Medical Support for the Warfighter: 
*From Combat to Home*....

JOINING FORCES

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Agenda

• Battlefield
• Getting Home
• Reintegration
• Issues facing Veterans and our Country
• What can we do?
Who is the War Victim in this picture?
Begins BEFORE You Step to the Jet!

- Deployment Health Assessments
  - Physical
  - Psychological
    - Automated Neuropsychologic Assessment Metric (ANAM)
- Last Will and Testament
- Settling work (Guard and Reserve)
- Gearing up
- Saying Good bye
Austere environment
Sleep
Bombs
Culture
Languages
Constant threat of death and injury
IN GARRISON.....

LONELINESS
BOREDOM
TERROR
CHAOS
FAITH
COMMARADERIE
CONNECTIONS TO HOME...
TRAUMA....

- BATTLE INJURY
- RESCUE

ENTRANCE INTO THE MEDICAL SYSTEM
Full Spectrum Healthcare

- Tactical Combat Causality Care (TCCC)
- CASEVAC
- Forward Surgical Care
- MEDEVAC
- Expeditionary Theater Hospital Care
- Aeromedical Evacuation (AE)
- Critical Care Air Transport Teams
- “Joint Theater Support Teams”
  - Joint Theater Trauma System
  - Joint Theater EMR
  - Telemedicine/Teleradiology
  - Joint Logistics
  - Joint Blood Program
- Destination:
- World Class Military/VA Healthcare
Translates To…

• Lowest Disease Non-Battle Injury (DNBI) rates in recent recorded conflict

• Lowest Lethality Rates in recorded conflict
  • WWII 30%
  • Vietnam/Gulf War 24%
  • OEF/OIF <10%
Continuous En-route Care: Stabilized... Stabilizing

**Tactical AE**
- Casevac/MEDEVAC: 1 Hour
- TACTICAL MEDEVAC/AE: 1-24 Hours
- AE Crews & CCATT
- MASF, RCCET, & CCATT minus
- Battalion Aid Station
- First Responder Care

**Inter-Theater**
- TACTICAL/STRATEGIC AE: 24-72 Hours
- AE Crews & CCATT
- COCOM
- Theater Hospital Care
- Forward Resuscitative Care
- Definitive Care

**Strategic AE**
- Overseas Medical Center
- ASF
- MASF
- CASF
- Theater Hospital

**Combat Zone**
- Continuous En-route Care: Stabilized... Stabilizing
• Taken to Forward Surgical Care/Level II
• Arrival B/P 80 systolic
• Undergoes exploratory laparotomy:
  – Left Nephrectomy
  – Splenectomy
  – Packing of abdomen
  – 8 units PRBC’s
  – B/P 90’s systolic
MEDEVAC Mission
- Army
- Navy/AF/Coalition
Level II: Forward Surgical/Resuscitative Care

Forward Surgical Teams  Shock Trauma Platoons
• Arrives LV III Theater Hosp
  – Cold
  – Coagulopathic
  – Acidotic
  – Taken straight to OR
Level II/III: Theater Expeditionary Hospitals
OEF 15 Month Injury Cause Trends: Percentage of Total by Cause

N=8,407

EXPLOSIVE DEVICE: 51.8%
GSW: 24.8%
MVC: 8.9%
OTHER: 13.5%
UNK: 1.0%

Right Patient, Right Care, Right Place, Right Time
• Re-explored
• Packed, surgical control gained
• Urgent blood drive for AB+ blood
• Patient warmed to 38 degrees
- Transported to ICU
- CT scan of spine
- Completion of resuscitation
- “Urgent” evacuation request placed
Critical Care Air Transport

“FLYING ICUs”
Aero Evacuation: Lifeline Home

Kadena PACOM
Hickam
Travis
Scott
Andrews
Ramstein EUCOM
CENTCOM
- Patient loaded for flight
- 7 hour mission to Germany
- AMBUS transfer to Landstuhl Regional Medical Center, Germany
• Taken to OR
• Re-explored/wash outs
• Patient transferred to Walter Reed National Capital Region with
“TEAM MEDICS”

VA

COMMUNITY

DoD
What can we do?
What are the issues?
Issues

• Employment
  – Qualified for?
  – Degree or not?
  – Applicability of experience
  – Veteran unemployment is 2 times national average

• Education
  – Transfer of credits
  – Work time credits
  – GI bill access
Issues

- 2001-Present: 2.2 million war veterans
- 1/3 of all homeless in the US are Veterans
- 20% of all suicides annually are Veterans
  - Female Veterans 3 times as likely as male
- 17.4% of post 9/11 Vets are female; 25% black
- High incidence of sexual assault in the military
- Non-US Veterans; deportation issues
System Overload/Failure

- True cost and effect to be seen in 40-60 years
- Veteran health crisis: 2012: $43 Billion
- 2020: $85 Billion

- Bill to build 27 VA facilities killed in Congress ($24B)
- VA rewards for avoiding difficult claims
- VA backlog: ~1 million cases
Family Effect

• Spousal issues
• Suicide rate among children of Veterans is 20% higher than the national average
• No VA support for families
What can you do?

• Identify Veterans
• Assume issues
• Get informed about issues
• Offer support for families
  – Screen for depression, PTSD, alcohol and other substance abuse
• Follow up and focus on family dynamics
• Get support system access and information
Research

• Tools to screen for PTSD, substance abuse and Major Depressive Disorder

• Best evidence for treatment options
  – Needs to move into the primary care realm
  – Not enough mental health
  – Family Medicine- family system model
  – Biopsychosocial expertise
These things we do, so others may live...