ASSESSING THE ROLE OF SURGICAL STRIKE OPERATIONS IN SUPPORT OF A SPECIAL WARFARE CAMPAIGN

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OWEN M. BROOM, MAJOR, US ARMY
B.A., The Citadel, Charleston, South Carolina, 2006

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In 2013, United States Army Special Operations Command (USASOC) published "ARSOF 2022" which defined the two primary capabilities of US Army Special Operations Forces (ARSOF) as special warfare and surgical strike. Much has been studied about these capabilities independently, this work examines their interdependent nature during a special warfare campaign. During recent special warfare operations in Iraq and Afghanistan, these two capabilities have been employed with the intention being complementary. However, the methods and details of employment have varied from campaign to campaign. This work analyzes four operational-level special warfare campaigns during OEF and OIF to identify effective techniques and principles that can be applied when utilizing surgical strike capabilities in support of a special warfare mission, thereby increasing the special operations capability of the US. Finally, based on the findings presented in this research, the author provides recommendations on how to best enable US Special Operations Command and 1st Special Forces Command (Airborne) to provide the necessary capability to meet current and future demands for surgical strike-supported special warfare campaigns.

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Name of Candidate: MAJ Owen M. Broom

Thesis Title: Assessing the Role of Surgical Strike Operations in Support of a Special Warfare Campaign

Approved by:

_____, Thesis Committee Chair
CW5 Andre Nelson, MA

_____, Member
Dale F. Spurlin, Ph.D.

_____, Member
David B. Batchelor, MA

Accepted this 9th day of June 2017 by:

_____, Director, Graduate Degree Programs
Prisco R. Hernandez, Ph.D.

The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

ASSESSING THE ROLE OF SURGICAL STRIKE OPERATIONS IN SUPPORT OF A SPECIAL WARFARE CAMPAIGN, by MAJ Owen M. Broom 113 pages.

In 2013, United States Army Special Operations Command (USASOC) published "ARSOF 2022" which defined the two primary capabilities of US Army Special Operations Forces (ARSOF) as special warfare and surgical strike. Much has been studied about these capabilities independently, this work examines their interdependent nature during a special warfare campaign. During recent special warfare operations in Iraq and Afghanistan, these two capabilities have been employed with the intention being complementary. However, the methods and details of employment have varied from campaign to campaign. This work analyzes four operational-level special warfare campaigns during OEF and OIF to identify effective techniques and principles that can be applied when utilizing surgical strike capabilities in support of a special warfare mission, thereby increasing the special operations capability of the US. Finally, based on the findings presented in this research, the author provides recommendations on how to best enable US Special Operations Command and 1st Special Forces Command (Airborne) to provide the necessary capability to meet current and future demands for surgical strike-supported special warfare campaigns.

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ACRONYMS

1st SFC(A)	1st Special Forces Command (Airborne)
ADM	Admiral
ALP	Afghan Local Police
ANA	Afghan National Army
ANASOC	Afghan National Army Special Operations Command
ANP	Afghan National Police
ANSF	Afghan National Security Forces
AP3	Afghan Public Protection Program
AQI	Al Qaeda in Iraq
ARSOF	Army Special Operations Forces
CFSOCC-A	Combined Forces Special Operations Component Command - Afghanistan
CJSOTF	Combined Joint Special Operations Task Force
COIN	Counterinsurgency
COL	Colonel
CRF	US Special Forces Crisis Response Force
CTC	Iraqi Counterterrorism Command
CTS	Iraqi Counterterrorism Service
DAT	District Augmentation Team
ERB	Iraqi Emergency Response Brigade
F3EAD	Find, Fix, Finish, Exploit, Analyze, Disseminate
GCC	Geographic Combatant Commander
GCPSU	Afghan General Command Police Special Unit
GEN	General

GIROA	Government of the Islamic Republic of Afghanistan
IA	Iraqi Army
ISAF	International Security Assistance Force
ISOF	Iraqi Special Operations Forces
JFSOCC	Joint Force Special Operations Component Command
JSOTF	Joint Special Operations Task Force
LDI	Afghan Local Defense Initiative
LTC	Lieutenant Colonel
LTG	Lieutenant General
MAJ	Major
MG	Major General
MISO	Military Information Support Operations
MND	Multi-National Division
MNF-I	Multi-National Forces - Iraq
MOD	Ministry of Defense
MOI	Ministry of the Interior
NOC	Ninawa Operations Command
ODA	US Special Forces Operational Detachment Alpha
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OPCON	Operational Control
PAT	Provincial Augmentation Team
SOCFWD	Special Operations Command Forward
SOF	Special Operations Forces
SOJTF	Special Operations Joint Task Force

SOTF	Special Operations Task Force
TACON	Tactical Control
TSOC	Theater Special Operations Command
USASOC	US Army Special Operations Command
USSOCOM	US Special Operations Command
VSO	Village Stability Operations

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CHAPTER 1

INTRODUCTION

Special Warfare and Surgical Strike

Since 9-11, the United States of America has been combatting terrorism worldwide, and spearheading this effort has been US Special Operations Forces (SOF). SOF have led unconventional warriors on horseback, executed daring raids to rescue American hostages, targeted key al-Qaeda strongmen, and worked in remote villages to build local defense forces. This has led strategic thinkers to spend a great deal of time defining and redefining SOF, its various roles and capabilities, and its employment in current and future irregular warfare campaigns. Terms used to describe SOF capabilities include direct and indirect, national and theater, black and white, as well as a convoluted "tier" system.[1] In 2013, United States Army Special Operations Command (USASOC) published "ARSOF 2022" which clearly defined the capabilities of US Army SOF (ARSOF), established common terminology to use when describing these capabilities, and presented a guide in their future employment. In this guiding document, USASOC defines ARSOF as being divided into two separate capabilities: special warfare, and surgical strike.[2]

Special Warfare is "an umbrella term indicating operating force conduct of combinations of unconventional warfare, foreign internal defense, military information

[1] US Army Special Operations Command, "ARSOF 2022," *Special Warfare Magazine* 26, no. 2 (April-June 2013): 10.

