

US and Coalition Casualties in Iraq and Afghanistan

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1. US Coalition Dead

The US military has carefully counted its uniformed dead in the wars in Iraq and Afghanistan. As of February 14, 2013, that number totaled 6,656 (See Table 1).

Table 1. US War Dead in Iraq and Afghanistan (uniformed through February 14, 2013, contractors through December 31, 2012)¹

	US Uniformed*	US Contractors**	Total
Iraq (OIF and OND)	4,488	1,595 – 3,418	6,083 – 7,906
Afghanistan (OEF)	2,168	1,338 – 2,867	3,506 – 5,035
Total	6,656	2,933 – 6,285	9,589 – 12,941

* Includes a small number of DoD civilian employees. Source: DoD Casualty Report

** Source: Department of Labor. The numbers range from the officially reported number to the more likely number given underreporting of death and injury to the approximately three quarters of contractors who are non-US citizens.²

The list of routes by which these mostly young people died is a horrific catalogue of what actually happens in war. They died by the enemy's deadly targeting or were mangled in the dangerous equipment they work with. They died because of the chaos of war, accidentally shooting each other, or at their own hands. The causes of death include hostile rocket-propelled grenade fire and the improvised explosive devices that have been responsible for roughly half of all deaths and injuries in Iraq and Afghanistan.³ But they also include truck rollovers and other vehicle crashes, electrocutions, and heatstroke deaths. A total of 332 individuals have committed suicide while deployed, 235 of them while deployed to the war in Iraq, and a record 349 military suicides have occurred across the services, either at home or deployed, in 2012.⁴ In some cases, the official cause of death has been disputed (a death that appeared to be a suicide was listed as an accident, for example) or as undetermined or pending determination.⁵

Cause of death aside, the casualties of US uniformed personnel are the war deaths that are best known by the public, announced solemnly on the evening news and tallied on websites with information on the who, how, what, where and when of each death. The human faces of each of these individuals have appeared in the US media throughout the war. This includes local media which announce the death and respectfully profile the soldier's⁶ life and personality and celebrate his or her character, and it includes websites that link those service members' faces, stories, and hometowns with the valleys and urban neighborhoods in Iraq and Afghanistan where they died.⁷

While most Americans can give a close approximation of the number of US soldiers killed in the wars, military operations in Iraq and Afghanistan have been prosecuted by, and produced fatalities from among, large and unrecognized numbers of private contractors. Military personnel make up the minority of individuals now in Afghanistan and just a handful remain in Iraq (110,000 contractors compared with 76,000 troops in Afghanistan as 2013 began and 12,400 contractors in Iraq out of 16,000 supporting the US mission there, virtually all civilians).⁸ Contractors have died in the same manner and places as uniformed personnel: in hostile and non-hostile ways, shot down in helicopters and crashing while simply driving a truck down the road, through kidnapping-murders, and by their own hands.

While contractors have been killed in large numbers, a full and accurate accounting has not yet been done by the Pentagon, Department of State or USAID⁹ (although Congress instructed those agencies to do so).¹⁰ Failing to count these individuals suggests that the war has been far less costly in human terms than it in fact has been. The most recent official count, however, as of December 31, 2012, is that 2,933 contractors had died in both war zones,¹¹ with contractor deaths exceeding uniformed deaths for the first time in 2009 in Iraq and in the first six months of 2010 in Afghanistan (see Table 1).¹²

This total of contractor deaths comes from US Department of Labor records of insurance claims filed under a compensation program required by a federal law known as the Defense Base Act. This act requires contract firms to purchase insurance to cover their civilian workers killed or wounded while working abroad on federal contracts.¹³ Some unknown number of deaths have not been recorded, however, when either families or employers have failed to seek compensation. The system established by the Defense Base Act (DBA) is based in the assumption that defense contractors will inform all workers about their coverage with death benefits and workman's compensation, and will report deaths or injuries to the insurance company and the federal government. That those companies often do not is evidenced by the fact that while foreign workers represented over 60 percent of the war contractor work force between 2003 and 2007, they filed only 14 percent of all claims in that same period.¹⁴

What most distinguishes the contractor dead from the uniformed dead is that they are much less often US citizens. Many of these casualties have been Afghan and Iraqi nationals working under US government contracts. The contractor dead have come from a number of other countries, including Fiji, Turkey, Nepal, and the Philippines. In FY 2010, 24 percent of all contractors in Iraq and Afghanistan (including those working for Defense, State and USAID) were US nationals, 44 percent were local Iraqis or Afghans, and 32 percent were from third countries.¹⁵

