DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE MOUNTAIN WARRIOR
COMBINED JOINT TASK FORCE-82
FOB FENTY, AFGHANISTAN
APO AE 09310

REPLY TO
ATTENTION OF

AFZC-BCT-MED 16 September 2009

MEMORANDUM FOR RECORD

SUBJECT: AR 15-6 Investigation of casualties in AO Chosin on 08 September 2009

1. On 08 September 2009, 1SG (b)(3), (b)(6) and SFC Kenneth Westbrook were injured in RC(E), Afghanistan in an attack that claimed the lives of four of their fellow Soldiers. The following is a summary of their injuries and current medical condition.

2. 1SG (b)(3), (b)(6) USMC (SSN (b)(3), (b)(6)

a. Injuries: 1SG (b)(3), (b)(6) suffered fragmentation wounds to the left hand and forearm and minor traumatic brain injury (mTBI) from a blast. Symptoms of mTBI included decreased hearing in the right ear, amnesia of the immediate post-event period, ringing in the ears, headache, nausea, double vision, decreased attention and decreased short-term memory. Head CT and MRI demonstrated no structural injury to the brain, bleeding in the brain or skull fracture.

b. Treatment to-date: Initial treatment was provided by the Forward Surgical Team (FST) where a trauma assessment was performed and his right arm and hand wounds were cleaned and dressed. He was evacuated by air MEDEVAC to Craig Joint Theater Hospital (CJTH) in Bagram. He wounds were further cleaned and dressed. He was treated for headaches and nausea related to mTBI.

c. Current location: 1SG (b)(3), (b)(6) is currently an outpatient at Landstuhl Army Medical Center (LRMC) in Germany.

d. Current condition: On 11 September 2009, 1SG (b)(3), (b)(6) mTBI symptoms had improved but not resolved and he was discharged to outpatient care with continued medical treatment and follow-up at LRMC. In many cases, symptoms of mTBI resolve in the first 2 weeks post-injury and Soldiers are able to return to duty. If upon neurology re-evaluation after two weeks his symptoms persists despite treatment, 1SG (b)(3), (b)(6) would be evacuated to CONUS for further medical care.

3. SFC (b)(3), (b)(6) (SSN (b)(3), (b)(6)

a. Injuries: SFC (b)(3), (b)(6) sustained a gunshot wound to the right upper chest, causing a right hemopneumothorax (blood and air in the chest), multiple upper right rib fractures (3-5), a right clavicle fracture, a right scapula fracture and severe hemorrhage. He also suffered a minor facial laceration.

b. Treatment to-date: SFC (b)(3), (b)(6) was evacuated by air MEDEVAC to the Asadabad FST. Trauma evaluation and resuscitation was provided under the direction of the trauma surgeon, to include blood product transfusion. He taken to the operating room where a right clavicle resection, right neck dissection and exploration, and hemorrhage control were performed. Two left chest tubes were also placed to evacuate air and blood. After initial surgery, SFC (b)(3), (b)(6) remained sedated on a ventilator and was transferred by air MEDEVAC to CJTH in Bagram. Dr. (b)(3), (b)(6) (ENT) performed a two-layered closure of his face and neck wounds. Wound care was provided, he was maintained sedated on a ventilator and transferred by air to LRMC, Germany on 09 September. ICU care was provided at LRMC, and on 11 September he was transferred to WRAMC, Washington DC. On 14 September SFC (b)(3), (b)(6) was able to be taken successfully taken off the ventilator.

c. Current location: SFC (b)(3), (b)(6) is currently an inpatient in the ICU (b)(3), (b)(6) at Walter Reed Army Medical Center in Washington, DC.

d. Current condition: As 16 September, SFC (b)(3), (b)(6) is making slow, steady progress toward recovery. He is awake, alert, and oriented to self, date, and location. His wife is present at his bedside. Although he remains in serious condition at this time, barring unforeseen medical complications he is expected to recover from his injuries.

4. POC for this memorandum is the undersigned at SVOIP (b)(6)

(b)(3), (b)(6)

CPT, MC (Emergency Medicine)
Brigade Surgeon, TF Mountain Warrior