

CASUALTY SCENARIO FROM OPERATION
IRAQI FREEDOM

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- × This is an information brief
- × This briefing is unclassified



OUTLINE



- × Introduction
- × Situation
- × Mission
- × Actions
- × Casualties
- × Lessons Learned
- × Outcome



INTRODUCTION



- × Special Forces Operational Detachment – Alphas (ODAs)
- × Special Forces Core Missions
 - + Unconventional Warfare
 - + Direct Action
 - + Foreign Internal Defense
 - + Special Reconnaissance
 - + Counter Terrorism
- × Special Forces in Support of OIF/OEF



INTRODUCTION



- × Special Forces Medical Sergeant (18D)
 - + Special Forces Operator with 12 months of medical training
 - + Provides traumatic and medical care to a Special Forces Detachment, attachments and host nation counterparts
 - + Trains and advises host nation forces on medical and tactical issues



SITUATION



- × Location: Eastern Iraq
- × Weather: Spring/ windy and dusty; Temp: 60 - 80 degrees F
- × Time : 0400 Local Time
- × Coalition Forces:
 - + One ODA and 20 Iraqi soldiers
 - + 2 x 18D (myself and one other)
- × Enemy Forces: Local terror cell in a small village defended by an early warning network and defensive IEDs.
- × Primary casualty evacuation (CASEVAC) consisted of 2 x UH-60's
 - + Located 30 min away with 15 min alert time carrying 1 Flight Medic
- × Secondary CASEVAC was ground transportation using detachment vehicles
 - + Ground time approx. 2 - 4hours.



MISSION



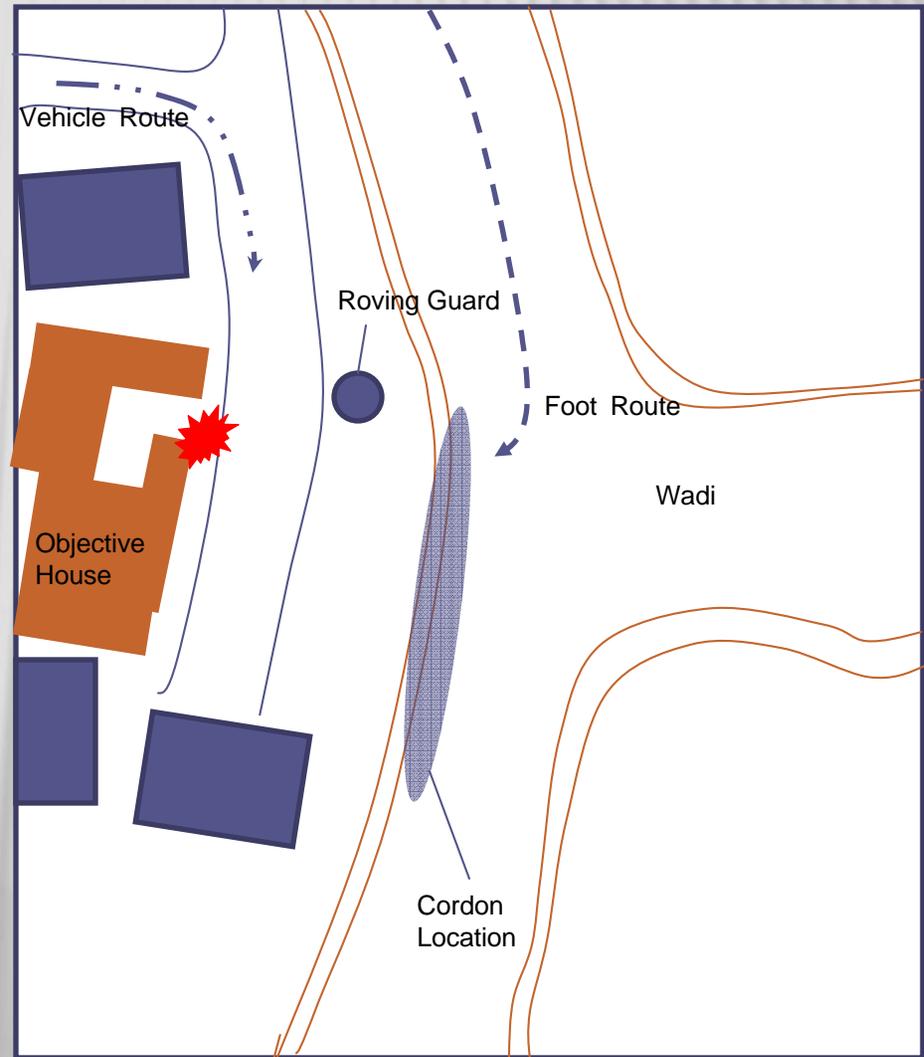
Conduct a raid to capture a local terror cell leader



