Special Operation Forces

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USSOCOM Command Surgeon

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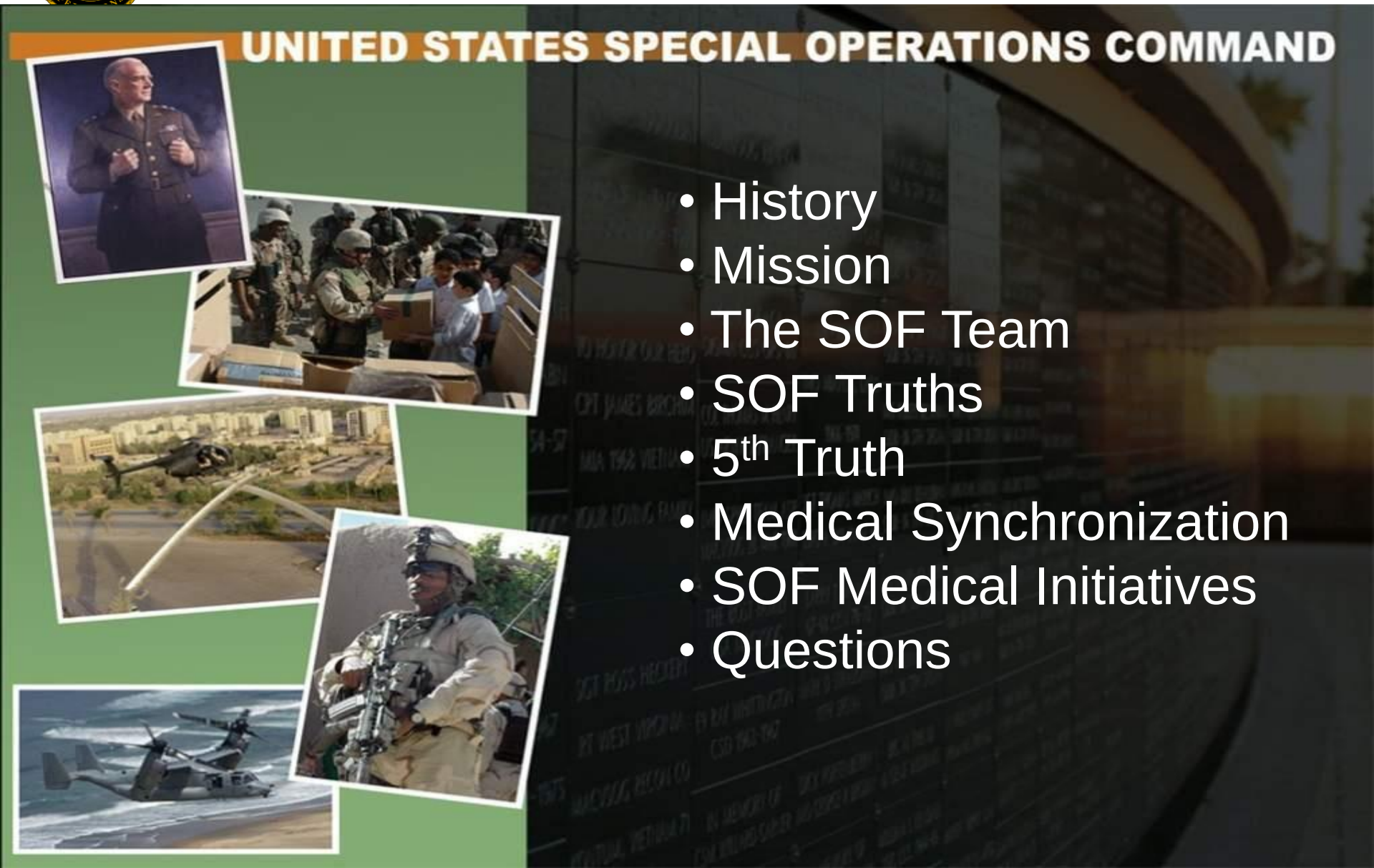
AGENDA

- USSOCOM Overview
- USSOCOM Mission
- SOF Medical Operations

United States Special Operations Command



- History
- Mission
- The SOF Team
- SOF Truths
- 5th Truth
- Medical Synchronization
- SOF Medical Initiatives
- Questions

Desert One

DESERT ONE

"It was risky and we knew it, but it had a good chance of success and America had the courage to try." (Holloway Report). Eight Airmen and Marines died, eight aircraft were lost and American Hostages spent an additional 244 days in captivity.