Rather than the number usually given, therefore, the total number of US soldiers and civilian contracting employees who have died in the military efforts in Iraq and Afghanistan is likely close to 13,000 (per Table 1). Even this number underestimates the US war dead, as it fails to include the numbers of soldiers and contractors who returned home and killed themselves or otherwise died as a result of higher prevalence risky behaviors associated with return from war (see below and MacLeish, this site). The military does not report suicides among non-active duty reservists, and the Department of Veterans Affairs study suggested that recent estimates of veteran suicides have undercounted the scale of the problem, particularly among younger veterans of the era of the Iraq and Afghanistan wars.¹⁶ In addition, only slightly more than half of the veterans of these two wars have enrolled in the VA health care system and their post-war well-being can only be indirectly tracked.¹⁷

A 2011 investigation using FOIA documents received from the VA found that at least 4,194 veterans of the Iraq and Afghanistan war had died since they were discharged, with more than half of that number dying within two years of being discharged.¹⁸ Approximately 1,200 of the deaths were of veterans with a mental health diagnosis, most commonly post-traumatic stress disorder (PTSD). Other data collected from California death records indicate that many deaths were the result of suicide, drug overdose, or vehicle crashes.¹⁹

In addition to these fatalities, international coalition partners recorded 1,398 uniformed dead, the largest group of whom was the 619 British soldiers killed (see Table 2).²⁰ While rarely counted as such, the Afghan and Iraqi security forces (military and police) should also be tallied among the allied uniformed dead. Their numbers have been estimated at over 21,000 for a total of approximately 23,000 allied war dead (see Table 2 and Crawford, this site).

Table 2. Other International and Local Coalition War Dead in Iraq and Afghanistan (through February 14, 2013 for international allies, through June 2012 for Iraqi security forces; through December 2012 for Afghan security forces)²¹

	Non-US Allied Uniformed	Local Military and Police	Total
Iraq (OIF and OND)	318	10,819	11,137
Afghanistan (OEF)	1,080	10,665	11,745
Total	1,398	21,484	22,882

Sources: Allied - icasualties.org/OEF/index.aspx, icasualties.org/Iraq/index.aspx; Local Military and Police - Brookings Institution, *Afghanistan Index and Iraq Index*, National Counterterrorism Center.

In sum and conservatively, approximately 36,000 people from the US and allied nations died while on the mission of waging the wars in Iraq and Afghanistan.

2. US Uniformed and Contractor Wounded

a. Injury Numbers

While war zone death figures are available and appear to be reliable with the exception of variance in the numbers available for Afghan and Iraqi forces, it is more difficult to get accurate figures for the total of those US citizens wounded in the wars in Iraq and Afghanistan. While the Department of Defense and some other coalition governments provide official numbers on their websites, the ISAF website does not. There is also a lack of transparency or clarity about the categorization of the injuries: the DoD gives the numbers of Wounded in Action and distinguishes them from non-hostile injuries and other medical problems, including heat stroke, suicide attempts, and vehicle crashes. Some unidentified number of the latter, however, should be considered a result of the wars, and therefore as much a combat injury, broadly speaking, as a bomb blast injury. A soldier who has a heart attack or traumatic reaction when his vehicle rolls over after a vehicle ahead in his convoy hits an IED is categorized as a “non-hostile diseases/other medical.” On the other hand, some number of health problems that individuals have experienced in these war zones would have occurred whether or not the soldier or contractor went to war. Only those of the latter which are serious enough to require medical evacuation are included in the DoD tallies.²²

In addition to this problem of counting the wounded and ill in the war zone itself, an even larger adjustment to the official DoD (and ISAF) figures must be made for the many war wounds that are undiagnosed, untreated, or not treated until after the soldier returns home. That much larger number is reflected in the VA treatment figures, although some of the illnesses and injuries for which veterans are treated are ones that were not the result of their wartime exposures or injuries. On the other hand, as already noted, since many veterans of the Iraq and Afghanistan wars are not registered with the VA, their injuries have not yet been counted.

