



Warfighter Personal Protective Equipment and Combat Wounds: Body Armor on Casualties at Role 1

Michael Klausner, MS^{1,2}. Jerome McKay, PhD². Vikhyat Bebartha, MD^{2,3}. Jason Naylor, PA-C⁴. Andrew Fisher, MD, LP^{5,6}. Kristine Isherwood, MS⁷. James Bynum, PhD⁹. Steven Schauer, DO, MS^{3,8,9,10}.

¹University of Colorado School of Medicine. ²CU Anschutz Center for COMBAT Research, Department of Emergency Medicine, University of Colorado School of Medicine. ³59th Medical Wing, JBSA Lackland, Texas. ⁴Madigan Army Medical Center, Joint Base Lewis McChord, Washington. ⁵Medical Command, Texas Army National Guard, Austin, Texas. ⁶Department of Surgery, University of New Mexico School of Medicine, Albuquerque, New Mexico. ⁷US Army Combat Capabilities Development Command Soldier Center, Natick, Massachusetts. ⁸Department of Emergency Medicine, Brooke Army Medical Center, Fort Sam Houston, Texas. ⁹United States Army Institute of Surgical Research, JBSA Fort Sam Houston, Texas. ¹⁰Uniformed Services University of the Health Sciences, Bethesda, Maryland



Background

Balance



Modularity

Level	Configuration	Added Weight lbs/kg
BAPL 0	No body armor	0
BAPL 1	Vest or plate carrier with soft armor only	6 / 2.7 and 10.5 / 4.8
BAPL 2	Plate carrier with front and back plates	18 / 8.2
BAPL 3	Plate carrier with front, back, and side plates	23 / 10.4
BAPL 4	IOTV with front and back plates	28 / 12.7
BAPL 5	IOTV with front, back, and side plates	32 / 14.5

Shifting Trauma Patterns

Objective

Broad trends with injury patterns correlated with PPE use.

Little is known about what PPE is actually worn at point of injury

Determine what PPE is being worn at point of injury during combat operations

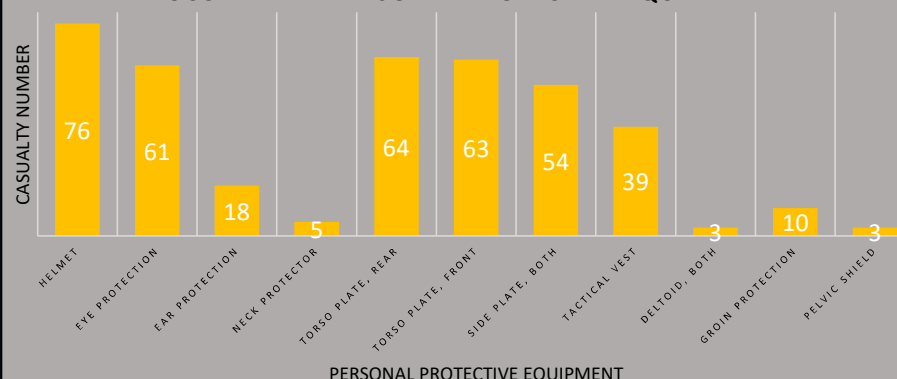
Methods

- Prehospital Trauma Registry (PHTR): Data from TCCC data and after-action reviews
- Department of Defense Trauma Registry: Repository for trauma related injuries, from point of injury to final disposition.

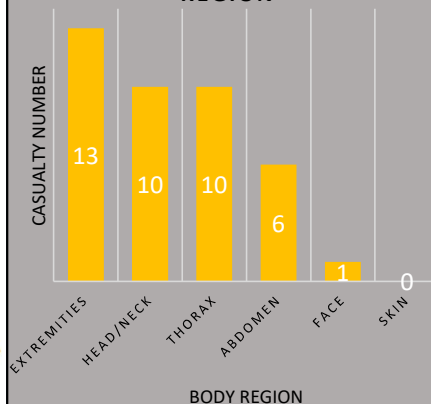


Results

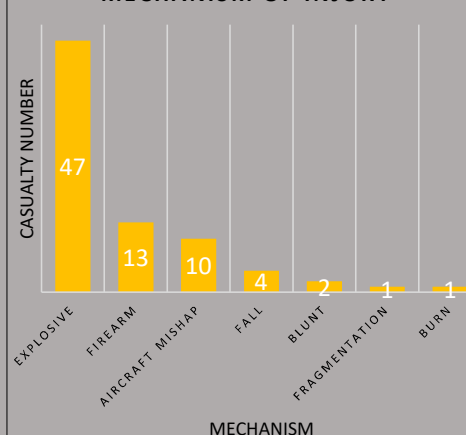
DOCUMENTED PERSONAL PROTECTIVE EQUIPMENT



SERIOUS INJURIES BY BODY REGION



MECHANISM OF INJURY



Discussion

Trend

- Protect head/thorax
- Exposed neck, groin, extremities

Reasons

- Perception armor not effective, no benefit
- Increased thermal burden
- Increased weight, reduced mobility

Limits

- Small Sample size – external validity
- Granularity of data
- Poor documentation rates

Future

- Improved armor design
- Improve data capture

Conclusion



Balance in mobility and protection.
Shift in trauma patterns.



Warfighters opt to protect head/thorax, less protection for extremities, neck, groin.



Need for improved armor design and point of injury data collection.