[2] Ibid.

support operations, counterterrorism, and counterinsurgency through and with indigenous personnel."[3] A 2016 RAND study further defines special warfare as a capability that "fills the missing middle for exerting influence between precision-strike options provided by armed unmanned aerial systems, SOF raids, aircraft and missiles, and the costly commitment of conventional forces."[4] These actions are typically conducted by the subordinate elements of the nation's premier special warfare command, 1st Special Forces Command (Airborne) (1st SFC(A)), using a *by, with, and through* approach. The US Army Special Forces, and non-lethal Civil Affairs and Military Information Support Operations (MISO) forces, are required to be culturally and linguistically familiar with local populations since their missions are normally accomplished over a longer period of time and executed within the human terrain. Figure 1 below displays these forces as they contribute to special operations core activities that support special warfare. A classic example of special warfare in action is the use of Special Forces soldiers to facilitate the Northern Alliance's overthrow of the Taliban regime in Afghanistan.

Surgical strike, on the other hand, is the "execution of activities in a precise manner that employs special operations forces in hostile, denied, or politically sensitive environments to seize, destroy, capture, exploit, recover, or damage designated targets, or influence threats."[5] Special Mission Units, 75th Ranger Regiment, and US Special Forces

[3] US Army, ADP 3-05, *Special Operations* (Washington, DC: Department of the Army), 9.

[4] Madden et al., *Toward Operational Art in Special Warfare* (Santa Monica, CA: Rand Corporation, 2016), 2.

[5] US Army, ADP 3-05, GL-3.

Crisis Response Forces (CRF) execute these operations with precision and speed, either unilaterally or combined, utilizing the F3EAD (find, fix, finish, analyze, and disseminate) targeting methodology. Figure 1 below displays these forces to the level they support core special operations activities to achieve surgical strike. A recent example of this capability is Operation Neptune Spear, where a team from USSOCOM conducted a high-risk, deep, and short-duration direct action raid to kill or capture Osama Bin Laden in Abbottabad, Pakistan.

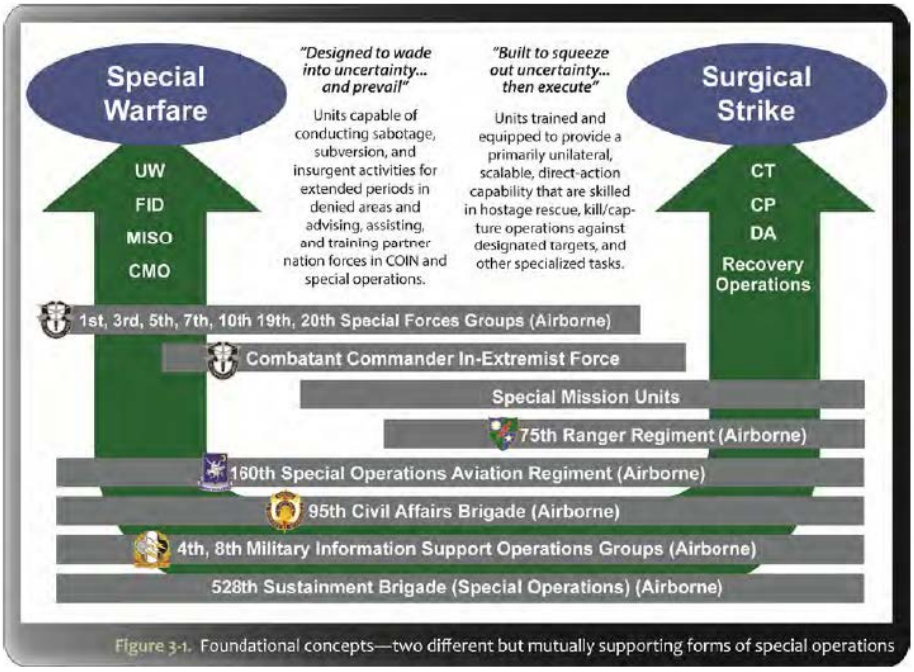

Figure 1. USASOC Foundational Concepts for Surgical Strike and Special Warfare

Source: US Army Special Operations Command, "ARSOF 2022 Operating Concept," *Special Warfare Magazine* 28, no. 2 (April-June 2015): 10.

While fundamentally different, these SOF capabilities are designed to be complimentary when employed within the context of a special warfare campaign, using

surgical strike to shape the environment for special warfare forces.[6] LTG Cleveland describes this tandem use of both capabilities as SOF operational art, "SOF operational art is the proper blending of the special warfare and surgical strike capabilities to achieve operational effects."[7] Colonel (COL) Brian Petit echoes this by stating, "Special warfare and surgical strike present clear concepts for the use of USSOF within joint operational approaches."[8] In recent times, this complementary effect has been accomplished using a Special Operations Joint Task Force (SOJTF). In 2012, US Special Operations Command (USSOCOM) established SOJTF-Afghanistan as a General Officer command that was responsible for establishing a unity of effort between theater-level special warfare forces and national-level surgical strike forces in order to achieve the desired results, and facilitate operational level integration of SOF and conventional forces.[9] This is the model used currently in Operation Freedom Sentinel-Resolute Support and Operation Inherent Resolve. Recognizing the success of this formula in recent conflicts and the need for a permanent structure, "the Army converted the First Special Forces Command Headquarters into a deployable 2-star organization that can serve as a SOJTF."[10]

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[6] US Army Special Operations Command, "ARSOF 2022 Operating Concept," *Special Warfare Magazine* 28, no. 2 (April-June 2015): 12.

[7] Charles Cleveland, James Linder, and Ronald Dempsey, "Special Operations Doctrine: Is it Needed?" *Prism* 6, no. 3 (2016): 11-12.

[8] Brian S. Petit, *Going Big by Getting Small: The Application of Operational Art By Special Operations in Phase Zero* (Parker, CO:Outskirts Press, 2013), 153-154.

[9] Glenn Harned, Preston Plous, and Jason Westbrook, "Special Operations Forces and Conventional Forces: Integration, Interoperability, and Interdependence," *Prism* 6, no. 3 (2016): 90.

[10] Ibid.

However, is this the best model to use in future special warfare campaigns that may be smaller, as complex, and more numerous? Is efficiency maximized when different SOF elements, from different commands, are placed under a SOJTF, of which there is only one headquarters permanently available? Does the SOJTF provide appropriate unity of command and unity of effort in a special warfare campaign?