Within these limits, the following conclusions can be drawn:

As of February 15, 2013, the Department of Defense reported a total of 50,476 US troops “wounded in action” since the beginning of the wars. In addition, there are “non-hostile-related medical air transports” of sick and injured troops totaling 30,070 (see Table 3). Again, these include all medical evacuations from theater, including disease, heat stroke, self-inflicted injuries, and “combat fatigue,” but do not include casualties which do not involve air transport.²³ All are categorized as “casualties” by the Department of Defense.²⁴

Numbers of US contractor wounded are available through the Department of Labor: as of the end of 2012, there were 33,295 claims for injury or illness that involved lost time on the job, 25,839 of them serious enough to involve 4 days or more, but these figures are acknowledged to be quite incomplete.²⁵ Adjusting, as with deaths, for underreporting of injury, a more adequate but still conservative estimate is that 55,373 contractor injuries of the latter sort have been sustained. This

number does not include an additional 5,300 contracted individuals who were injured or fell ill in places like Kuwait, Qatar, and UAE who were likely engaged in the war.

Table 3. US Casualties: Wounds, Injuries and Medical Problems Diagnosed and Medevaced while in Iraq and Afghanistan (WIA through February 15, 2013 for US uniformed, Disease/Non-battle injury evacuations from theater through December 3, 2012, Injury [type unspecified] through December 31, 2012 for contractors²⁶

	US Uniformed	US Contractors	Total
Iraq			
WIA*	32,221	17,105 – 36,656	60,933 – 80,484
disease/non-battle injury evacuations**	11,607		
Afghanistan			
WIA	18,255	8,734 – 18,717	45,452 – 55,435
disease/non-battle injury evacuations	18,463		
Total			
WIA	50,476	25,839 – 55,373	106,385 – 135,919
disease/non-battle injury evacuations	30,070		

* Wounded in Action

**Disease/Non-battle injury requiring evacuation from theater

This total, however, does not include the still large number of untreated or undiagnosed illnesses and war disabilities incurred by US forces. That the actual wounding of war is orders of magnitude larger than these official numbers indicate is evidenced by the fact that the US VA system alone has already approved 675,000 disability claims from veterans of the two wars.²⁷

The large additional number of those who are diagnosed as ill or injured beyond what the Department of Defense counts as the war wounded on its website is an index of how many individuals suffering from PTSD, depression, and other psychological injuries of war had not been counted by official sources, how much delayed detection and treatment of traumatic brain injury (TBI) and other problems has occurred, and how many uniformed rape victims or troops with hearing loss from heavy equipment and explosions approach the VA system for help long after their injuries were first incurred in Iraq and Afghanistan.

Wounding has occurred as well, of course, among the other forces fighting alongside the US (see Table 4).

Table 4. Non-US Allied Uniformed and Local Military and Police Wounded²⁸

	British	Canadian	Afghan	Iraqi	Other Allied	Total
Iraq				30,375	417	34,501
<i>hostile</i>	426					
<i>non-hostile</i>	3,283					
Afghanistan			30,471		1,920	40,749
<i>hostile</i>	2,065	635				
<i>non-hostile</i>	4,246	1,412				
Total	10,020	2,047	30,471	30,375	2,337	75,250

b. Injury Types

Common combat injuries have included a range of types of physical trauma. These include second and third degree burns, broken bones, shrapnel wounds, brain injuries, spinal cord injuries, nerve damage, paralysis, and loss of sight and hearing. One Army doctor vividly described the scale of the devastation in many individual cases: “I walk[ed] into the operating room and the general surgeons are doing their work and there is the body of this Navy SEAL, which is a physical specimen to behold,” he told IPS. “And his abdomen is open, they're exploring both intestines. He's missing both legs below the knee, one arm is blown off, he's got incisions on his thighs to relieve the pressure on the parts of the legs that are hopefully gonna survive and there's genital injuries, and you just want to cry.”²⁹

The wounds suffered by US soldiers and contractors are like those suffered by veterans of previous American wars in some ways and distinctive in others. Paul Sullivan, a leading veterans advocate, has argued that “The signature wounds from the wars will be (1) traumatic brain injury, (2) post-traumatic stress disorder, (3) amputations and (4) spinal cord injuries.”³⁰

Traumatic Brain Injury: TBI cases range from severe, penetrating TBI to the more common mild TBI. Even mild TBI, however, can manifest itself in psychosocial dysfunction, seizures, irritability and aggression, depression, confusion and memory loss. Moreover, some symptoms become visible only years after the injury.³¹ The Department of Defense records 44,499 cases of TBI diagnosed while in Iraq and Afghanistan or during the 30 days post-deployment.³² Many cases of TBI, however, are not diagnosed until after that post-deployment 30 day period. A Rand report in 2008 found 19 percent of returning service members reported having experienced a possible traumatic brain injury, which produces a higher total of 320,000 veterans of those conflicts through late 2007 alone.³³ Researchers questioned whether the RAND estimate, which was based on screening questionnaires rather than full diagnostic work by a medical professional, may have overestimated the number of persons deployed to the wars who have incurred these injuries or incurred them to a disabling degree.³⁴ In 2012, however, the Defense Medical Surveillance System reported 253,000 cases of TBI; subtracting a baseline of 11,000 cases

a year in the pre-wars period, 230,000 cases likely emerged from the wars in Iraq and Afghanistan.³⁵