EXECUTION



- × Forces split into a mounted assault force and a dismounted cordon/security force for one objective building located on the edge of a village
- × The cordon element infiltrated on foot to a position in a wadi near the objective while the assault element staged nearby
- × While the cordon element moved into position, a roving guard spotted them and ran towards the objective building to alert the target
- × One ODA member (SSG Brown) and three Iraqi soldiers pursued the guard and encountered machine gun fire as they neared the objective building
- × The remaining members of the cordon attempted to support them, but they were pinned down by machine gun fire, hand grenades, and RPGs
- × The assault element arrived just after the contact began





DIFFICULT AVENUES OF APPROACH TO DENSELY POPULATED VILLAGES



The desert area to the east of the village



The Village



The Wadi where the cordon was moving



THE ODA ADVISING IRAQI SOLDIERS



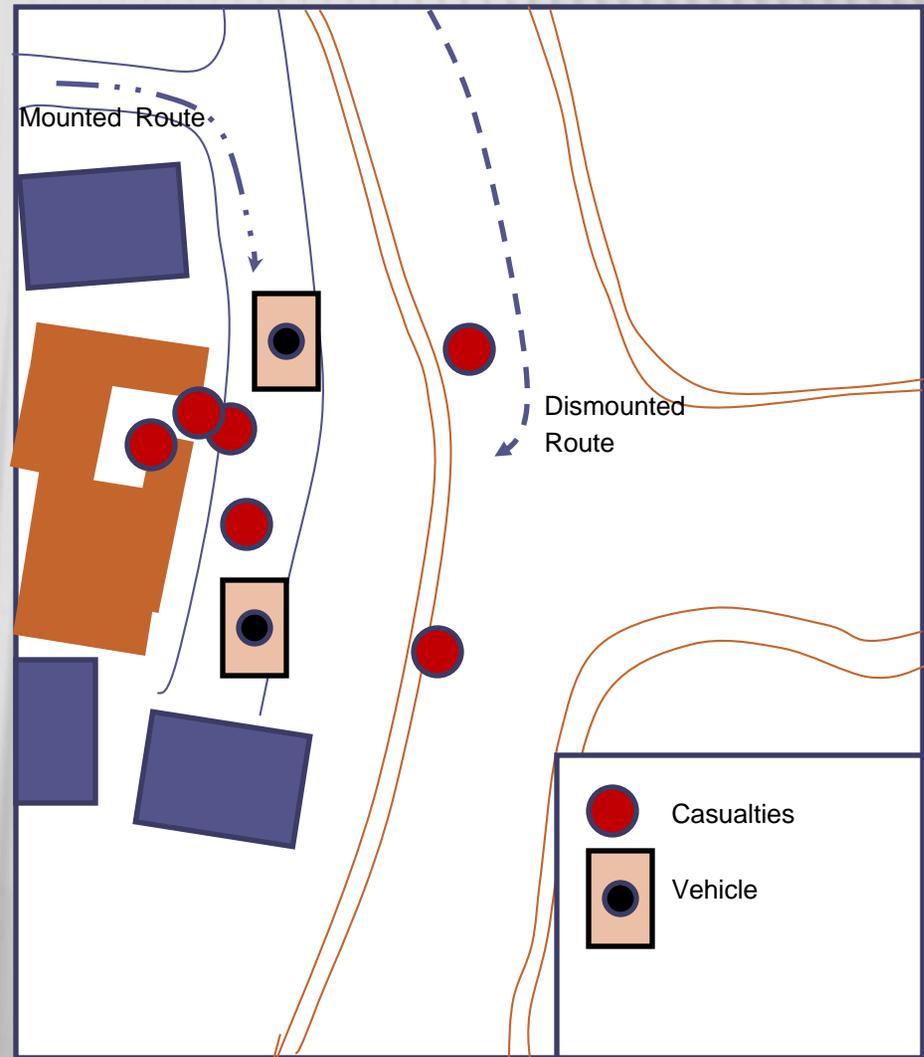
An operation near the objective house



ACTIONS



- × The assault element was not able to engage the objective building with .50 cal fire because SSG Brown and several Iraqi soldiers were unaccounted for
- × The Special Forces medic with the cordon element was seriously wounded by a grenade. He initiated self-aid and moved to me as soon as we arrived
- × I established a casualty collection point (CCP) near my vehicle and the ODA initiated a full assault on the target house
- × Enemy forces started engaging the ODA during the assault, then began to break contact as the assault continued





ACTIONS (CONT')



- × As the ODA initiated the assault, several ODA members began reporting casualties to me over the radio

- × The assault element left some of these casualties behind as they advanced, so I maneuvered to locate them and bring them to the CCP

- × Total:
 - + 3 x U.S. WIA, 3 x IA WIA, 1 x EWIA; 1 x U.S. KIA; 3 x Enemy KIA
 - + 4 MEDEVAC, 2 Routine CASEVAC





LIST OF CASUALTIES



- × Casualty 1 – Gunshot Wound to the Sternal Notch
- × Casualty 2 – Shrapnel to R arm, Face and Chest
- × Casualty 3 – Gunshot Wound to Face
- × Casualty 4 – Through and Through Gunshot Wound to the Neck



CASUALTY ARRAY (CONT')



- × Casualty 5 – Gunshot Wound to Abdomen and Gunshot Wound to upper thigh
