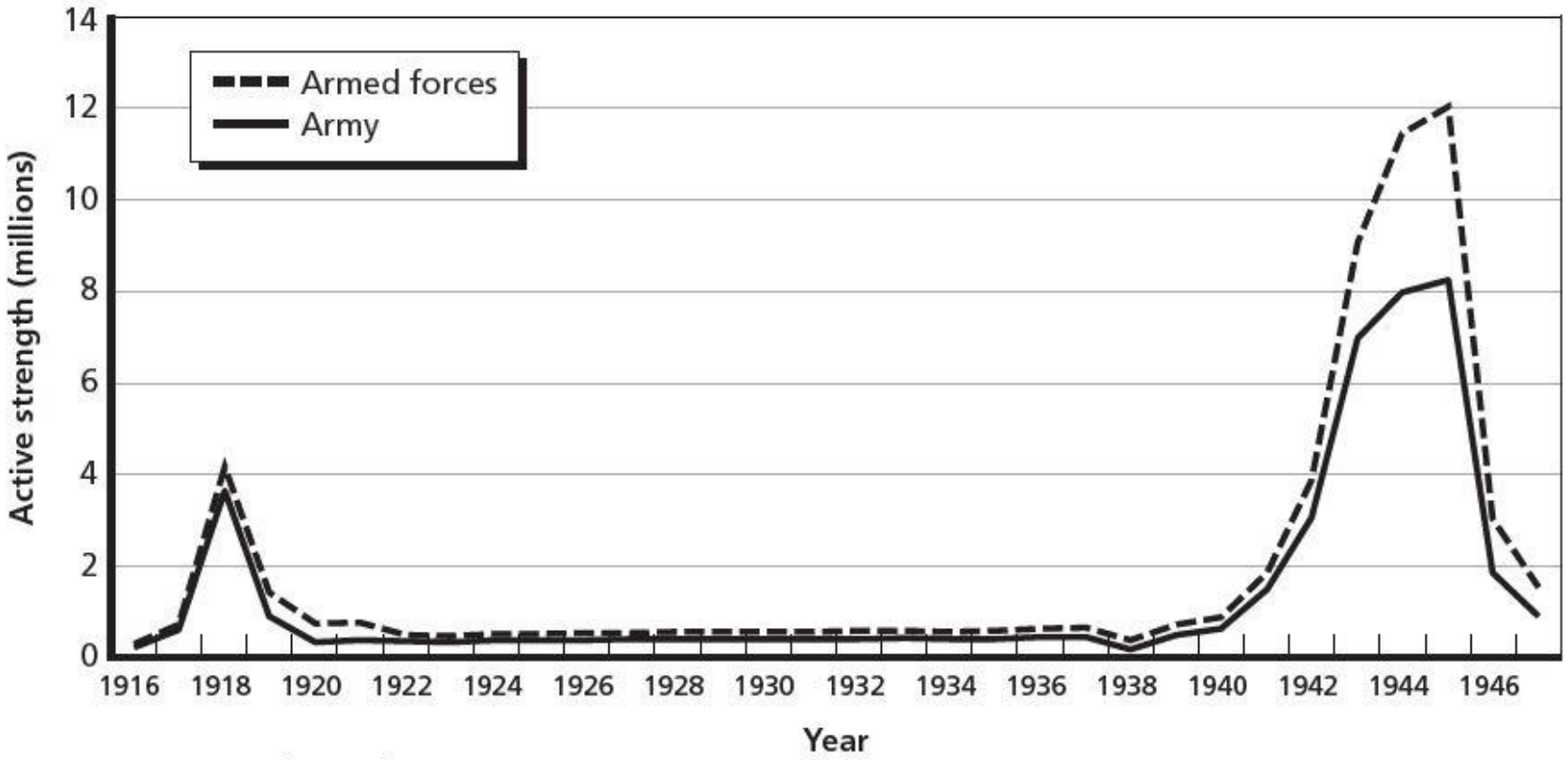
DHA and JTS are not the answer

- 2017 NDAA places entire MHS and JTS under DHA
- JTS will be an afterthought for an organization that runs a 50 billion/year HMO
- No authority, no responsibility and no accountability for battlefield outcomes
  - CPGs developed by JTS are wildly inconsistently applied
  - No trauma surgeon can impact the battlefield trauma system
  - USAISR no longer a platform for trauma surgeons
  - US Army Medical Department cannot support JFE.

What are the answers?

- There must be a military command responsible for battlefield healthcare and the trauma system
  - Independent of MHS
  - Frankly, independent of all but the Service' Chiefs of Staff
  - Power to enforce JTS guidelines
  - Eliminate PROFIS
  - Establish a career pathway for trauma specialists
- Need to move forward with military-civilian training programs for trauma surgeons and other trauma care specialists

And, We need trauma surgeons



SOURCE: Grieg and Enterline, 2008.

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