Mental injuries: Mental injuries, including PTSD, have also been common. The Veterans Administration reported 223,609 veterans of the wars in Iraq and Afghanistan had been diagnosed with PTSD through November 2011, with these numbers, however, excluding anyone diagnosed and treated outside the VA system.³⁶ A study of almost 290,000 veterans of the two wars treated at the VA in the period 2002-08 found that 37 percent had received mental health diagnoses, 22 percent with PTSD and 17 percent with depression.³⁷ The Army Office of the Surgeon General reported 103,792 patients diagnosed with post-traumatic stress disorder (PTSD) through December 3, 2012.³⁸ The 2008 RAND study, based on screening for PTSD, anxiety and depression, found more than 26 percent of returning troops with likely mental health conditions, with a total of 113,000 diagnosed with depressive disorders by the VA alone.³⁹ Another estimate, based on controlling for the representativeness of the sample used in the RAND study, gives a higher estimate, based only on data through October 2007, of 226,000 veterans with PTSD as a result of deployment to Iraq and Afghanistan.⁴⁰

Several features of these two wars have made emotional and cognitive impairment more common, including multiple and extended deployments with less rest between deployments (43 percent of all soldiers who have been to Iraq and Afghanistan have had two or more deployments⁴¹), even after wounding, and more exposure to handling body parts and seeing friends killed, surviving with more grievous wounds, and higher rates of TBI.⁴² Other predictors for PTSD include “killing of innocent bystanders, or having to witness such killings without the ability to intercede, [which] is also associated with more intense psychiatric manifestations. This is of significant concern due to the large numbers of civilians killed during this current conflict by both coalition forces and the insurgency.”⁴³

Amputations: The widespread use of body armor protecting the vital organs has also meant an unusually high number of wounded soldiers with multiple amputations (including limbs and genitals) and complex combinations of injuries, including burns, blindness and deafness, and massive facial injuries. According to the Army Office of the Surgeon General, there were 1,715 amputations among US troops in Iraq (n=797 involving major and n=194 minor limbs) and Afghanistan (n=696 involving major and 28 minor limbs) through December 3, 2012. Half of these were caused by improvised explosive devices (IEDs).⁴⁴ Blast injuries from IEDs often combine penetrating, blunt, and burn injuries. IED shrapnel can include nails, dirt, and clothing, and create enough small wounds to exsanguinate the victim. There has also been a high incidence of blinding injuries.⁴⁵

Sexual assault: Another injury common to veterans of these wars is rape by fellow US service members and its attendant physical and mental damage. The VA screening process found 21 percent of all female veterans in 2008 with a diagnosis of “military sexual trauma.”⁴⁶ Another earlier study found that sixty percent of assaulted female veterans suffer from PTSD as a result of those attacks.⁴⁷ Some of these assaults occurred in the US, but many occurred in Iraq and Afghanistan. Female service members and veterans report having had to arm themselves to walk to the latrine on their posts in Iraq and Afghanistan. A number of women filed lawsuits in 2011

and 2012 against the present and former Secretaries of Defense for the Department of Defense's failure to act on long-standing reports of the epidemic of sexual assaults.⁴⁸

Other problems: Common complications for wounded soldiers have included high rates of pulmonary embolism and deep venous thrombosis. Wounded soldiers have also transmitted an epidemic of multidrug-resistant infection (*Acinetobacter baumannii*) between various military field stations and hospitals.⁴⁹

Recent research also suggests that, for a combination of reasons, including the widespread use of burn pits for the trash of US military posts in Iraq and Afghanistan, US troops in those countries have inhaled toxic levels of heavy metal and bacteria-laden dust (see Miller, this site).⁵⁰ This and other vectors appear to explain otherwise inexplicably high rates of illnesses of the respiratory system (up 47 percent), nervous system (up 251 percent), and cardiovascular system (up 34 percent) that have been appearing anomalously in young and healthy individuals in the military.