Problem Statement

US ARSOF, special warfare and surgical strike assets, remain engaged in special warfare campaigns globally, and no indication of a decrease in demand is currently present. In an effort to maximize the use of the full range of SOF capabilities within this high demand environment, an examination must be conducted to understand how surgical strike best supports special warfare campaigns. Greater awareness of the mutually supporting capabilities allows decision-makers and operational-artists to ensure they appropriately use these assets to achieve desired effects. Furthermore, understanding how these assets work in tandem allows SOF organizations to ensure they are properly organized to achieve these effects. If surgical strike is a critical supporting effort to a special warfare campaign, and there is reason to believe there will be multiple conflicts that extend past the capability of a single permanently established SOJTF, then a reorganization or recommitment of capability to subordinate elements of 1st SFC(A) is necessary. The purpose of this study is to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign.

Significance of Study

During a congressional testimony, USSOCOM Commander Admiral (ADM) McRaven stated, "The direct approach [surgical strike] alone is not the solution to the challenges our nation faces today as it ultimately only buys time and space for the indirect approach [special warfare]," arguing that "in the end, it will be such continuous indirect operations that will prove decisive in the global security arena."[11] In her 2012 *Foreign Affairs* article, "The Future of Special Operations: Beyond Kill and Capture", Linda Robinson argued that the United States has over emphasized surgical strike and has not spent proportional resources in improving special warfare capabilities.[12] Having expanded upon the findings of identified military leaders and prominent strategists, this research has contributed to a better understanding of special warfare by examining its relationship with surgical strike throughout the execution of four special warfare campaigns. The use of case studies in chapter 4 facilitated the identification of thirteen key findings that, if employed in future special warfare campaigns, will enhance the effectiveness of surgical strike as a supporting capability to special warfare. These key findings are outlined in chapter 5 and have facilitated a series of recommendations to USSOCOM, USASOC, and 1st SFC(A) to improve the current special warfare capability.

[11] Linda Robinson, "The Future of Special Operations: Beyond Kill and Capture," *Foreign Affairs* (November-December 2012): 23.

[12] Ibid., 24.

Research Question

The primary research question is: How should ARSOF leverage existing surgical strike assets to more effectively wage a special warfare campaign? Answering this question can be achieved by examining the following secondary questions throughout selected historical special warfare case studies:

1. How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time?
2. How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign?
3. How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign?

Assumptions

1. Modern application of counterinsurgency (COIN) provides ample evidence to explore surgical strike in support of special warfare due to the variety in strategy, locations, populations, units, and external circumstances.
2. The achievements of the operational special warfare campaigns contributed to the temporary strategic success seen in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
3. The premature discontinuation of special warfare in OIF and OEF led to the current increase in instability within those countries. The operational special warfare operations are not responsible for those nation's state of affairs.
4. 1st Special Forces Command (Airborne), USASOC, and SOCOM actively seek to enhance both special warfare capability and capacity.

Delimitations and Limitations

The most significant delimitation was the desired classification of this research. In order to allow for the widest possible range of readership, this thesis was kept at the unclassified level. While maintaining an unclassified thesis significantly limited the resources available to validate findings, the overall intent of contributing to the improvement of ARSOF special warfare would be drastically reduced otherwise.

The most important limitations to this thesis were: (1) methodology and (2) time and length requirements. First, the case study methodology used throughout this thesis was based on primary accounts, third-party observations and studies, and the author's own personal familiarity with the subject. This methodology reduced use of statistical data as measurement of effectiveness, and depended more heavily on personal perception. Second, the imposed time and length limitations reduced the degree to which this topic can be explored. Volumes of work have been dedicated to each individual case study, and to review all aspects contributing to their eventual outcomes would require significantly more time and space than was allocated within this thesis. Thus, the scope and depth of analysis in each case study are limited, although not so much that it detracted from the thesis.

Summary

Within this chapter, the ARSOF capabilities of surgical strike and special warfare have been defined. Furthermore, this chapter recognizes the complimentary nature of the two capabilities within the context of a special warfare campaign. If, indeed, surgical strike is a supporting capability during a special warfare campaign, then additional research is needed to identify the key factors of surgical strike employment that have

facilitated success or failure in recent campaigns. This is especially true if scholars of irregular warfare, like ADM McRaven and Linda Robinson, are correct in their assertions of the strategic value in special warfare. Therefore, the purpose of this research is to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign. This will be accomplished by analyzing case studies through the lens of the primary and supporting questions within the boundaries of the aforementioned limitations and delimitations.

The following chapter examines existing literature to develop a more comprehensive understanding of both surgical strike and special warfare. The literature will be examined as it relates to the three supporting questions. This facilitates a common understanding and provides evaluation criteria to evaluate the use of surgical strike in the special warfare case studies.

CHAPTER 2

LITERATURE REVIEW

Purpose and Organization

The purpose of this study is to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign.

The purpose of this chapter is to review the existing literature that contributes to the current understanding of special warfare and surgical strike, and establishes a common framework for analyzing and weighing the benefit of surgical strike operations within a special warfare campaign. In this chapter, the literature is reviewed within the context of the three supporting questions: (1) How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time? (2) How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign? (3) How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign? Once fully dissected and understood, these questions provide the foundation for interpreting the chapter 4 case studies.

Surgical Strike Employment

This question examines how existing literature and doctrine defines the roles, actions, timing, and tempo of surgical strikes within a special warfare campaign. With regard to the role of surgical strike, the *ARSOF 2022 Operating Concept* stated that "ARSOF units will be required to execute surgical strikes across the spectrum of war and

conflict while supporting special warfare . . . weakening the enemy's grip on the population through direct action operations against critical mission command nodes and infrastructure."[13] Likewise, it stated that surgical strike is designed to "shape the operational environment or influence selected target audiences in support of broader strategic objectives."[14] This returns to LTG Cleveland's description of SOF operation art being the appropriate bending of special warfare and surgical strike to achieve desired effects.[15] However, are there situations where surgical strike is an act unto itself, or does it need to support a special warfare strategy? Audrey Cronin, in his book *How Terrorism Ends: Understanding the Decline and Demise of Terrorist Campaigns*, argued that surgical strike operations to "decapitate" organizational leadership in an effort to defeat terrorist or insurgent forces historically produce mixed results. Cronin studied a number of cases where the decapitation method had both succeeded and failed to achieve lasting results. According to Cronin, the Peruvian Government's capture of Abimael Guzman led to the demise of the *Sendero Luminoso* movement, while the Israeli lethal targeting of Hamas and Palestinian group leadership did little to reduce violence. His conclusion was that effectiveness of surgical strike depends on the organization, nature of ideology, political context, and availability of a viable successor.[16] Furthermore, he stated,

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[13] US Army Special Operations Command, "ARSOF 2022 Operating Concept," 11.

