Invisible losses grow long before they reach the reports. A working system: screening → care → recovery.

THE PROBLEM

- **PTSD in up to 45.9% of soldiers** (Armed Forces of Ukraine, rehabilitation sample) — 67.4% incl. complex PTSD.
  Hyland 2025, Acta Psychiatr Scand
- **Risk peaks 6–12 months after separation;** 38.2% of military PTSD cases emerge with delayed onset.
  Ravindran 2020, JAMA Netw Open · Andrews 2007, Am J Psychiatry
- **Ukraine: 1.4M registered veterans (3× since 2022);** only 15.4% consider their psychological needs met. Mental health — the "critical bottleneck" of reintegration.
  OECD 2026, Ukraine veteran support
- **Soldiers hide symptoms for fear of the medical board** — the problem vanishes from reports, not from the force.
  Polish Ombudsman 2019

THE COST OF INACTION

$25,684
excess cost per year — one soldier with PTSD (US military, 2018, Davis 2022)

~$2.6M
a year — a 1,000-person force at 10% PTSD (illustrative arithmetic on US data)

~$51.4M
a year — a 20,000-person force (same arithmetic)

- **Deployment is a fraction of that.** Pricing depends on scale and model — presented at the briefing; this is not a commercial offer.

THE SOLUTION

- **One clinical loop: screening → care → recovery.** Validated instruments (PHQ-9, PCL-5, AUDIT-C and more); the result leads to a clinician.
- **Two layers:** daily wellbeing + a clinical layer (diagnosis and treatment by licensed clinicians, integrated EHR).
- **After Duty organises signals for the clinician** — it does not diagnose and does not decide. 182 crisis scenarios in safety testing, all passed.
- **Exactly what the OECD recommends for Ukraine:** screening embedded in service and continuity of care.
  OECD 2026

TRUST ARCHITECTURE — THE ADOPTION PRECONDITION

- **No route to HR or review boards:** technically, contractually, by design. End-to-end encryption — entries readable only on the soldier's device.
- **Command sees the formation's health — never one person:** k-anonymous aggregates only; below the cohort minimum the cockpit shows nothing.
- **Deployment modes: SaaS in the EU · on-prem · air-gap** — data under the partner's jurisdiction.

PROOF OF FEASIBILITY

- **A working app (TestFlight)** — in the hands of the first veterans; the Pomorskie (Poland) pilot under way.
- **Clinical back-end + our own EHR:** Remedy clinics (Gdynia, Gdansk) and Remedy AI IDEA — an AI-native clinic EHR: documentation, clinical decision support and medication safety in one workflow.
  remedy.com.pl
- **Data rigor:** 88 numbers verified against primary sources, 6 rejected — a public register of claims we do not use.

DEPLOYMENT PLAN

- **F0 · A 90-day pilot:** cohort, screening, success metrics agreed on day one.
- **F1 · Evaluation and decision:** a review on hard data — no results = no rollout.
- **F2 · Formation rollout:** further units; the platform in Ukrainian — a priority with a Ukrainian partner.
- **F3–F4 · Integration and sovereignty:** EHR, command portal, on-prem/air-gap.

COMPLIANCE — HONEST STATUS

- **GDPR (special-category data, art. 9):** a DPIA before every deployment. MDR classification (rule 11) — in progress with a regulatory advisor. ISO 27001 — before the formation rollout. NIS2 — supply-chain requirements.

Book a briefing (45 minutes): afterduty.pl

Use the form on the site — we come back with dates within 24 h. In Polish or English, in person or online.