NUNN-COHEN AMENDMENT

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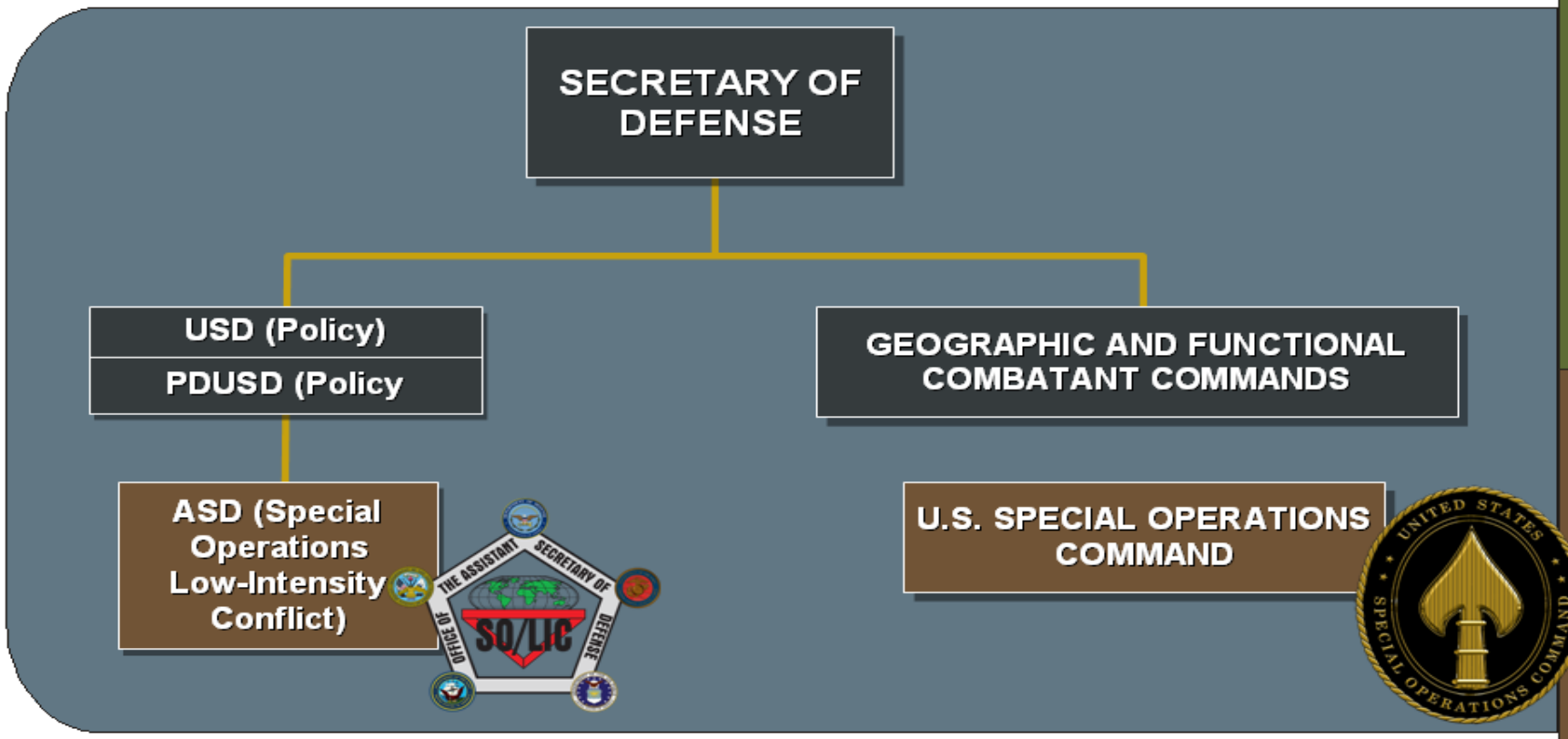
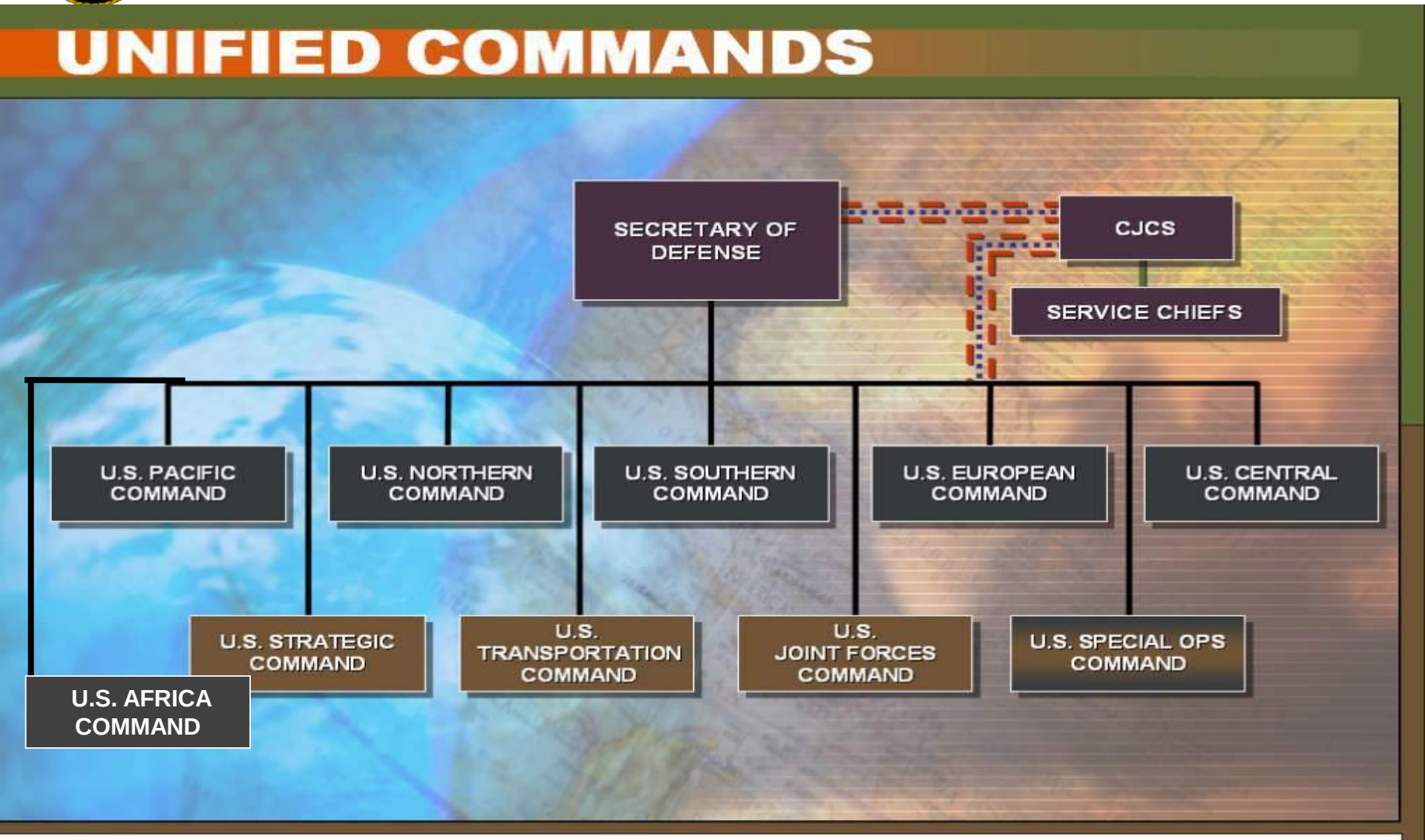