Finally, research has shown that people who have been psychologically disabled from war are more likely to have other significant health problems than other disabled veterans. Department of Veterans Affairs records show that PTSD and TBI are both associated with higher rates of early onset Alzheimer's and stroke.⁵¹

Contractor injuries: Contractors have also suffered the same kinds of injuries as the troops, including traumatic brain injury, loss of limbs, blindness, and PTSD. One 2007 study measured rates of depression and PTSD at a combined 24 percent for DynCorp employees returning from the battle zones, a figure within the range of that found in returning troops (23 to 31 percent).⁵²

Wounded contractors who are US citizens have had a more difficult time getting care than returning troops. Despite getting similarly injured, they have lacked the support network available to returning troops through Tricare or the Veterans Administration. Their care depends on getting workers' compensation payments, and they have often had to struggle with insurance companies to get quality care or even to get medical bills paid.⁵³ In regard to contractors' claims made for medical care of serious injuries, the insurers protested those claims in 43 percent of cases, creating additional stress and delay of care to the wounded. This is despite the fact that the private insurance companies covering these contractors (on government contract for payment of premiums) made enormous profits, including American International Group, by far the largest, handling 90 percent of contractor claims, which made 38 percent in underwriting gains. The top insurers together earned almost \$600 million in profits, according to a report by the House Committee on Oversight and Government Reform.⁵⁴ Injured foreign contractors have had even more difficulty getting care than US citizens when they were injured performing their work in the war zones.

Improvement to battlefield care: Finally, these last ten years of war have also seen the circulation of much rhetoric suggesting that the medical care provided US soldiers has become so advanced that rates of survivorship have gone up, that is, that the massively injured, who would have died

in past wars, are being saved.⁵⁵ The Army Surgeon General claimed in 2008 Congressional testimony that the survival rate in Iraq had doubled over what it had been during the Vietnam War. While official numbers show that the percentage of all injured troops who die is historically low (at 10 percent in Iraq versus 16 percent in Vietnam) at least some part of that change has come about as the result of a strong rise in the number of minor injuries recorded, injuries that allowed the soldier to remain on duty; the introduction of body armor makes up some of the difference between Iraq and Vietnam rates as well, although with the attendant problems noted above. The more important fact to note is that the increased lethality of the weapons and tactics used in these current wars has meant that the great majority of combat deaths were the result of injuries so severe that those lives were not salvageable under any circumstances.

Nearly 2.5 million service members have ever been deployed to the two war zones; 1,002,106 of them had been deployed two or more times.⁵⁶ While most have returned home, what these numbers in various injury categories suggest is that a significant percentage, even the majority, has suffered mental and/or physical injury.

3. Conclusion: The Human Cost of the War to those who Have Fought It

In the United States, the cultural “gold standard,” as Andrew Bacevich has put it, for the casualties that matter is the US uniformed soldier, killed in action. That number for Iraq and Afghanistan, now over 6,600, is relatively small as America’s wars—or anyone’s wars, for that matter—go: more than 53,000 US soldiers died in the Korean War, and 405,000 in World War II. But that small number of deaths in these recent wars is the result, one could argue, of the increasing emphasis over the years on force protection, cost containment, and of the extent to which other allied forces have fought, died, and been wounded alongside Americans. Force protection efforts have kept down the number of US uniformed deaths at the expense of higher numbers of civilian deaths and injuries and, perhaps as well, of a more drawn out war with more insecurity and violence. Cost containment efforts have led to the privatization of many functions previously performed by men and women in uniform and so to high death and wounding rates among the contractors who do those jobs, and much higher proportions of non-citizens doing that work and taking the risk.

The Afghan, Iraqi, and other allied military deaths and injuries have been extensive. By conservative estimate, more than 22,000 of these troops have died, and over 75,000 have been wounded. Together with the US numbers for troops and contractors of more than 9,000 dead and 105,000 to 135,000 wounded, the total grinds up to 31,000 dead and between 180,000 and 210,000 wounded or otherwise casualties, officially or by conservative estimate. The true numbers are significantly higher. Considering that many TBI, mental injuries, and toxic exposures in all the troops and contractors involved are not symptomatic or diagnosed until months after they return home, the actual wounded figure is likely many times these official numbers.

The U.S. and allied wounded of these wars – in uniform and out – now number in the hundreds of thousands. It has involved much work on the part of veterans’ groups and others to demand a better accounting and accountability for all of death, injury and illness. To examine the ongoing

effects of these losses on the individuals, families and communities left behind in the United States and, even more dramatically and significantly on communities in Iraq and Afghanistan, is the more daunting and urgent next task.

