



U.S. Military Casualty Statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom

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Summary

This report presents difficult-to-find statistics regarding U.S. military casualties in Operation New Dawn (OND), Operation Iraqi Freedom (OIF), and Operation Enduring Freedom (OEF, Afghanistan), including those concerning post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), amputations, evacuations, and the demographics of casualties. Some of these statistics are publicly available at the Department of Defense's (DOD's) website, while others have been obtained through contact with experts at DOD.

Daily updates of total U.S. military casualties in OND, OIF, and OEF can be found at the DOD's website, at <http://www.defenselink.mil/news/casualty.pdf>. In addition, CRS Report R40824, *Iraq Casualties: U.S. Military Forces and Iraqi Civilians, Police, and Security Forces*, contains statistics on U.S. military and Iraqi civilian casualties, while CRS Report R41084, *Afghanistan Casualties: Military Forces and Civilians*, contains statistics on U.S. military and Afghan civilian casualties.

This report will be updated as needed.

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Current Operations

On August 31, 2010, President Obama announced that the U.S. combat mission in Iraq (Operation Iraqi Freedom) had ended. A transitional force of U.S. troops remains in Iraq with a different mission: “advising and assisting Iraq’s Security Forces, supporting Iraqi troops in targeted counterterrorism missions, and protecting our civilians.”¹

As of August 1, 2011, 56 servicemembers have died in the current mission, Operation New Dawn (OND), and 237 servicemembers have been wounded in action. In addition, there have been 1,844 non-hostile-related medical air transports.²

Operation Enduring Freedom (OEF) continues in Afghanistan. As of August 1, 2011, 1,675 servicemembers have died, 13,011 servicemembers have been wounded in action, and there have been 14,194 non-hostile-related medical air transports in OEF.³

Rates of Post-Traumatic Stress Disorder, Traumatic Brain Injury, and Amputations

Post-Traumatic Stress Disorder

The U.S. Army Office of the Surgeon General (U.S. OSD) provided the statistics below on the incidence of post-traumatic stress disorder (PTSD) cases. According to the U.S. OSD, a case of PTSD is defined as an individual having at least two outpatient visits or one or more hospitalizations at which PTSD was diagnosed. The threshold of two or more outpatient visits is used to increase the likelihood that the individual actually had PTSD. A single visit on record commonly reflects someone who was evaluated for possible PTSD, but did not actually meet the established criteria for diagnosis.

For those who have been diagnosed with PTSD during deployment, although the diagnosis of PTSD occurred at least 30 days after the individual deployed, there is no way to determine that the PTSD resulted from an event associated with the deployment. The PTSD could have resulted from an event that occurred prior to a deployment.⁴

The Army has 67.2% of the cases of PTSD, the Air Force has 9.8%, the Navy has 10.8%, and the Marines have 12.8%. **Table 1** and **Figure 1** present yearly PTSD diagnoses for all services.

¹ The White House, Office of the Press Secretary, Remarks by the President in Address to the Nation on the End of Combat Operations in Iraq, August 31, 2010, at <http://www.whitehouse.gov/the-press-office/2010/08/31/remarks-president-address-nation-end-combat-operations-iraq>.

² Department of Defense, “Global War on Terrorism – Operation New Dawn by Casualty Category Within Service,” September 1, 2010, to August 1, 2011, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ond-total.pdf>.

³ Department of Defense, “Global War on Terrorism – Operation Enduring Freedom by Casualty Category Within Service,” September 1, 2010, to August 1, 2011, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf>.

