Appendix 12C

Casualty Estimates

Casualty estimates are used to determine the size of the medical footprint required by a military unit about to engage in combat as well as the daily attrition rate caused by accidents, disease and other causes. World War One (1914-1918) was the first modern conflict where battle casualties outnumbered the ravages inflicted by illness.

Historically, entire campaigns and expeditions have come to grief as a result of illness, a good example being Napoleon's invasion of Russia in 1812. Typhus destroyed his Grand Army, 80,000 dying or falling sick within the first few weeks of the advance. By September 1812, his army was down to 160,000 effectives; from the 450,000 that started the campaign and two weeks later the figure was 130,000. When he entered Moscow, he had 95,000 soldiers left. Cold would also take its toll during the retreat and by the end of it only 10,000 men would ever be fit enough to take up arms again. "Without losing a battle, the emperor had suffered one of the greatest defeats in human history," writes Geoffrey Regan in his The Guinness Book of Military Blunders[1].

SAMHS

The SAMHS considers the following likely casualty estimates:

- Assault on a well-prepared position
  - Main attack force: 6.7%
  - Flanking force or reserve: 0.5%
  - A Echelon: 0.4%
  - B Echelon: 0.1%
  - Main force support elements: 0.3%
  - A and B Echelon support elements in reserve: 0.05%

- Assault on poorly prepared positions
  - Main attack force: 3.3%
  - Flanking force or reserve: 0.4%
  - A/B Echelon main elements 0.1%
  - Artillery: 0.1%
  - Reserve, other elements: 0.05%

Casualty breakdown. Of the above, 25% will be dead, 10% will be Priority 1 casualties, 25% Priority 2 and 65% Priority 3. Casualties should receive medical treatment from an operational emergency care orderly ("ops medic") within 10 to 30 minutes of being wounded. Priority 1 casualties require treatment within two to four hours, Priority 2 cases within four to six hours and Priority 3 patients between six and 12 hours. Surgical

[1] Guinness Publishing, London, 1991.

resuscitation should take place within two hours for those requiring it and primary surgery within four hours for head injuries and the like.

Sick reports. In the field, 3% of the force deployed will report per day and 5% of the 3% will require evacuation. During the mobilisation, demobilisation, training or road movement of a force, 0.03% can be expected to report sick. The same percentage of a deployed forward administrative area will report sick.

NATO

NATO expects 24.6% of an attacking company or battalion to fall casualty, 8.3% of a brigade and 3.6% of a division. Of the total battle casualties, 25% will be killed or missing in action, 58% will be wounded and 17% will suffer battle shock. Disease will claim another 1.35% of the force and non-battle injuries 0.05%.