[14] Ibid., 12.

[15] Cleveland, Linder, and Dempsey, 11-12.

[16] Audrey Kurth Cronin, *How Terrorism Ends: Understanding the Decline and Demise of Terrorist Campaigns* (Princeton, NJ: Princeton University Press, 2011), 14.

> The degree to which terrorist organizations rely upon a leader, either literally or figuratively, effects the degree to which removing him is likely to devastate the group; however, the level of popular support for the cause is just as important to the outcome. Popular support is the invisible element, the third side to the terrorist 'triad' that can confound efforts to kill individuals and make a group virtually immortal. If an organization's cause is well mobilized, enjoying active and passive support among widespread constituencies, the decapitation is unlikely to succeed.[17]

In the case of counterinsurgency in Afghanistan and Iraq, the surgical strike capability plays a vital supporting role within a special warfare campaign, but is not decisive in the production of enduring results due to the popular support issue described by Cronin. As ADM McRaven, stated earlier, "the direct approach [surgical strike] alone is not the solution to the challenges our nation faces today as it ultimately only buys time and space for the indirect approach [special warfare]."[18] GEN Stanley McChrystal came to the same conclusion in his 2013 memoir, *My Share of the Task*, when he identifies that in Operation Iraqi Freedom a "decapitation strategy was unlikely to work . . . since their capture or death was rarely decisive."[19] In other words, surgical strike operations are a complimentary effort that greatly facilitates the accomplishment of the overall objective, but does not achieve the desired goal on its own. ADM Eric Olsen, former USSOCOM Commander, described this strategy as the killing of the alligators when trying to drain the swamp.[20]

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[17] Cronin, 31-32.

[18] Robinson, "The Future of Special Operations," 23.

[19] Stanley McChrystal, *My Share of the Task* (New York: Penguin Book, 2013), 161.

[20] Eric T. Olson, "A Balanced Approach to Irregular Warfare," *The Journal of International Security Affairs* (2009): 4-6.

Within the context of the chapter 4 case studies, surgical strike is first evaluated on its ability to support the counterinsurgency methodology used at that time. In Afghanistan, the Village Stability Operations (VSO) methodology (described in detail later) was shape, hold, build, and expand-transition. While in Iraq, the methodology was clear-hold-build. The FM 3-24.2, *Tactics in Counterinsurgency*, reinforced this logic by stating that "strike operations" are complementary and condition-setting operations executed in support of clear-hold-build operations, which was the COIN methodology of that time.[21] Therefore, it is appropriate to weigh the supporting nature of a surgical strike operation when analyzing its effectiveness. If such an operation is not adequately synchronized or is done as an end to itself, then its contribution to the enduring results of a special warfare campaign is limited.

Second, the actions of a surgical strike must be taken into account. There are various types of operations that surgical strike assets perform. Surgical strike operations can be conducted "unilaterally or collaboratively," ranging from "clandestine small-unit raids to overt regimental-sized forcible-entry operations," and are executed with "pin-point precision and minimal collateral damage."[22] ARSOF 2022 described surgical strike operations as encompassing direct action, counterterrorism, counter proliferation, and recovery operations.[23] The FM 3-24.2 defined strike operations within the COIN context as those that "use offensive tactics such as raids, reconnaissance in force, cordons and

[21] US Army, Field Manual (FM) 3-24.2, *Tactics in Counterinsurgency* (Washington, DC: Department of the Army, 2009), 3-24.

[22] US Army, Special Operations Command, *ARSOF 2022*, 14-15.

[23] Ibid., 16.

attacks, hasty or deliberate attacks, and pursuits."[24] An examination of the type of surgical strike utilized contributes to understanding the overall effectiveness of such capabilities employment. This analysis allows researchers to ask "did the precision targeting of a key individual contribute to greater counterinsurgent gains?" or "did the cordon and attack negatively affect public perception of the counter insurgent?" This analysis balances the action with the aforementioned role to shape the environment.

Third, this question analyzes the timing of a surgical strike operation within the context of the COIN methodology used in a particular special warfare campaign. When should a surgical strike be utilized? Are there particular phases of the operation that require more robust surgical strike capability? When GEN David Petraeus assumed command of Multi-National Force-Iraq (MNF-I), he introduced the clear-hold-build methodology as the framework through which counterinsurgent efforts would operate. This strategy was rooted in the FM 3-24.2, which stated "offensive operations predominate in the clear phase."[25] In their *Special Warfare* article, "VSO: More than Village Defense", COLs Connett and Cassidy stated that within the shape-hold-build-expand-transition VSO methodology "ANSF and coalition forces may need to conduct clearing operations as part of shaping efforts to create conditions conducive to progress."[26] The agreement in thought between these two theaters leads to an obvious assumption that the initial phases of a special warfare campaign will require significant

[24] US Army, FM 3-24.2, 3-23.

[25] Ibid., 3-19.

[26] Bob Cassidy and Ty Connett, "Village Stability Operations: More than Village Defense," *Special Warfare Magazine* 24, no. 3 (July-September 2011): 24.

surgical strike support. However, as GEN McChrystal described his targeting of "irreconcilables" throughout Iraq and SOJTF-A executed high-value targeting in eastern Afghanistan, it becomes clear that surgical strike can be utilized effectively to support subsequent phases of COIN operations.[27] Thus, reviewing when a surgical strike was used within the COIN framework increases its ability to be effectively employed in the future.

Finally, the tempo of surgical strike operations must be taken into account. Renowned British counterinsurgent of the Boer War, Charles Callwell stated, "a single blow will often achieve results, but a succession of blows paralyzes the enemy."[28] Likewise, GEN McChrystal determined that "if we could apply relentless body blows against AQI . . . then we could stunt its growth and maturation. Under enough pressure, Al Qaeda in Iraq's (AQI) members would be consumed with staying alive and thus have no ability to recruit, raise funds, or strategize."[29] This was actualized as GEN McChrystal targeted AQI senior commander, Abu Musab al-Zarqawi, "We had been pummeling the organization [AQI]. I stressed the importance of pace or 'OPTEMPO' as we called it, as key to maintaining pressure. Where we had executed eighteen raids per month in August 2004, by that month in 2006 we were up to three hundred."[30] These strike operations "yielded countless troves of intelligence" and eventually led to elimination of a key

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[27] McChrystal, *My Share of the Task*, 245.