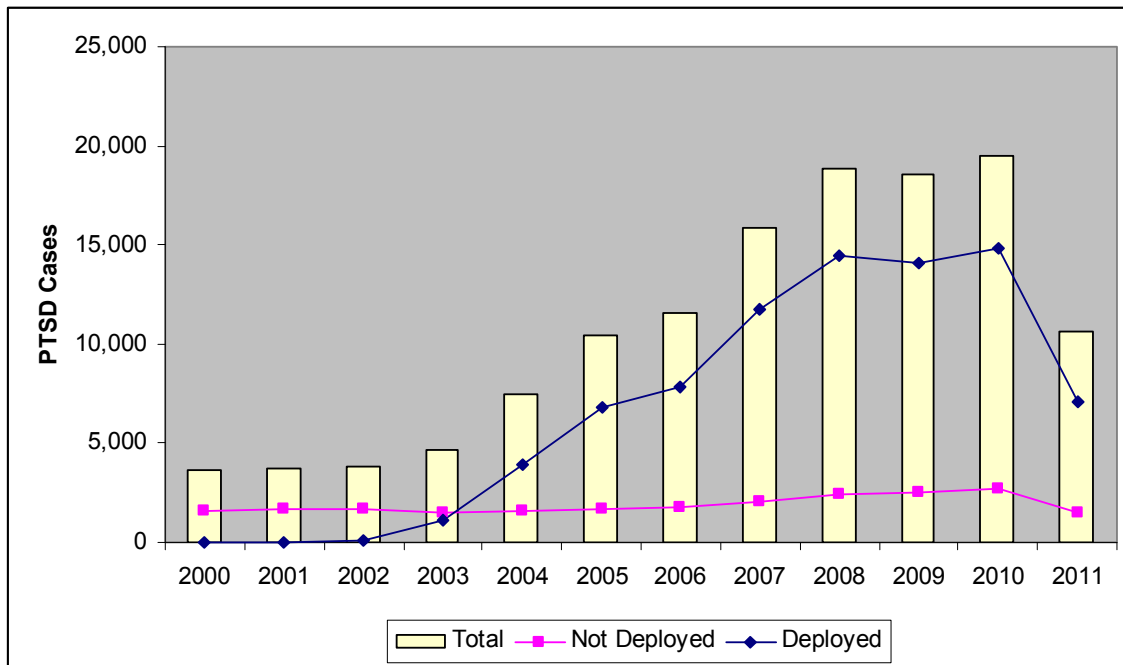
⁴ Personal communication with CRS from Department of Defense Office of the Secretary of Defense liaison, September 21, 2010.

Table I. Annual New Post-Traumatic Stress Disorder Diagnoses in All Services
(as of July 7, 2011)

Year	Not Deployed	Deployed
2000	1,617	0
2001	1,709	0
2002	1,720	133
2003	1,535	1,164
2004	1,586	3,913
2005	1,659	6,812
2006	1,726	7,829
2007	2,054	11,766
2008	2,405	14,425
2009	2,475	14,042
2010	2,697	14,814
2011	1,505	7,117
Total	22,688	82,015

Source: Personal communication with Dr. Michael Carino, Army Office of the Surgeon General, August 19, 2011. Data source is the Defense Medical Surveillance System (DMSS).

Figure I. Annual Post-Traumatic Stress Disorder Diagnoses in All Services
(as of July 7, 2011)



Source: Personal communication with Dr. Michael Carino, Army Office of the Surgeon General, August 19, 2011. Data source is the Defense Medical Surveillance System (DMSS).

Traumatic Brain Injury

The Defense and Veterans Brain Injury Center gives the following incidence of traumatic brain injury (TBI):

Table 2. Traumatic Brain Injuries in the U.S. Military
2000 to 2011 Q1

Calendar Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011 Q1 ^a	Total
Incident Diagnoses	10,963	11,830	12,470	12,898	13,312	12,211	16,958	23,174	28,567	29,255	31,243	9,861	212,742

Source: The Defense and Veterans Brain Injury Center, <http://www.dvbic.org/TBI-Numbers.aspx>, last updated on May 16, 2011.