Endnotes

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¹ Sources: Department of Defense, *Casualty Report*, <http://www.defense.gov/news/casualty.pdf>; iCasualties, <http://www.icasualties.org>; and US Department of Labor, <http://www.dol.gov/owcp/dlhwc/lldbareports.htm>.

² See Debusmann, Bernd, "In Outsourced U.S. Wars, Contractor Deaths Top 1,000," *Reuters* (July 3, 2007), www.reuters.com. Debusmann reports that of the 990 US contractors killed by the end of April 2007, 224 were US citizens. Note that the percentage of US contractors who are US citizens has gradually increased since 2007 (by December 2008, that figure was 20% and by December 2010 it was 35%, and by December 2012 it was 32%; Moshe Schwartz and Joyprada Swain, "Department of Defense Contractors in Afghanistan and Iraq: Background and Analysis," *Congressional Research Service* (2011), www.crs.gov. Contractor Support of U.S. Operations in the USCENTCOM Area of Responsibility to Include Iraq and Afghanistan, January 27, 2013, <http://www.your-poc.com/1st-quarterly-fy-2013-iraq-afghanistan-contractor-census/>) and that it could therefore be expected that the percentage of US contractors killed who were US citizens would have also increased. Moreover, the figures given in Table 1 include only deaths reported in Iraq and Afghanistan. Some of the 61 contractor deaths in Kuwait reported to the Department of Labor were of war workers, as were some of those whose nationality was not identified in BOL records.

³ Clay Wilson, "Improvised Explosive Devices (IEDs) in Iraq and Afghanistan: Effects and Countermeasures," *Congressional Research Service* (2007).

⁴ Associated Press, "2012 Military Suicides Hit Record High of 349." Hannah Fischer, U.S. Military Casualty Statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom. *Congressional Research Service*, February 5, 2013.

⁵ Through May 31, 2011, 40 deaths were categorized as undetermined or pending on the DoD's website.

⁶ While individuals from all the services have died and been wounded in the War, we use the term "soldier" as shorthand for all the troops.

⁷ For e.g., <http://projects.washingtonpost.com/fallen/>; <http://www.cnn.com/SPECIALS/war.casualties/index.html>.

⁸ As of January 2013, the Pentagon had an estimated 136,000 contractors employed in the general area of the Middle East (this is approximately half of what those numbers had been two years earlier). Over 110,000 of them were in Afghanistan, and the rest in Iraq and other USCENTCOM locations. As of January 1, 2013, the Pentagon had 35,000 more contractors than uniformed workers in Afghanistan. Contractor Support of U.S. Operations in the USCENTCOM Area of Responsibility to Include Iraq and Afghanistan, January 27, 2013, <http://www.your-poc.com/1st-quarterly-fy-2013-iraq-afghanistan-contractor-census/>; Schwartz and Swain, "Department of Defense Contractors," (cited as of February 14, 2013), <http://www.fas.org/sgp/crs/natsec/R40764.pdf>.

⁹ GAO, Iraq and Afghanistan, "DOD, State, and USAID Face Continued Challenges in Tracking Contracts, Assistance Instruments, and Associated Personnel" GAO-11-1 (October 2010), 41. See also GAO, "Contingency Contracting: Observations on Actions Needed to Address Systemic Challenges," GAO-11-580 (April 25, 2011), 3-4.

¹⁰ Steven Schooner, "Why Contractor Fatalities Matter," *Parameters* (2008), 78.; Christian T. Miller, "Civilian Contractor Toll in Iraq and Afghanistan Ignored by Defense Department," *ProPublica* (October 9, 2009); GAO, Iraq and Afghanistan: Agencies Are Taking Steps to Improve Data on Contracting but Need to Standardize Reporting, September 12, 2012, p. 9.

¹¹ United States of America Department of Labor, Office of Workers Compensation Programs (OWCP), "Defense Base Act Summary by Employer" (cited as of February 1, 2013), <http://www.dol.gov/owcp/dlhwc/dbaallnation.htm>.

¹² Steven Schooner and Collin Swan, "Contractors and the Ultimate Sacrifice," *Service Contractor* (September 2010), 16-18.

¹³ Valerie Grasso, Baird Webel, and Scott Szymendera, "The Defense Base Act (DBA): The Federally Mandated Workers' Compensation System for Overseas Government Contractors" (Washington, DC: Congressional Research Service, July 22, 2009).