Established the U.S. Special Operations Command (USSOCOM) and the Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD/SOLIC)

UNIFIED COMMANDS



Service-Like Responsibilities

- …WITH SERVICE-LIKE RESPONSIBILITIES
- Develop SOF strategy, doctrine, TTPs
- Organize, train & equip SOF
- Program & budget for SOF
- Develop/procure SOF peculiar:
  - Equipment
  - Material, supplies, and services
- Ensure interoperability of equipment and personnel
- Monitor the management of SOF personnel
- Conduct internal audits

USSOCOM Mission

Provide fully capable Special Operations Forces to defend the United States and its interests. Plan and synchronize operations against terrorist networks.

SOF Core Tasks

- Counter-proliferation of WMD
- Counterterrorism
- Special Reconnaissance
- Direct Action
- Unconventional Warfare
- Foreign Internal Defense
- Civil Affairs Operations
- Information Operations
- Psychological Operations
- Security Force Assistance
- Counterinsurgency Operations
- Activities Specified by the President or SECDEF

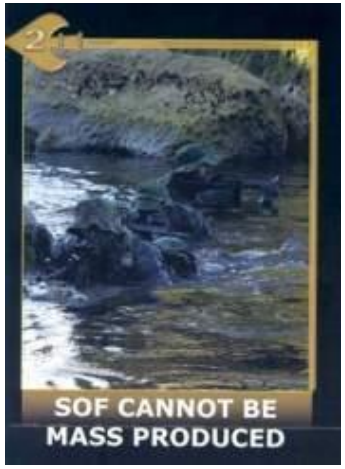
The SOF Team

United States
Special Operations Command
(USSOCOM)
UNITED STATES ARMY SPECIAL OPERATIONS COMMAND (USASOC) Ft. Bragg, NC
NAVAL SPECIAL WARFARE COMMAND (NAVSPECWARCOM) Coronado, CA
AIR FORCE SPECIAL OPERATIONS COMMAND (AFSOC) Hurlburt Field, FL
MARINE CORPS FORCES SPECIAL OPERATIONS COMMAND (MARSOC) Camp Lejeune, NC
JOINT SPECIAL OPERATIONS COMMAND (JSOC) Ft. Bragg, NC

SOF TRUTHS

- Humans are more important than hardware
- Quality is better than quantity
- Special Operations Forces cannot be mass produced
- Competent Special Operations Forces cannot be created after emergencies occur

5th SOF Truth



Most Special Operations Require Non-SOF Assistance (The Forgotten Truth)

Immature Theater Doctrinal Planning

"In an immature theater, or when operational considerations dictate, the medical planner must be opportunistic…."

-Appendix N, JP 3-05.3

SOF Medical Planning Considerations

- Austere environments; Immature theaters; extended LOCs
- Quick Strike or Protracted missions
- Missions may be sensitive & highly classified
- Limited organic medical assets (beyond level 1 care)
- Require strategic evacuation (Military & Contract); Entry Points
- Viability of HN Hospitals
- Forward surgical capability (right sized and responsive)
- Lab, Pvnt Med, Vet, Dental and Blood support
- Medical logistics challenges
- LNO support at MTFs; RTD Policy Issues

The SOF Combat Medic

CAPABILITIES

- **Advanced Special Operations Combat Medic**
  - Special Operations Medical Sergeant (18D)
  - Special Operations IDC(HM 8491)
  - Fleet Marine Force Recon IDC (HM 8403)

- **Civil Affairs Medic (CAMS)**
  - 68WW4 or (38W)
  - Additional 7 weeks

- **Special Operations Combat Medic**
  - 26 weeks@ Joint Special Operations Training Center
  - 7 months PJ Course at Kirtland AB (Air Force)
  - Paramedic + certification
  - Trauma heavy, with military medicine component

SOF Levels of Medical Support

Role I

- **ARMY**
  - SF - 18D (ADSOCM), 18 SERIES (TCCC), PHYSICIAN / PA
  - RANGERS – 68WW1 (SOCM), PHYSICIAN / PA, EMT-B
  - SOAR - PHYSICIAN, 68W1 (SOCM)
  - CIVIL AFFAIRS / PSYOPS – 68W1&W4 (SOCM)
  - 528th SOSB(SO)(ABN) - PHYSICIAN, PA, 68W1 (SOCM)
- **NAVY**
  - SEAL TEAM – MEDIC (SOCM/ADSOCM)
    PHYSICIAN (GROUP LEVEL)
- **AIR FORCE**
  - STS – PARARESCUEMEN (PJs) (SOCM)
  - SOFME – PHYSICIAN, PA, 4N0XX
- **MARINES**
  - CORPSMAN (SOCM/ADSOCM)
  - PHYSICIANS

