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At War

Notes From the Front Lines

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Army Study Highlights Fears and Stress of I.E.D.'s and Amputation

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Are some service members on the front lines so concerned about the trauma of losing limbs from improvised explosives devices that they are asking “battle buddies” in their units to not give them proper emergency care if they are gravely wounded in combat?

That possibility is raised in a [new report](#) from a task force appointed by the Army surgeon general to study the complex injuries to ground forces from mines or I.E.D.'s.

With the number of serious wounds to troops on foot having risen significantly in the past two years, the task force said morale had been hurt in some units. The report defined those wounds as including double and triple amputations, as well as pelvic and genital injuries.

“To some, the resultant burden on their family and loved ones seemed too much to accept, and, anecdotally, some actually developed ‘do not resuscitate’ pacts with their battle buddies in the event of this type of injury,” the report, by the Army Dismounted Complex Blast Injury Task Force, said.

In a briefing for reporters about the report, Army medical officers said on Tuesday that they had not been able to document any such cases, which reportedly involve soldiers or Marines asking fellow infantrymen not to apply tourniquets to them if they have lost a leg. Not using a tourniquet in that situation could lead to death from blood loss.

Brig. Gen. Joseph Carvalho Jr., chairman of the task force, called the reports of such pacts “plausible,” adding, “That’s enough to be concerning to me.” He said that no medic or corpsman would agree to such a pact.

The task force was created after medical officers noticed an increase in serious wounds in Afghanistan, most of them involving troops on foot patrols, and most of them Marines operating in southern Afghanistan. The number of triple limb amputations in 2010, 18, was more than double all the triple amputations between 2003 and 2009, the report said. And while there were 86 service members who lost a major limb in 2009, including 23 with multiple amputations, the number with a major amputation more than doubled in 2010 to 187, of which 72 lost more than one limb.

Through September 1 of this year, there have been 147 total amputations, of which 77 involved more than one limb.

The task force concluded that the reasons for so many more serious injuries might be partly due to changes in tactics on both sides of the war: more foot patrols by American forces; more and more powerful mines and I.E.D.'s planted by the Taliban. But the report also asserted that improvements in battlefield medicine, evacuation practices and the armor and design of vehicles were saving more troops — and thus returning more survivors to the United States with serious injuries.

“Military medicine is saving more lives than ever before,” General Carvalho said in the briefing.

Among the improvements cited in the report was the more consistent and earlier use of tourniquets to prevent lethal blood loss, better and faster air evacuations, and earlier use of fresh whole blood and blood products. Times reporter and At War contributor [C.J. Chivers](#) has written about the battlefield reality of some of these techniques in the past.

But the report also found shortcomings.

Some Army aircraft are not adequate for long distance flights, it said. It also found that Army flight medics did not generally have advanced trauma training. And it recommended that there be more urologists in combat support hospitals to treat genital and urinary tract injuries that typically result from I.E.D. blasts.

The report also called for improvements in some rehabilitation practices, noting for instance that upper limb prostheses “remain inadequate.”

“These injuries will stay with these warriors for the next 60 to 80 years,” General Carvalho said.

An earlier version of this post inaccurately described the report's findings on air evacuations in Afghanistan. The report noted that the “rugged terrain, high altitudes and long distances” between military medical facilities had produced “significant wear on both airframes and personnel.” But the report did not find that there were not always enough helicopters to transport the wounded, as the post asserted.