¹⁴ Miller, T. Christian, "Foreign Workers for the U.S. Are Casualties Twice Over," *ProPublica* (June 19, 2009).

¹⁵ Steven L. Schooner and Collin D. Swan, "Dead Contractors: The Un-examined effect of Surrogates on the Public's Casualty Sensitivity," *Journal of National Security Law and Policy* (2011), 51.

¹⁶ The rate of suicide among active duty Army personnel rose higher than that of the general population in 2008. The civilian rate was 19.2 per 100,000 people in 2008, and 20.2 per 100,000 for Army personnel. A significant number of deaths (74) occurred as a result of drug overdoses. The number of accidental deaths among soldiers has tripled since 2001. During the same period, there were 1,713 attempted suicides in the Army. Department of the Army, "Health Promotion, Risk Reduction, and Suicide Prevention" (2010). On the suicide total, see James Risen, "Several Warnings, Then a Soldier's Lonely Death," *The New York Times*, January 1, 2011; Sig Christenson, "Military is Battling Alarming Suicide Rate," *The Houston Chronicle*, October 10, 2010.

¹⁷ Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. *Cumulative from 1st Qtr FY 2002 through 4th Qtr FY 2012 (October 1, 2001 – September 30, 2012)*. Washington, DC: Veterans Health Administration, 2013.

¹⁸ The actual number of post-combat deaths is higher, as this number includes only those who both applied for benefits and were still receiving benefits at the time of their death; Aaron Glantz, "New Data Reveals High Death Rates for Iraq, Afghanistan Vets," *The Bay Citizen*, May 28, 2011. For more recent data, see VA Benefits Activity: Veterans Deployed to the Global War on Terror through September 2012. Prepared by: VBA Office of Performance Analysis & Integrity. Revised: November, 2012 (courtesy Paul Sullivan at Bergmann and Moore). This report indicates over 15,000 post-service deaths in GWOT veterans. Not all of these are "excess" deaths, as some would have been expected in the normal course of events; for example, some 50,000 GWOT veterans are currently in their 60s.

¹⁹ Aaron Glantz, "After Service, Veteran Deaths Surge," *The Bay Citizen*, October 16, 2010.

²⁰ The international dead in the two wars have come from 34 countries, although the participation of most was mainly symbolic. Only the UK, Canada, France, and Germany incurred more than 50 casualties (iCasualties, *Operation Enduring Freedom*).

²¹ Sources: Non-US allied uniformed: icasualties.org; Iraq security forces: Saban Center for Middle East Policy, "Brookings Iraq Index" (February, 2012); Afghan security forces: Wikipedia, "Lists of Afghan security fatality reports in Afghanistan." The latter draws primarily on Afghan Defense and Interior Ministry data. Other available estimates for Afghan security forces include the figure of 9,876 dead cited in Brookings Afghanistan Index, a number which covers 2007 through November 2012. The data are originally from NATO/ISAF. A Congressional Research Service study using SIGAR and other sources gives 6,595 for the period from 2007 through June 2012 (Susan G. Chesser, "Afghanistan Casualties: Military Forces and Civilians," *Congressional Research Service*, December 6, 2012).

²² For an assessment of what baseline occupational and other morbidity would be for these troops, see Joseph Stiglitz and Linda Bilmes, *The Three Trillion Dollar War: The True Cost of the Iraq Conflict* (New York: WW Norton, 2008), and Matthew Goldberg, "Death and Injury Rates of U.S. Military Personnel in Iraq," *Military Medicine* 175, no.4 (2010), 220-26. Using Stiglitz and Bilmes' conservative calculation, a minimum of 50 percent (for injuries) and 90 percent (for disease) of the non-hostile numbers should be considered war-related.

²³ Hannah Fischer, "United States Military Casualty Statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom," *Congressional Research Service* (2012), p. 12.

²⁴ A casualty is defined as "Any person who is lost to the organization by having been declared dead, duty status-whereabouts unknown, missing, ill, or injured." *Department of Defense Dictionary of Military and Associated Terms* (November 8, 2010 through May 15, 2011), 47, http://www.dtic.mil/doctrine/new_pubs/jp1_02.pdf.

²⁵ Schooner and Swan, "Contractors and the Ultimate Sacrifice"; Schooner and Swan, "Dead Contractors."

