

SUPPORTING THE GLOBAL WAR ON TERROR: A TALE OF TWO CAMPAIGNS FEATURING THE 250TH FORWARD SURGICAL TEAM (AIRBORNE)

Neil R. Stockmaster, Robert M. Rush, Jr., Harry K. Stinger, John G. Devine, Benjamin W. Starnes, Linda Atteberry, Edward D. Arrington, Ronald J. Place
Madigan Army Medical Center, Tacoma, Washington

Purpose: Forward Surgical Teams (FST) are 20-person units designed to perform front-line, life-saving surgery for 15-25% of battle casualties too unstable to survive transport to Combat Support Hospitals (CSH) in the rear. This study compares the employment, injuries encountered and workload of an airborne FST in two widely varying campaigns: Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

Methods: The 250th FST provided far-forward surgery for initial entry assaults and follow-on stability operations in Afghanistan (OEF) and northern Iraq (OIF), the two principal offensive campaigns in the War on Terror. Prospective data on all patients admitted to the 250th were analyzed. Other data such as civil affairs missions, cases performed at local hospitals, and rebuilding projects were evaluated retrospectively.

Results: The initial employments of the FST were similar. In OEF the 250th supported large numbers of special operations forces. In OIF the unit participated in the 173rd Airborne Brigade's combat parachute assault into the Harrir Valley of northern Iraq. In supporting combat operations, 108 cases (OEF 68, OIF 40) were performed on 98 patients (OEF 50, OIF 48) during 19 months deployed (OEF 7, OIF 12). The mean RTS was 7.2 (OEF 7.4, OIF 6.9). Seven patients died of wounds (OEF 3, OIF 4), all from non-operative trauma. After initial assaults, stability actions varied significantly in terms of civil affairs missions (OEF: 3, OIF: 154), cases performed with local surgeons (OEF: 0, OIF 105), and rebuilding medical infrastructure (OEF 1, OIF 5).

Conclusions: Although the number and types of combat casualties seen were similar in the two campaigns, workload increased dramatically in OIF due to increased medically related reconstruction missions.