SOF Aid Station, Afghanistan Trauma Team

Special Ops Surgical Team (SOST)

- Personnel
  - General Surgeon
  - Orthopedic Surgeon
  - Emergency Physician
  - Anesthesiologist
  - Operating Room Technician
- Capabilities
  - Resuscitative surgery & advanced trauma life support for 20 casualties for up to 48 hours of continuous operation
- Equipment
  - Self-contained in man-portable field packs (500 lbs)

Special Ops Critical Care Evacuation Team (SOCCET)

- Personnel
  - Intensive Care Physician
  - Critical Care Nurse
  - Cardiopulmonary Technician
- Capabilities
  - Critical care/casualty management of four stabilized (post-trauma/operative) aboard SOF aircraft & other opportune evacuation platforms for up to 36 hours of continuous operation
- Equipment
  - Self-contained in man-portable field packs (300 lbs)

Special Operations Resuscitative Team
SORT(ABN)

- Personnel
  - Physician or PA
  - Critical Care Nurse
  - LPN
  - SOCM x 2
  - Patient Admin Tech
  - Lab Tech
  - X-ray Tech
- Capabilities
  - 4 Critical / 6 non-critical care patient beds
  - 24-hour sick call and emergency medical care
  - Blood, X-ray, ultrasound, lab & oxygen generation
  - Medical operations and patient administration
  - Preventive, primary and aerospace medicine
  - Routine and emergency dental care
  - Routine and emergency veterinary care
  - Medical logistics and biomedical maintenance
  - Level I care*
  - Damage control surgery*
  - Critical care transport*

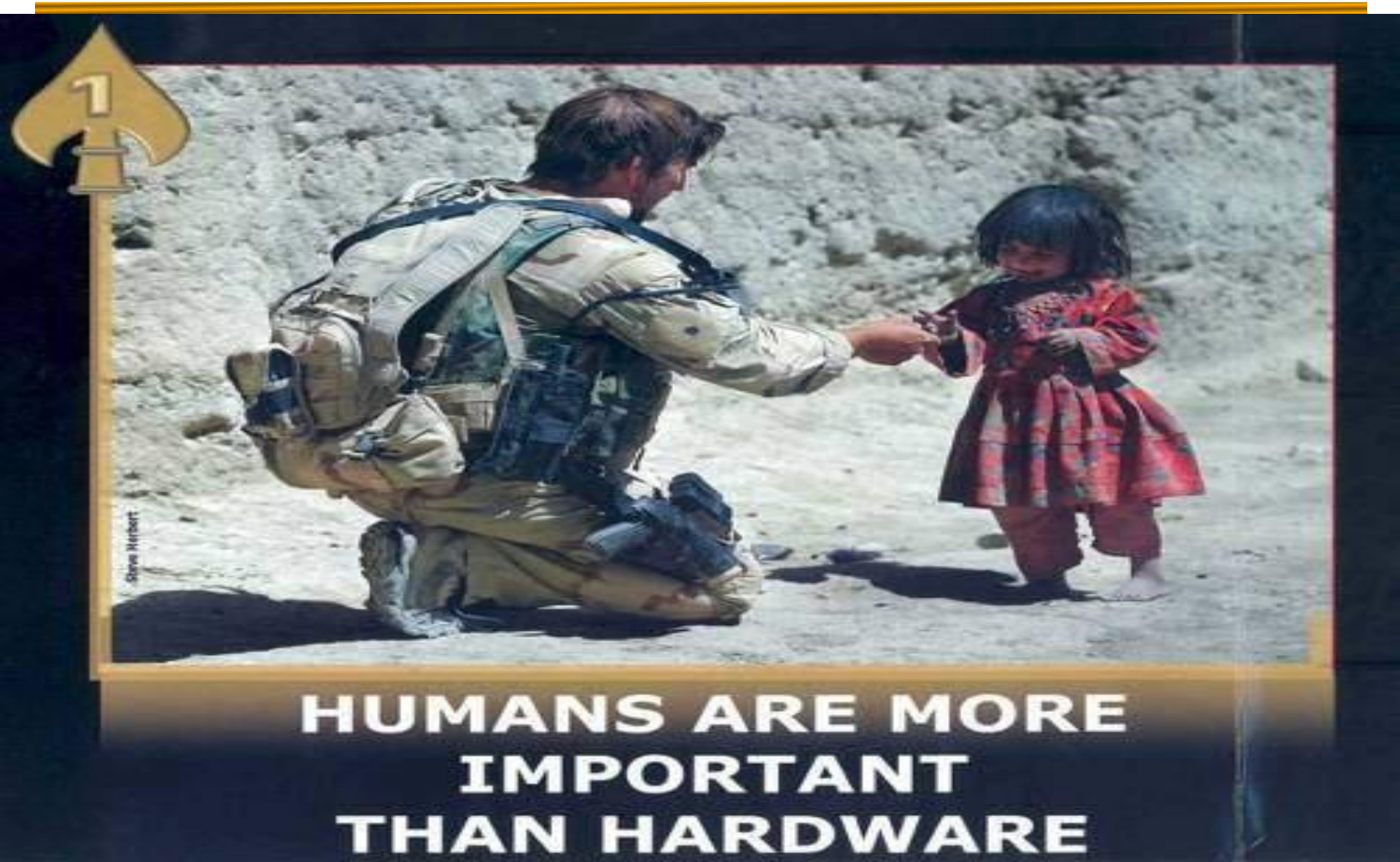
*Capabilities not organic to SB(SO)(A)