[28] US Army, FM 3-24.2, 3-10.

[29] McChrystal, *My Share of the Task*, 162.

[30] Ibid., 213.

insurgent leader causing significant disruption to the stability efforts of Coalition forces in Iraq.[31] However, it is important that the tempo of surgical strike operations be weighed against the desired effects required of it within a special warfare campaign. If a surgical strike is employed to defeat a network, then a higher pace of operations may be required. On the other hand, a single surgical strike operation may be optimal for supporting a local initiative and an increased amount of operations may be counterproductive.

Surgical Strike Operational Effectiveness

This question goes beyond the ability of a surgical strike element to gain relative superiority in the shortest time possible while minimizing the area of vulnerability.[32] It examines how other researchers define success within a special warfare campaign, and facilitates a better understanding of how to view the effectiveness of surgical strike as it contributes to that campaign. John Nagl, in *Learning to Eat Soup with a Knife*, presented us with two prevailing strategies for the execution of offensive operations in counterinsurgency. First, a direct approach is the defeat of an insurgent force and the destruction of its ability to make war (men, money, and materials). Second, the indirect approach focuses on separating the population from the insurgency.[33] "These two different approaches – annihilating versus turning the loyalty of the people – are the

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[31] McChrystal, *My Share of the Task*, 222.

[32] William McRaven, *SPEC OPS: Case Studies in Special Operations Warfare* (New York: Ballantine Books, 1995), 382.

[33] John A. Nagl, *Learning to Eat Soup with a Knife* (Chicago: University of Chicgo Press, 2002), 27-28.

foundation for the two approaches to counterinsurgency."[34] From Nagl's perspective, these two approaches are in direct opposition to each other. Nagl used the success of the British Counterinsurgency in Malaya from 1948 to 1957 to demonstrate a population-centered strategy, and the failure of the US war in Vietnam from 1950 to 1972 as an example of an enemy-focused strategy. His conclusion was that focusing on the securing of the population was primary to defeating an insurgent force, "Cutting an insurgency off to die on the vine is easier than it is to kill every insurgent . . . a skillful counterinsurgent must cut off the sources of recuperative power."[35] Military theorist, David Kilcullen, echoed this sentiment as he decries enemy-focused strategy in his book *Counterinsurgency*.[36] Kilcullen stated that such a strategy will expend manpower and resources chasing dispersed insurgent elements and, eventually, fail to isolate the population from the enemy. Like Nagl, Kilcullen saw counterinsurgency as the execution of two possible strategies.

In *The Counterinsurgency Challenge*, COL Christopher Kolenda agreed individual operations are inherently focused on either enemy or population, but they do not define an overall strategy. Instead, he argued that dislocation practices (those that separate the insurgent from the population) and attrition-focused operations (kill-capture missions) are tactics used on an adjustable scale depending on the ever-changing

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[34] Nagl, 26.

[35] Cohen et al., "Principles, Imperatives, and Paradoxes of Counterinsurgency," *Military Review* (March-April 2006): 50.

[36] Kilcullen, *Counterinsurgency*, 9.

circumstances of irregular war (special warfare campaign) in order to achieve success.[37] Kolenda argued that declaring counterinsurgency either population or enemy focused limits the options a Commander has at his disposal. This, once again, complements LTG Cleveland's position that "SOF operational art is the proper blending of the special warfare and surgical strike capabilities to achieve operational effects."[38] As well as David Galula, who stated, "victory is that [destruction in a given area of the insurgent's forces and political organization] plus the permanent isolation of the insurgent from the population, isolation not enforced upon the population but maintained by and with the population."[39]

Building on Kolenda's hybrid COIN strategy, this work will define the effectiveness of a surgical strike operation by both the resulting dislocation and attrition effects. Dislocation is determined by the counterinsurgents' perception of increased community participation following a surgical strike operation or series of operations. Attrition is determined by factual evidence of enemy removal from the battlefield (i.e. AQI Emir killed in raid) or a perceived decrease in enemy activity within the area of operations. Not only will surgical strike be examined for their successes but also any negative secondary effects on dislocation and attrition that may occur as a result of operations. While there are other factors that contribute to a successful special warfare

[37] Christopher D. Kolenda, *The Counterinsurgency Challenge* (Mechanicsburg, PA: Stackpole Books, 2012), xvii-xviii.

[38] Cleveland, Linder, and Dempsey, 11-12.

[39] David Galula, *Counterinsurgency Warfare: Theory and Practice* (Westport, CT: Praeger Security International, 1964), 54.

campaign, the focus on surgical strike allows the effects on population and enemy to be defining elements for success.

Surgical Strike Management and Integration

The command and control of special operations forces can often be detailed and confusing. The JP 3-05 *Special Operations* described unique headquarters such as JFSOCC, SOJTF, SOCFWD, JSOTF, SOTF, etc.[40] This is designed so that special warfare elements meet requirements to be "agile, scalable, and flexible formations."[41] However, fundamental to a successful special warfare campaign is the establishment of unity of command and-or unity of effort.[42] Unity of command is "the guiding principle is to place all SOF in an operational area or tasked with a specific mission or operation under a single SOF commander with the authority to coordinate special operations among all supporting and supported units."[43] Although a simple concept, this can become difficult when employing national-level surgical strike assets or GCC-controlled crisis response elements. The delegation of operational control of these assets risks misuse or non-availability when national-level targets arise. So while unity of command is the most desirable option, it may not always be a possibility.

[40] Joint Chiefs of Staff, Joint Publication (JP) 3-05, *Special Operations* (Washington, DC: Department of Defense, 2011), III-1.

[41] Cleveland, Linder, and Dempsey, 12.

[42] Joint Chiefs of Staff, JP 3-05, III-1.

[43] Ibid.