- × Casualty 6 – Minor Shrapnel wound to the left Hand and upper back
- × Casualty 7 – Minor Shrapnel to the Axillary portion of the Chest
- × Casualty 8 – Enemy with multiple Gunshot Wounds to Pelvis



CASUALTY #1



- × Gunshot Wound to sternal notch, pulseless, and apneac
- × Medic Treatment – KIA confirmed
- × Triage Category / Info: Expectant, no further care rendered



CASUALTY #2



- ✘ Shrapnel wounds to face arm and armpit. Altered mental status due to proximity to grenade blast.
- ✘ Self / Buddy Treatment – Tourniquets to Right Arm
- ✘ Medic Treatment – Converted tourniquet to pressure dressing, Applied splint, sling and swath. Fentanyl Transmucosal 400 Mcg. Treated for hypothermia. Disarmed, disconnected radio.
- ✘ Triage Category / Info: Urgent



CASUALTY #3



- × Gunshot Wound to Face with total destruction of lower jaw. Tongue was intact and protruding. He was alert and oriented.
- × Self / Buddy Treatment – None
- × Medic Treatment – Poured CELOX powder into Kerlix and applied direct pressure. Applied nasopharyngeal airway, managed airway with positioning (Tripod position). IV administered 500 ml Hextend. 10 mg Morphine IM. Treated for hypothermia.
- × Triage Category / Info: Urgent Surgical



CASUALTY #4



- × Gunshot Wound thru & thru to neck. Entrance wound in right anterior neck just lateral to sternocleidomastoid. Exit wound in posterior neck just lateral to spine. Posterior triangle injury. Did not cross midline. Exit wound produced potentially life threatening venous hemorrhage. No airway problems.
- × Self / Buddy Treatment – none
- × Medic Treatment – Hemcon dressing applied to exit wound with pressure provided by ace wrap that was passed under the armpit. Entrance wound received a pressure dressing applied in a similar manner. IV LR 1000 ml. Hypothermia management kit.
- × Triage Cat. / Info: Priority / Pt stable after treatment.



CASUALTY #5



- × Gunshot Wound to lower abdomen with rigidity and severe pain, Gunshot Wound to upper left thigh
- × Self / Buddy Treatment – None
- × Medic Treatment – Tourniquet applied to leg, FAST 1 interosseous device applied, 500 ML Hextend, Hypothermia management kit, NPA
- × Triage Category / Info: Urgent Surgical/ Pt critically unstable at this time.