VETERINARY

Veterinary

- Advise the Commander, components, and TSOCs on all veterinary related issues to include medical training and operational animal health care, zoonotic Force health Protection issues.
- Command's SME on Live Tissue Training Policy
- Advisor and integral member of Committee on Canine Tactical Combat Casualty Care
- Provides technical and professional oversight for all special operation veterinary personnel
- Future of Live Tissue Training/Medical simulation
- Participant on the USD Chartered Joint Analysis Team

Human Performance (HP)



Professional Sports Model MIL Variant Capabilities

- Trains – Organizes and Equips
- Maintains and increases Operator Performance thresholds
  - (to what standard >20%)
- Repair and Restore
- Performs Pre-Habilitation and Re-Habilitates
- Tests for Function and Capacity
- Supports Physiology – identifies pathology – etiology
- Applies emerging technologies
- Enforces standards – reports declines and progressions
- It can optimize, enhance and modify as required
- NOT responsible for health and wellness

TBI…needs

- Better ability to dx/quantify in the field
- Improvements in immediate treatment
- Treatment to prevent secondary (late) injury
- Improvements in long term care for mod – severe.
- One socom unit currently doing very thorough intake/periodic/and exit Human Performance Data collection to include broad neurocognitive base

Damage Control Resuscitation (DCR)

- DCR….resonates with SOF medical planning where immediate MEDEVAC not possible
  - Improved methods for temporizing care for TBI (?selective cerebral cooling, ?procoagulants)
  - Improved means of controlling non-compressible hemorrhage (freeze dried plasma, Factor rVIIa or other injectables)
  - Best antibiotic coverage / analgesia

Improvements in critical care in Theater (Rotary Wing)

- Personnel training
  - Further training for Flight Medics or recruit MOSs already working in ICUs?
- Faster airframes with increased distance and speed
- Desired Airframe Capabilities
  - White light
  - Stand up & walk around the casualty capability

Improvements in PDES

- Improvements in the process to provide more rapid adjudication very desirable
- Can better pre-deployment baselines and better post injury imaging better quantify TBI disability
- Can pre and post injury EEGs add to the science

Access to Information

- USSOCOM has under Title 10 service-like responsibility
  - Many data repositories are service specific, making it difficult to separate out SOCOM data sets.

Pain Management

- Army TSG's Pain Management TF has provided training for indwelling nerve blocks
- We're trying to promote better awareness of 'polypharmacy' issues…often difficult for BN surgeons to have total visibility of use
- Hoping that inhaled ketamine may improve battlefield care
- ? tools for assessment of performance while on any medication (cognitive, judgmental, strength, endurance)

Questions?