David Kilcullen wrote that for counterinsurgency success "we need to create unity of effort . . . This depends less on a shared command and control hierarchy, and more on a shared diagnosis of the problem, platforms for collaboration, information sharing and deconfliction."[44] Unity of effort is defined in the JP 3-05 *Special Operations* as the "coordination and cooperation toward common objectives, as a result of unified action, even if the participants are not necessarily part of the same command or organization."[45] This concept ensures that although elements may have no formal command relationship, both parties are synchronizing activities to generate a common end state. The FM 3-24.2 *Tactics in Counterinsurgency* confirmed that unity of effort is an essential component to effectively waging a COIN campaign, "without unity of effort over time, the tactical unit's long-range plan will face challenges in securing the population, gathering the population's support, and defeating the enemy."[46]

In the case studies that follow, various attempts are made to generate either unity of command or unity of effort between special warfare and surgical strike elements. In some cases, unity of command is at a too far removed headquarters, and as a result unity of effort on the ground is not achieved. In other cases, there is no unity of command, but innovation and effort produce very effective unity of effort on the ground. An examination of how surgical strike was managed and integrated to achieve unity of effort

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[44] Kilcullen, David, "Three Pillars of Counterinsurgency," 28 September 2006, accessed 6 November 2016, http://www.au.af.mil/au/AWC/AWCgate/uscoin/3pillars_of_counterinsurgency.pdf.

[45] Joint Chiefs of Staff, JP 3-05, III-1.

[46] US Army, FM 3-24.2, ix.

through chapter 4 will enable readers to develop key take-ways for future structuring of special warfare campaigns.

Summary

Chapter 2 illustrates the necessity of examining the supporting questions with consideration for a variety of supplementing factors. In order to analyze the employment of surgical strike during a special warfare campaign, the factors of surgical strike's role, actions, timing, and tempo must be reviewed. The effectiveness of surgical can be determined by its dislocation or attritional immediate and second-order effects. Do the attritional effects contribute to further dislocation of the population from the insurgency, and does it directly contribute to the operational campaign? Finally, the integration and management examines the benefits or consequences of achieving or failing to achieve a unity of command or effort, and at what level (theater strategic, operational, or tactical) this capability is controlled.

Chapter 3 details the methodology utilized throughout the case study analysis, and provides the rationale for why a qualitative approach is necessary. It then outlines the case studies being researched, and why those particular campaigns were chosen. Finally, it describes the method of analysis and illustrates the author's approach to evaluating the findings.

CHAPTER 3

METHODOLOGY

Purpose and Organization

The purpose of this study is to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign. This will be accomplished by analyzing case studies through the lens of the three supporting questions of: 1) How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time? 2) How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign? 3) How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign?

The purpose of this chapter is to present the academic framework or methodology which guided research, rationalize the selection of case studies, and describe the process of how each case study is analyzed. This chapter is broken down into three sections. First, it discusses the case study methodology, as defined by Dr. John C. Creswell, in order to explain how analysis is derived from individual special warfare cases. Second, this chapter outlines the case studies chosen and why. Finally, this chapter concludes with a depiction of the authors own formula for “cross-walking” evidence through to a conclusion and a method for analysis.

Methodology

This research utilizes a qualitative approach with a case study methodology. The foundation of this research is rooted in the methodological definitions presented by Professor John C. Creswell from the University of Nebraska-Lincoln. Creswell concludes that qualitative research is the most effective process for understanding a particular event or environment as "the researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting."[47] In this research, understanding special warfare is accomplished by examining four campaigns and attempting to better comprehend the relationship surgical strike operations have with the success of each of these special warfare cases. This fits with Creswell's understanding of case studies, since he argues that it is the obligation of the researcher to determine the number of cases required, identify the individual cases, explain why these cases facilitate a greater understanding of the research topic, and describe the depth and boundaries of study for each of the cases.[48] Through the use of this case study process, conclusions regarding ARSOF's future use of surgical strike might be possible and allow researchers to achieve the desired purpose of this study.

Case Studies

The selected case studies all occur during recent OIF or OEF rotations as a means of ensuring the modernity of this study and as a way to improve the possible application

[47] John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Traditions* (Thousand Oaks, CA: Sage Publications, 1998), 15.

[48] Ibid., 63-64.

of findings to current systems and organizations. The variety of units, locations, populations, command relationships, technology, and theater strategy allow researchers to have ample cases to examine and analyze. The selected case studies begin with simple scenarios and gradually increase in complexity with the addition of external organizations, larger populations, expanded duration of campaign, and natural differences in enemy and local security forces. The increased complexity enables allows for greater understanding of the use of surgical strike in the context of special warfare. The use of four case studies provides readers more examples from which to draw evidence, and gives two examples from each Afghanistan and Iraq campaigns.

The first case study is the 2012 special warfare campaign to execute Village Stability Operations (VSO) in Uruzgon, Afghanistan, during OEF. It examines the battalion-sized command of SOTF-SE, its six-month campaign within a single district, and its balance of internal special operations capabilities. The second case study is the broader VSO campaign by SOTF-E within Kunar, Afghanistan, from 2010 to 2014. This study involves multiple rotations of SOTFs, external special mission and conventional unit operations, multiple districts, and a greater period of time. The eventual addition of the SOJTF-A ensures that there is a unified SOF command during this campaign. The third case study is Operation Lions Roar and the Ninawa Campaign of 2008 in support of OIF. While executed predominantly in Mosul, this campaign would span across thirty districts. It would involve coordinating efforts between an Iraqi Ministry of Defense (MOD), Iraqi Ministry of Interior (MOI), US conventional, and various US SOF forces. Complexity is added by the lack of any unified command structure. The final and most challenging special warfare campaign examined is SOF support to the Awakening and

the Sons of Iraq. The number and array of various forces, campaign length, mission command, and political challenges contribute to the increased complexity.

Method of Analysis

Following a brief description of the details surrounding each of the special warfare case studies, the case study will be analyzed by cross walking the use of surgical strike through the aforementioned secondary questions. Once all case studies have been analyzed, key deductions common to all will be consolidated, used as guiding concepts for future surgical strike employment within special warfare, and provide a foundation from which to develop conclusions to meet the study's stated purpose. Below is an illustration of how text will be analyzed in the crosswalk method in an effort to visually depict the paragraph structure in the analysis portion of the case studies.