²⁶ "US Military Casualties, OEF, Casualty Summary by Casualty Category, as of February 15, 2013," https://www.dmdc.osd.mil/dcas/pages/report_oef_type.xhtml; "US Military Casualties, OIF, Casualty Summary by Casualty Category, as of February 15, 2013," https://www.dmdc.osd.mil/dcas/pages/report_oif_type.xhtml; "US Military Casualties, OND, Casualty Summary by Casualty Category, as of February 15, 2013," https://www.dmdc.osd.mil/dcas/pages/report_ond_type.xhtml.

²⁷ The disability claims granted total 671,000 through August 31, 2012; VA Benefits Activity, op cit.

²⁸ Canadian data are through 12/31/10; Canada News Center, "Canadian Forces' Casualty Statistics (Afghanistan)," February 1, 2012. The British data for Iraq hostile wounding are based on incomplete data provided by British Ministry of Defense for the period 1/1/03 to 7/31/09; Ministry of Defence, "Operations in Iraq: British Casualties," <https://www.gov.uk/operations-in-iraq#british-casualties>. The British data for Iraq non-hostile wounding are provided by the British Ministry of Defense and are available for 1/1/06 to 7/31/09 only. The British data for Afghanistan hostile wounding are based on incomplete data provided by British Ministry of Defense for the period 10/07/01 to 10/31/12; Ministry of Defence, "Operations in Iraq: British Casualties," <https://www.gov.uk/uk-forces-operations-in-iraq>.

[afghanistan#british-casualties-in-afghanistan](#). The British data for Afghanistan non-hostile wounding are provided by the British Ministry of Defense and are available for 1/1/06 to 10/31/12 only. Figures for the wounded security forces of Iraq and Afghanistan, and for other allied troops besides those listed have been estimated using the common ratio for other conflicts of three soldiers wounded for every one killed. Other allied troops calculations are based on icasualties.org figures for KIA through January, 2013.

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³⁰ Cited in Linda Bilmes, "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," *Faculty Research Working Papers Series-John F. Kennedy School of Government* (January 2007).

³¹ Institute of Medicine, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families* (Washington, DC: The National Academies Press, 2010); Military Health System, *Department of Defense Numbers for Traumatic Brain Injury* (September 27, 2010), http://www.health.mil/Research/TBI_Numbers/2000-2010tbi.aspx.

³² Armed Forces Health Surveillance Center, *Medical Surveillance Monthly Report* (January 2013), http://www.afhsc.mil/viewMSMR?file=2013/v20_n01.pdf#Page=01.

³³ Terri Tanielian and Lisa Jaycox, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica: RAND Corporation, 2008).

³⁴ Heidi Golding, Elizabeth Bass, Allison Percy and Matthew Goldberg, "Understanding recent estimates of PTSD and TBI from Operations Iraqi Freedom and Enduring Freedom," *Journal of Rehabilitation Research and Development* 45, no. 1 (2009), vii-xiii.

³⁵ Fischer, "United States Military Casualty Statistics," p. 8.

³⁶ Department of Veterans Affairs, "VA Facility Specific Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and, Operation New Dawn (OND) Veterans Coded with Potential PTSD Through 4th Qtr FY 2011" (November 2011) and Department of Veterans Affairs, "Analysis of VA Health Care Utilization Among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans, 4th Qtr, Fiscal Year 2011", documents cited by Veterans for Common Sense, *Iraq and Afghanistan Impact Report* (January 2012).

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³⁸ Fischer, "United States Military Casualty Statistics."

³⁹ Tanielian and Jaycox, *Invisible Wounds*; Department of Veterans Affairs, "Environmental Epidemiology Service."

⁴⁰ Golding et. al., "Understanding recent estimates," xi.

⁴¹ This constitutes 1,002,106 individuals who have deployed two or more times to the war zones; Department of Defense, "Contingency Tracking System," Number of Deployments for Those Ever Deployed for Operation Iraqi Freedom and Operation Enduring Freedom, as of Jul. 31, 2011. Obtained by Veterans for Common Sense using the Freedom of Information Act.

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⁴⁵ Atul Gawande, "Casualties of War—Military Care for the Wounded from Iraq and Afghanistan," *New England Journal of Medicine* (2004).

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⁵⁴ *ProPublica*, "Civilian Contractors by the Numbers" (April 16, 2009), <http://www.propublica.org/special/civilian-contractors-by-the-numbers-416>.

⁵⁵ E.g., Tom Hundley, "More GIs surviving battlefield injuries," *Chicago Tribune*, December 15, 2004; David Brown, "U.S. military medics use old and new techniques to save wounded in Afghanistan," *The Washington Post*, November 1, 2010.

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