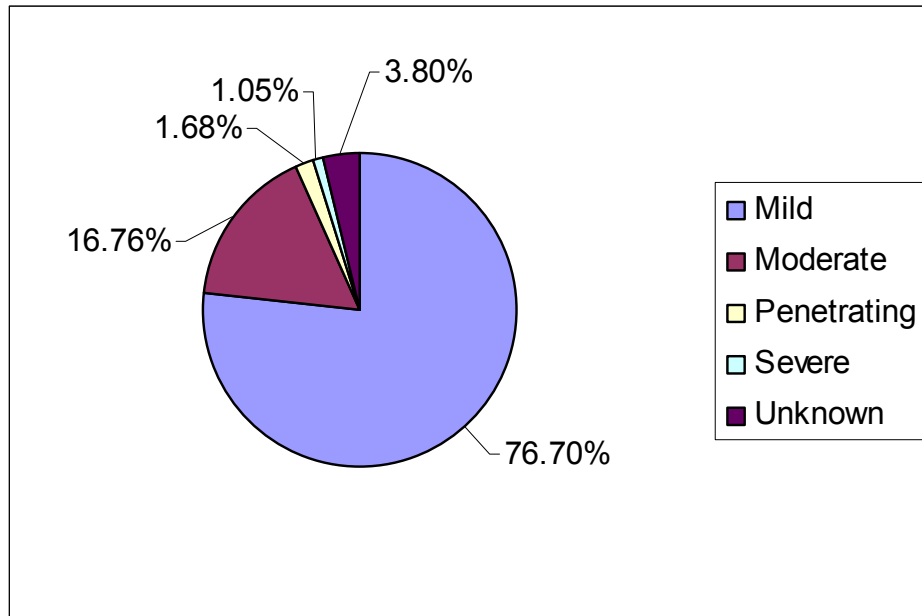
a. Q1 covers January to March 2011.

Of the total 212,742 TBI cases since 2000, 163,181 have been mild, 35,661 have been moderate, 2,235 have been severe, 3,573 have been penetrating, and 8,092 have not been classifiable.⁵

Figure 2 shows the relative rates of mild, moderate, severe, penetrating, and not classifiable TBIs.

⁵ Defense and Veterans Brain Injury Center at <http://www.dvbic.org/TBI-Numbers.aspx>. The DOD categorizes TBI cases as mild, moderate, severe, or penetrating. Mild TBI is characterized by a confused or disoriented state lasting less than 24 hours; loss of consciousness for up to thirty minutes; memory loss lasting less than 24 hours; and structural brain imaging that yields normal results. Moderate TBI is characterized by a confused or disoriented state that lasts more than 24 hours; loss of consciousness for more than 30 minutes, but less than 24 hours; memory loss lasting greater than 24 hours but less than seven days; and structural brain imaging yielding normal or abnormal results. Severe TBI is characterized by a confused or disoriented state that lasts more than 24 hours; loss of consciousness for more than 24 hours; memory loss for more than seven days; and structural brain imaging yielding normal or abnormal results. A penetrating TBI, or open head injury, is a head injury in which the dura mater, the outer layer of the system of membranes that envelops the central nervous system, is penetrated. Penetrating injuries can be caused by high-velocity projectiles or objects of lower velocity, such as knives, or bone fragments from a skull fracture that are driven into the brain.

Figure 2. Severity of Traumatic Brain Injury Diagnoses
Cases from 2000 to 2011 Q1



Source: Defense and Veterans Brain Injury Center at <http://www.dvbic.org/TBI-Numbers.aspx>.

Amputations

Table 3 shows the number of individuals with amputations for OIF/OND and OEF. The total number of amputations in all conflicts is 1,439.

Table 3. Individuals with Battle-Injury Amputations by Service for OIF/OND and OEF

