

Full Lifecycle Soldier Care

This note introduces a framework for Full Lifecycle Soldier Care (FLSC.)

Introduction

For decades the military has analyzed the full lifecycle cost of each weapons system, be it a tank, a ship or a plane. As crass, cold or calculating as it may seem, from a planning perspective we must similarly examine the full lifecycle of our #1 system the American Soldier (... and sailor, marine, airman) This brief note focuses on one special phase of this lifecycle, the post-injury “care” phase.

During World War II of every three wounded soldiers one died and two survived¹. In Viet Nam it was three out of four who survived. Today in Iraq of every eighteen soldiers wounded, seventeen will survive! A major reason is that 98% of the wounded who arrive alive at a field hospital survive. The acute care system is awesome, I can think of no other word. But realize that as a result of the type of combat, the enemy’s weapon modes (most specifically IEDs), improved body armor and helmets, and acute care, these wounded include a large number of grievously injured soldiers who will, thank God, survive but who may well need intense medical care, rehabilitation or custodial care for the rest of their life. This will tax our resources – it must not tax our compassion or our national will.

Discussion

I am not a physician nor do I portray one on television. From a system analytic viewpoint I believe that we must consider several dimensions of injury in our soldier care lifecycle. Specifically, I’m thinking of visibility, latency, and the complete care lifecycle.

Visibility – How apparent is the injury. Clearly a bullet wound is at one end of this spectrum, TBI (traumatic brain injury) approaches the other end. Whereas the bleeding bullet wound is clearly apparent, it is harder to determine the existence of TBI and more likely for it to be “missed” or to result in delayed diagnosis and treatment.

Latency – It appears (from my lay viewpoint) that such conditions as Post Traumatic Stress Disorder (PTSD) may have a long latency. I have heard of World War II veterans who now, over half a century later are suffering when a news item “triggers” their reliving a battle-related situation. (Again, I am not a physician)

Complete Care lifecycle – The “shape” of the complete care lifecycle is of interest. It will vary with the type and severity of injury. I cannot speak authoritatively to all of the dimensions of care – but to frame this discussion consider five examples.

1 - A bullet wound to the arm. The soldier will receive immediate treatment for the wound, rehabilitation may be appropriate. This soldier will likely return to duty. He or she will survive with scars and perhaps loss of strength or motion in that arm. Upon discharge or retirement this soldier, turned veteran, will be the responsibility of the Veterans Administration (The U.S. Department of Veterans Affairs) – be it financial compensation for the injury, complications resulting from the injury, or general medical care as this veteran grows older.

¹ All statistics are from second-hand sources and need to be verified.

2 - Loss of a limb. The soldier will receive immediate, intense treatment. Rehabilitation will be in order. A prosthetic will be required. If it is determined that the soldier wants to and is physically able to stay in service then they might do so, perhaps with a modified assignment. Again, upon discharge or retirement their care will become the responsibility of the VA.

But what if this soldier cannot stay in service? He or she will be discharged while still needing significant medical care, for example, continued rehabilitation. It will be the VA's responsibility to care for this soldier from here on out.

Currently the system fails many soldiers. The transition from military care to VA care should be seamless – it is, instead, unseemly. We fail this soldier because he or she arrives at the VA as a blank sheet of paper. This soldier must knock on the door, wait in line sometimes for many months be evaluated from scratch and then treatment / rehabilitation may begin (if sufficient resources are available.) This soldier may similarly have to wait for the VA system to begin considering his or her financial needs.

3 - The grievously wounded soldier. This soldier will receive acute treatment, and will likely suffer diminished physical and perhaps mental capacity for the rest of their life. This soldier will have lifelong challenges and medical issues. Until discharge the military will provide medical care, and pay (this soldier remains on active duty.) Upon discharge the VA system must immediately pick up the baton both for the physical well-being and their fiscal needs. Is this happening?

4 - Traumatic Brain Injury. Here diagnosis may be delayed or missed. The soldier may still be in service or may have been discharged when the diagnosis is made. So depending on when the diagnosis is made initial treatment may be the responsibility of the military or the VA. Eventually, this soldier, like all others will fall under the VA care umbrella as in the above examples.

5 – Post Traumatic Stress Disorder. Call it what you want – “soldier’s heart”, shell shock, PTSD. Like TBI, the initial diagnosis and treatment may occur while still on active duty or (even decades) later, post discharge. This veteran may not even be “in the system” because they’ve never previously had a need to VA care.

Framework

- ☑ Acute care (don't fix what ain't broken.)
Post-acute care (long term treatment?) Rehabilitation. Life-long care.
- ☑ Medical care
Financial care
- ☑ Military care
...
Transition
...
VA care.

Summary

From the care perspective there are three battle outcomes.

- (1) The soldier survives unscathed and needs no care.
- (2) The soldier dies and there is a legislated, calculable cost of compensation and family support.
- (3) The soldier is wounded, will receive acute care and then may need a lifetime of care – both medical and financial. It is difficult to estimate this cost.

The explosive growth in the number (ratio) of wounded who survive and the increased severity of survivable wounds requires that we plan, budget and fund a system that will fulfill our promise to the soldier.

Tutorial

Briefly, for those unfamiliar with full system lifecycle costs: Consider the cost of owning a car. There is the purchase price, the annual cost of insurance (which may be a function of driving pattern and mileage), fuel costs, routine maintenance costs (e.g., an oil change or tune-up) and extraordinary costs (e.g., a flat tire, or a mechanical malfunction) and the trade-in (residual) value of the vehicle when you choose to get a different one. Some of these costs are controllable, some less so. In the short term one can, for example, skimp on routine maintenance – say skip an oil change – to save money. In the long term this may reduce the useful life of the vehicle or result in an extraordinary cost – such as a major engine overhaul. If something dramatically changes, say you take a new job much further from home or begin using public transportation (the Metro), gasoline prices skyrocket, you retire, then your full system lifecycle costs will change.