CASUALTY #6



- ✘ Shrapnel to upper back and R hand, walking wounded
- ✘ Self / Buddy Treatment – None
- ✘ Medic Treatment – Occlusive dressing on back, Ground evacuation to Balad for X-rays, Combat pill pack
- ✘ Triage Category / Info: Delayed / Pt stable at this time.



CASUALTY #7



- ✘ Shrapnel to axillary area of the R chest
- ✘ Self / Buddy Treatment – None
- ✘ Corpsman Treatment – Asherman Applied, Combat pill pack, ground evac to Balad for X-rays
- ✘ Triage Category / Info: Delayed / Pt stable at this time.



CASUALTY #8



- × 2 Gunshot Wounds to pelvis. The patient was initially responsive to verbal, but quickly deteriorated to expectant.
- × Self / Buddy Treatment – None
- × Medic Treatment – Patient was enemy and did not arrive at CCP until after the objective area was totally secure.
- × Triage Cat. / Info: Expectant



EVACUATION



- ✘ Air evacuation was significantly delayed due to dust storms. Air MEDEVAC arrived approximately 1 hour 45 minutes after contact began. 4 x wounded and 1x KIA were transported on 1 x UH-60
- ✘ After the serious casualties were loaded and the objective was secure, I asked all ODA members to come to me so I could inspect for missed wounds. I discovered the two ODA members with the shrapnel wounds and recommended that we initiate ground evacuation as the wounds were located in the chest. Drive time to nearest FOB was 1 hour.
- ✘ After arriving at the Battalion Aid station, we learned that the UH-60s had been diverted to that aid station due to an approaching dust storm. The 18D from an adjacent ODA worked to further stabilize the seriously wounded and the adjacent ODA completed ground evacuation to Balad with the local Striker Battalion. Drive time was about 90 minutes.



LESSONS LEARNED



- × A casualty event is a tactical event, and teams need to train on all the tasks relevant to a casualty event not related to patient care.
- × Medically cross-trained ODA members and attached mechanic provided a great deal of care to casualties. Cross training should be constantly reinforced and include all attached personnel.
- × The ODA encountered an IED on the return trip from the adjacent FOB. Iraqi soldiers discovered and destroyed the device. The fight is never over.
- × Often overlooked tasks, such as marking of casualties and CCP procedures, should be reinforced in training not just taught in a class.
- × The mission occurred after several long days of patrols. The team was already sleep-deprived, dehydrated, and hungry when the fight began. These are factors to consider when treating combat wounded.



LESSONS LEARNED (CONT')



- ✘ Going through medical kits on a regular basis not only helps you maintain your equipment but also allows you to look at your equipment and visualize the treatments you would give with it. It also helps to give the team a class on how the aid bag is packed so they can get supplies for you.
- ✘ Weather caused delays with CASEVAC and prevented other types of air support.
- ✘ The other medic was seriously wounded. All ODAs need to know how to conduct casualty operations without a medic.
- ✘ I used simpler and more conservative treatments in this situation than I would in more secure environments. I did not want to have to manage treatments if they were not absolutely necessary.



LESSONS LEARNED (CONT')



- × Be ready to move your casualties quickly. The tactical situation can change at any time and your patients need to be as little an encumbrance as possible.
- × Perform a thorough cleanup as you leave the area. Cover up blood if possible. Do not allow the enemy to know that you sustained casualties by leaving medical supplies or medical trash behind.



OUTCOMES



- × With the exception of the KIA, all casualties were eventually returned to duty.
- × The IA patient with the facial wound had a reconstruction performed and was sent home after two weeks with his jaw wired, a feeding tube, and a case of Ensure.
- × The patient with the abdominal wound received immediate surgery and had a prolonged hospital stay.
- × The other 18D sustained damage to the ulnar nerve at the brachial plexus and had shrapnel removed from his sinus. He had multiple surgeries and has done well in rehabilitation.
- × The IA patient shot in the neck had the wounds closed in Balad. He returned to me when the wound track had become infected.
- × The patients with the shrapnel wounds were RTD after X-rays were performed.



QUESTIONS?