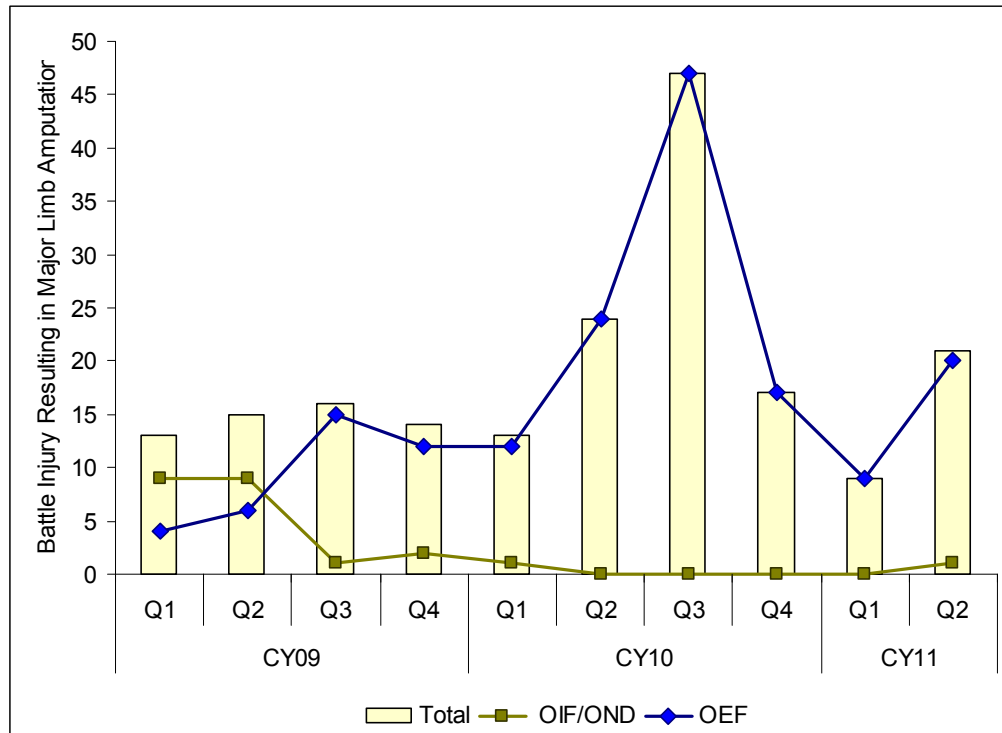
October 7, 2001 to July 1, 2011

Theater	Type of Amputation	Army	Marine	Navy	Air Force	Total
OIF/OND	Major Limb (e.g., Leg)	597	153	16	7	773
	Minor Limb (e.g., Partial Foot, Fingers)	169	37	4	3	213
OEF	Major Limb (e.g., Leg)	223	185	10	9	427
	Minor Limb (e.g., Partial Foot, Fingers)	17	8	0	1	26
Total						1,439

Source: Personal correspondence with Dr. Michael J. Carino, Army Office of the Surgeon General, August 9, 2011.

From 2003 until the first quarter of 2009, the majority of the major limb amputations due to battle injuries in the Army occurred in OIF. In the second quarter of 2009, however, the trend changed, and since that time the majority of the major limb amputations due to battle injuries in the Army have occurred in OEF. **Figure 3** charts the number of Army major-limb amputations due to a battle injury in OIF/OND and OEF from January 2009 to June 2011.

Figure 3. Army Major-Limb Amputations Due to Battle Injuries in OIF/OND and OEF
January 2009 to June 2011



Source: Personal correspondence with Dr. Michael J. Carino, Army Office of the Surgeon General, August 9, 2011.

Gender Distribution of Deaths

Table 4 and **Table 5** provide statistics on the gender distribution of OIF/OND and OEF casualties (also available on DOD’s website, <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm>). All numbers for OIF/OND and OEF are current as of August 1, 2011. Percentages may not total 100 due to rounding.

Table 4. OIF/OND Gender Distribution of Deaths

(as of August 1, 2011)

Gender	Military Deaths	% of Total Deaths
Male	4,354	97.5
Female	110	2.5
Total	4,464	100.0

Source: Department of Defense, "Operation Iraqi Freedom—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-deaths-total.pdf> and "Operation New Dawn—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/onddeaths.pdf>.

Table 5. OEF Gender Distribution of Deaths

(as of August 1, 2011)

Gender	Military Deaths	% of Total Deaths
Male	1,644	98.1
Female	31	1.9
Total	1,675	100.0

Source: Department of Defense, "Operation Enduring Freedom—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oefdeaths.pdf>.

Race/Ethnicity Distribution of Deaths

Table 6 and **Table 7** provide statistics on the race and ethnicity distribution of OIF/OND and OEF casualties (also on DOD's website, <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm>). All numbers for OIF and OEF are current as of August 1, 2011. Percentages may not total 100 due to rounding.

