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>
<thead>
<tr>
<th>Study population</th>
<th>study period</th>
<th>KIA n</th>
<th>DOW n</th>
<th>WIA n</th>
<th>RTD n (%)</th>
<th>WIA-RTD n</th>
<th>KIA* %</th>
<th>DOW* %</th>
<th>CFR %</th>
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</thead>
<tbody>
<tr>
<td>RTD Excluded</td>
<td></td>
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<tr>
<td>Overall: OIF + OEF</td>
<td>11/03-12/14</td>
<td>3835</td>
<td>1226</td>
<td>49990</td>
<td>26662 (53.3)</td>
<td>23328</td>
<td>14.1</td>
<td>5.3</td>
<td>18.6</td>
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<tr>
<td>OIF</td>
<td>11/03-7/10</td>
<td>2486</td>
<td>765</td>
<td>30094</td>
<td>17394 (57.8)</td>
<td>12700</td>
<td>16.4</td>
<td>6.0</td>
<td>21.4</td>
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<tr>
<td>OEF</td>
<td>11/03-12/14</td>
<td>1349</td>
<td>461</td>
<td>19896</td>
<td>9268 (46.7)</td>
<td>10628</td>
<td>11.3</td>
<td>4.3</td>
<td>15.1</td>
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<tr>
<td>Vietnam</td>
<td>11/55-5/75 (CASTOP data)**</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>40934</td>
<td>5289</td>
<td>158592</td>
<td>—</td>
<td>—</td>
<td>20.5</td>
<td>3.3</td>
<td>23.2</td>
</tr>
<tr>
<td>Army</td>
<td></td>
<td>27047</td>
<td>3604</td>
<td>100406</td>
<td>—</td>
<td>—</td>
<td>21.2</td>
<td>3.6</td>
<td>24.0</td>
</tr>
</tbody>
</table>
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

RAND MG1164-8.1