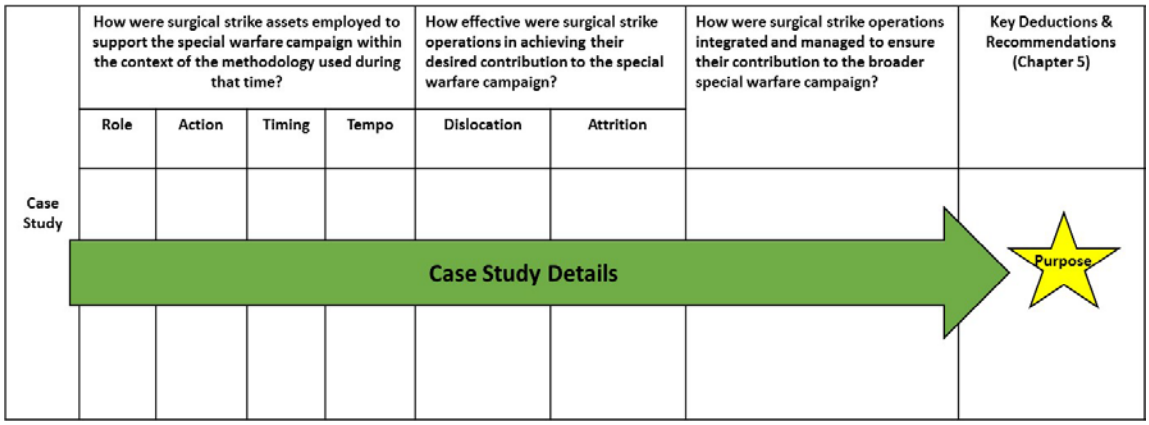

Figure 2. Illustration of Author's Approach to Case Study Analysis

Source: Created by author.

Summary

This chapter describes the qualitative case study methodology, as defined by Dr. John C. Creswell, that is used throughout the research to identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign. In accordance with Creswell, four case studies were selected to provide the appropriate breadth and depth necessary to determine key findings and offer recommendations. The case studies increase in complexity and provide sufficient variations to facilitate detailed research. Finally, Chapter 3 defines the process through which the case study will be evaluated, as seen in the above illustration.

The following chapter examines and analyzes the details of the four case studies. Chapter 4 defines the strategy and counterinsurgency methodology used in that timeframe. It then proceeds into the details of a particular case study. Each case study is immediately followed by an individual assessment, utilizing the formula illustrated in figure 2. Chapter 4 concludes with a cross comparison of the individually evaluated case studies to identify common findings.

CHAPTER 4

SPECIAL WARFARE CASE STUDIES

Purpose and Organization

The purpose of this study is to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign. The purpose of this chapter is to examine four special warfare campaigns and analyze the case studies through the lens of the three supporting questions of: (1) How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time? (2) How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign? (3) How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign?

The organization of chapter 4 includes a description of the operating environment, strategy, and methodology used during the periods of each case study. It will then transition into the details of the campaign being study, and will be followed by an analyzed cross-walk of the supporting questions, as depicted in chapter 3. The examined case studies are Village Stability Operations (VSO) in Chora, Uruzgon, 2012; VSO in Kunar Province, 2010-2013; Operation Lion's Roar and the Ninawa Campaign during Operation Iraqi Freedom (OIF), 2008; and the Awakening and Sons of Iraq, 2006-2008.

Overview Village Stability Operations (VSO) and Afghan Local Police (ALP)

On 16 August 2010, Afghan President Hamid Karzai approved a Combined Forces Special Operations Component Command (CFSOCC-A) initiative to conduct a bottom-up counterinsurgency campaign that would establish local defense forces at the village-level, under the direction of the Afghan Ministry of the Interior (MoI), in an effort to degrade insurgent control among rural populations.[49] These forces would be known as Afghan Local Police (ALP) and would be developed through a combined CFSOCC-A (later SOJTF-A) and Afghan National Army Special Operations Command (ANASOC) campaign called Village Stability Operations (VSO). Through VSO, local populations would benefit from enhanced security, empowered local governance, and access to government projects. The Government of the Islamic Republic of Afghanistan (GIRoA) and International Security Assistance Forces (ISAF) would benefit from the diminished active and passive support for the insurgency within these areas. Additionally, the VSO campaign sought to connect villages to both other villages and their aligned District Centers for supporting defense (connecting ink dots) and as a means of nesting legitimate governance through the national, provincial, district, and village levels. Building upon the COIN methodology used in Iraq, CFSOCC-A would utilize the shape, hold, build, and expand and transition framework for its execution of VSO.[50]

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[49] Linda Robinson, *One Hundred Victories: Special Ops and the Future of American Warfare* (New York: Public Affairs, 2013), 25.

[50] Cassidy and Connett, 24-27.

Prior to this reinvigorated special warfare campaign, ISAF had invested considerable time, resources, and effort into the building and maturing of a central government in Kabul (GIRoA). However, the fact that 70 percent of a population of 32 million lived in rural areas far from the largely government-controlled cities enabled the Afghan insurgency to thrive.[51] Thus, the heavily emphasized top-down approach was met with only limited success. In addition to the geographical dispersion of the population, other factors inhibiting COIN success were the failure to establish a SOF unity of effort, the overemphasis on the "direct" approach, and the inconsistent effectiveness of Afghan security forces. While some SOF elements spent considerable time building Afghan counterpart capacity (ANASOC and GCPSU) and executing early variations of local defense (AP3, LDI, etc.), the majority of SOF sought to degrade insurgent capability through the elimination of key insurgent leadership and their respective networks. However, without an effective "hold" force at the most basic, and most important, village-level the insurgency continued to gain ground, influence, and momentum despite the numerous clearances and raids conducted by coalition forces. A new approach was needed, so in the summer of 2010 ISAF prioritized VSO and made CFSOCC-A the executor of the campaign.[52]

In order for VSO to serve its purpose of providing the framework for eventual success, four critical issues had to be addressed. The framework had to be defined, the

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[51] Brian S. Petit, "The Fight for the Village," *Military Review* (May-June 2011): 25.