Table 6. OIF/OND Race/Ethnicity Distribution of Deaths

(as of August 1, 2011)

Race/Ethnicity	Military Deaths	% of Total Deaths
American Indian/Alaska Native	42	0.9
Asian	83	1.9
Black or African American	433	9.7
Hispanic or Latino	473	10.6
Multiple races, pending, or unknown	48	1.1
Native Hawaiian or Pacific Islander	52	1.2
White	3,333	74.7
Total	4,464	100.0

Source: Department of Defense, "Operation Iraqi Freedom—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-deaths-total.pdf> and "Operation New Dawn—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/onddeaths.pdf>.

Table 7. OEF Race/Ethnicity Distribution of Deaths

(as of August 1, 2011)

Race/Ethnicity	Military Deaths	% of Total Deaths
American Indian or Alaska Native	20	1.2
Asian	27	1.6
Black or African American	128	7.6
Hispanic or Latino	150	9.0
Multiple races, pending or unknown	25	1.5
Native Hawaiian or Pacific Islander	19	1.1
White	1,306	78.0
Total	1,675	100.0

Source: Department of Defense, "Operation Enduring Freedom—Military Deaths," at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oefdeaths.pdf>.

Self-Inflicted Wounds

According to DOD's casualty website, as of August 1, 2011, 228 servicemembers have died of self-inflicted wounds while serving in OIF/OEF and 65 have died of self-inflicted wounds while serving in OEF.⁶

Medical Evacuation Statistics for U.S. Military Personnel

U.S. military personnel evacuation statistics as of August 1, 2011, can be found at the following DOD websites: <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-total.pdf> for OIF, <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ond-total.pdf> for OEF, and <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf> for OEF.

Operation Iraqi Freedom and Operation New Dawn

According to DOD, a total of 51,266 individuals were medically evacuated from OIF/OEF from March 19, 2003, to August 1, 2011. Of the total number of medical evacuations, 42,231 were non-hostile-related medical air transports, and the remaining 9,035 were for servicemembers who were wounded in action. Percentages may not total 100 due to rounding.

⁶ Department of Defense Personnel and Procurement Statistics, Statistical Information and Analysis Department, OIF at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-total.pdf>, OEF at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ond-total.pdf>, and OEF at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf>.

Table 8. OIF/OND Medical Reasons for Evacuations

(as of August 1, 2011)

	Number	Percentage
Wounded in Action	9,035	17.6
Non-Hostile Injuries ^a	10,710	20.9
Disease/Other Medical	31,521	61.4
Total	51,266	100.0

Source: Department of Defense, Defense Manpower Data Center, “Global War on Terrorism—Operation Iraqi Freedom by Casualty Category within Service,” at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-total.pdf> and “Global War on Terrorism—Operation New Dawn by Casualty Category within Service,” at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ond-total.pdf>.

- a. The Department of Defense defines a “non-hostile injury” as an injury that is not directly attributable to hostile action or terrorist activity, such as casualties due to the elements, self-inflicted wounds, or combat fatigue.

Operation Enduring Freedom

According to DOD, a total of 18,327 individuals were medically evacuated from OEF from October 7, 2001, through August 1, 2011. Of the total number of medical evacuations, 14,194 were non-hostile-related medical air transports, and the remaining 4,133 were for servicemembers who were wounded in action. Percentages may not total 100 due to rounding.

Table 9. OEF Medical Reasons for Evacuation

As of August 1, 2011

	Number	Percentage
Wounded in Action	4,133	22.6
Non-Hostile Injuries ^a	3,542	19.3
Disease/Other Medical	10,652	58.1
Total	18,327	100.0

Source: Department of Defense, Deployment Health Support Directorate, “Global War on Terrorism—Operation Enduring Freedom by Casualty Category within Service,” at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf>.

- a. The Department of Defense defines a “non-hostile injury” as an injury that is not directly attributable to hostile action or terrorist activity, such as casualties due to the elements, self-inflicted wounds, or combat fatigue.

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