

## Dismounted Combat Blast Injury Task Force Reports on Best Care Practices for Double and Triple Amputees

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Traumatic battlefield amputations are not uncommon among the wounded, ill and injured Soldiers in Warrior Transition Units and Community Based Warrior Transition Units.

According to a report by the Dismounted Combat Blast Injury (DCBI) Task Force the increased rate of double and triple amputees, coupled with pelvic and genital injuries, represents a new level of injury to overcome.

“There’s been a decrease in Soldiers killed in action and fatality rates, but an increase in severity,” said Col. Jonathan Jaffin, Chief of Staff, DCBI Work Group. “These injuries present new challenges to the patient, and to the medical and military community to prevent, protect, mitigate and treat.”

The DCBI Task Force, created by the U.S. Army Surgeon General in January 2011, studied the causation, prevention, protection, treatment, and long-term care options of explosion-induced battle injuries sustained by a warfighter on foot patrol. These types of injuries produce a specific pattern of wounds.

"These are life-defining injuries for these warriors and their families, but it is not desperate. All of us in uniform understand it's not just about saving lives; it's about doing everything military medicine can do to help them lead full and productive lives," Brig. Gen. Joseph Carvalho, Jr., Chair, DCBI Task Force, said during a media roundtable at the Pentagon.

The Task Force’s members are comprised of clinical and operational medical experts from the Department of Defense and Veterans Affairs and solicited input from subject matter experts in both Federal and civilian sectors.

In a June 2011 report, Carvalho expressed the importance of the Task Force and the report, writing “our Warriors and their Families can trust our military medical community to provide absolutely everything possible to help them overcome any injury through a whole-person approach to healing.”



Brig. Gen. Joseph Carvalho, Jr., Army Medicine's lead for the Dismounted Complex Blast Injury Task Force, hosted a media roundtable Sept. 20, at the Pentagon, to release and put into context the findings of the task force's report. (Photo by Paul Prince)

The report details the number of surviving service member amputees from January 2010 to March 2011. Of the 194 amputees during this time period, 78 Warriors had DCBI. Of those that suffered DCBI, 53 were Marines, 23 Soldiers and two Sailors.

“The Task Force found cases with the best medical practices,” Jaffin said, “and then used these cases to recommend better rehabilitation and reintegration after the devastating injury throughout a patient’s lifetime.”

While the Task Force report focused on addressing the cognitive, emotional, spiritual, physical, social, and environmental accessibility aspects of these injuries, other factors should also be highlighted.

“The Task Force applauds the aggressive medical advances made on behalf of the Warriors in harm’s way. The envelope has been pushed, but within the constraints of medical science,” Carvalho expressed in the report. “With advances in rehabilitation, prosthetic care, robotics and assistive technology, most of our Warriors with major limb loss envision a future for themselves that can be full and rewarding.”

As the wounded, ill and injured Soldiers work through their medical recovery and rehabilitation processes, they are assigned to a Warrior Transition Unit (WTU) or Community-Based Warrior Transition Unit (CBWTU). The Army currently has 29 WTUs at Army installations and nine CBWTUs across the country.

According to Brig. Gen. Darryl Williams, Assistant Surgeon General for Warrior Care and Commander, Warrior Transition Command, most people think of the combat injured when they hear the term ‘warrior care’. “Taking care of our combat-injured is warrior care,” he said. “Warrior care is also preventing illnesses and keeping Soldiers healthy and ready to deploy. Warrior care is arming Soldiers with tourniquets that they can use with only one hand. It’s having the best trained medics in the world standing shoulder to shoulder with our combat Soldiers.

The WTU structure represents the way the Army supports Soldiers who require at least six months of complex medical care. Since 2007, through WTUs, the Army provides a standardized framework of care and support from medical appointments to adaptive or reconditioning sports programs and internships.

“Taking care of Soldiers is something we do every day, said Williams. “Recognizing and implementing these solutions allow us to highlight the significance of keeping Soldiers healthy and safe and taking care of them when they become wounded, ill or injured. At the Warrior Transition Command we are in the business of caring for the Army’s wounded, ill and injured Soldiers from the Active, Guard and Reserve.”

The DCBI Task Force report outlines the way ahead to continue improving the military medical capabilities available to support patients with these severe injuries, and their Families who are also affected by these injuries.

"Military medicine and the VA will be with these patients for the long term. They are entitled to the absolute best care we can provide -- not because of their injuries, but because of their service," Carvalho said.