Part 14: The lasting impact of IEDs

Casualties are unavoidable in conflict. Medical staff assigned to 2nd MEB-A knew that going into Helmand. However, the nature of casualties in Afghanistan, and in Middle Eastern conflicts which preceded it, was markedly different from historical warfare. Insurgents' use of improvised explosive devices (IEDs) meant corpsmen and doctors had to treat wounded in dramatically different ways.

"Non-combat injuries are historically the cause of most injuries in a theater," said Shannon Dittlinger, who served as the medical plans and operations officer for MEB-A. "That was not the case in Helmand. IEDs were the number one cause of injuries and casualties."

In 2008, the United Nations Assistance Mission in Afghanistan (UNAMA) reported 725 non-combatant deaths from IEDs in Afghanistan. That number grew to 1,054 in 2009 and 1,141 in 2010.

"Roads were not safe," said Loffgren, who also served as the Liaison with British Medical Support Services, said. "Our aircraft was needed for Marine operations so we relied heavily on (British aid from) Bastion. I remember it was containerized. They had been doing it for a while. It was interesting, we're used to operating as a sort of walking blood bank. The UK has a national healthcare system, though, which meant that all the Marines and Sailors had to be blood tested to ensure it could be used for treatment. They were excited to have that opportunity. With the use of IEDs we were using the blood they had stored a lot."

The field hospital was essential to the treatment of wounded from all parties.

"Gen. Nicholson and I would go in (Camp Bastion hospital) every day and I would see people dying," said Kael Weston, political state department head in Helmand and political advisor to Nicholson. "British soldiers, Marines... I recall seeing an Afghan boy

missing his leg, playing with a stump. The doctors took care of Taliban (fighters) as well. Eventually, the question shifted to the cost of the conflict and how many Marines would be injured. Secretary Gates (then U.S. Secretary of Defense) considered pulling out due to amputation rates."

According to the Journal of Military and Veterans Health, rates of IED injuries leading to amputation among U.S. service members were exceeding those seen in Iraq by 2008. In 2010, 196 personnel would suffer the loss of at least one limb. That number would climb to 240 in 2011. While the number of amputations climbed, combat deaths declined from 437 to 368. 2016 was the first year without such an amputation since the conflict in Afghanistan began.

For Corpsmen, the frequency of IED injuries made learning what to expect and keeping resources ready a priority. The Marine Air-Ground Task Force which had landed prior to the MEB in Afghanistan had catalogued what to watch for, something MEB medical staff relied on heavily.

"Corpsmen with our infantry units (during Operation Khanjar) were exceptionally well-trained," Loffgren said. "We had folks who were triple or quadruple amputees who survived - or at least made it home long enough for their family to say goodbye."

For those who were medevaced out, medical personnel and leadership made sure to keep family in the loop as much as possible. Nicholson was acknowledged by corpsmen for his attendance and care for the wounded.

"I do not think there is anyone on the MEB who would not bend over backwards for that amazing man," recalled Shannon Dittlinger, a retired U.S. Navy Master Chief who served as the command element for Navy enlisted on the MEB. "When any Marine was back to base he had that SAT phone so they could call home. We would follow them back from the 9-line to Bethesda."