[52] Mark Moyer, "Village Stability Operations and the Afghan Local Police," JSOU Report 14-7 (October 2014): 9-12.

campaign had to be prioritized, SOF executing VSO had to be supported, and SOF actions had to be synchronized. The first three were accomplished in the summer of 2010. Since the execution of VSO would be conducted in hundreds of remote locations, among different populations and tribes, with different SOF elements and personalities, VSO was really a campaign of campaigns. The framework of shape, hold, build, and expand and transition needed to be clearly defined. During shape, SOF conducting VSO had to assess the physical and human terrain to determine if a particular village was suitable for operations. CFSOCC-A provided the directive that in order to conduct VSO in a particular village, local leaders must invite SOF into the village, demonstrate a desire to resist the insurgents, and be strategically important and sustainable.[53] Once identified, SOF would shape the area through key leader engagements, civil affairs projects, and kinetic operations in order temporarily reduce immediate threats and win initial support from the populace. In the hold phase, SOF teams solidify gains within the populace, defeat an insurgent resurgence, and begin building a credible ALP force. Once the ALP have been recruited and vetted as suitable candidates, the SOF teams conduct a 21-day training program to develop their capacity to function as a regulated and effective police force.[54] During build, SOF facilitate the necessary linkage of the village to the district government and ensure the village benefits, security and economically, for their participation. Finally, *expand and transition* allows the Afghans to assume greater responsibility for the newly constructed program, while SOF expand the effort in other

[53] Robinson, *One Hundred Victories*, 63-64.

[54] Duggan et al. *Assessing the Ability of the Afghan MOI to Support the Afghan Local Police (*Santa Monica, CA: RAND Corporation, 2016), 73.

supporting areas and provide necessary oversight to existing programs.[55] In order to support this initiative, CFSOCC-A developed Provincial Augmentation Teams (PATs), District Augmentation Teams (DATs), Village Stability Coordination Centers at regional levels, and the overarching Village Stability National Coordination Center in Kabul to assist in linking village efforts to national objectives.

In 2010, both ISAF and CFSOCC-A commands made VSO-ALP a prioritized effort. Since CFSOCC-A was the "executive agent" of the undertaking, VSO become its highest priority.[56] Unfortunately, not all SOF and SOF resources were under the command of CFSOCC-A. Certain NATO SOF and US Special Mission Units remained exempt from the operational control of CFSOCC-A. Instead, then Brigadier General Austin Scott Miller leveraged his status and existing relationships to ensure that VSO was the weighted effort. The July 2012 establishment of NSCOCC-A/SOJTF-A eventually mitigated a dual-hatted command under a SOF Major General.[57] Under this construct all NATO SOF worked directly for the NSOCC-A Commander, and all US SOF fell under the operational authority of the SOJTF-A. This allowed for both the prioritization and synchronization of all SOF to occur, and would prove instrumental throughout the campaign.

On 1 January 2014, the United States transitioned from Operation Enduring Freedom to Operation Resolute Support-Freedom Sentinel. With this transition, the

[55] Cassidy and Connett, 27.

[56] Moyer, 9-12.

[57] Ibid.

ability to embed at provincial and below levels ended. SOJTF-A continues to maintain an ALP Special Operations Advisory Group (SOAG) that provides expeditious train, advise, and assist capability. However, despite the reduced presence, the ALP continues to be an effective measure against insurgent forces. In October 2015, the Special Inspector General for Afghanistan Reconstruction published "SIGAR 16-3 Audit Report," a comprehensive review of the Afghan Local Police. The SIGAR confirmed that of the 30,000 allotted and trained ALP, 28,073 remain over 150 districts.

Case Study 1: VSO in Chora, Uruzgon 2012

In 2012, US Navy SEAL Team 2 assumed command for the newly-designated Special Operations Task Force-Southeast (SOTF-SE), whose responsibility was to provide command and control of all special operations within the Afghanistan provinces of Uruzgon and Zabul. US Navy Commander Mike Hayes established three objectives for SOTF-SE: secure the central corridor of Uruzgon to prevent the insurgents use of the region as a safe-haven and transit route to other areas, win support of the Ghilzai Pashtun population (tribe sympathetic to Taliban within the area) for GIRoA, and transition established VSO sites to Afghan control.[58] Central to this campaign would be securing the volatile Uruzgon district of Chora.

The district of Chora is mainly composed of inhospitable desert and steep mountains. The majority of the population survives off subsistence farming, which is

[58] Robinson, *One Hundred Victories*, 59-160.

done on family farms near the Karmisan River.[59] Chora lies directly east of the Uruzgon provincial capital, Tarin Kowt, and serves as a central corridor for insurgents transiting between Helmand and Zabul provinces.[60] A weakened tribal structure gave the Taliban an opportunity to seize control of the critical terrain, and insufficient GIRoA and Coalition force support to the area made any previous attempts to dispel the Taliban ineffective. Thus, by 2012, Chora became a significant obstacle to Commander Hayes's first objective. The answer was to deploy a SEAL Platoon to conduct VSO within the district. The result would be an ideal case study of a successful, single-district, VSO campaign.

In late spring 2012, a SEAL Platoon arrived at Chora. After an initial assessment, the Platoon realized they had to do more than build ALP. They would have to take a "proactive approach to push the Taliban out, rehabilitate and empower tribal structures, reassure GIRoA allies, and shape the physical terrain to inhibit the Taliban's infiltration routes."[61] During the shape phase, SOTF-SE supported the Platoon by providing the US-partnered 8th Afghan Commando Kandak to execute a series of aggressive clearing operations, while the SEAL Platoon began engaging the local population and conducing initial recruitment for the ALP.[62] As a result of the "white space" created by the

[59] Daniel R. Green "Retaking a District Center: A Case Study in the Application of Village Stability Operations," *Military Review* (March-April 2015): 119.

[60] Ibid.

[61] Ibid., 122

[62] Robinson, *One Hundred Victories*, 170.

Commando operations, the SEAL Platoon was able to identify the local powerbrokers, gain their support, and recruit an initial forty members to the ALP.[63]

During the hold phase, the SEAL Platoon had to contend with the skepticism of the local population that doubted the new 40-man ALP force's capability to secure the population and eliminate Taliban presence. In addition to the ALP, the Platoon began training and conducting operations with the previously ineffective ANA and ANP. By building unified action among the different Afghan forces, and partnering with them to ensure compliance, the SEALs were able to maintain the necessary security to develop an effective "hold" force.

In build, the SEALs decided to literally build a wall and establish ALP checkpoints. After gaining local buy-in, the SEALs initiated construction on a 500-meter Hesco wall that was intended to physically block insurgent freedom of movement towards Tarin Kowt.[64] The wall would stretch along a vegetated area in between two mountain passes. Again, SOTF-SE assisted through the employment of the 8th Commando Kandak to disrupt enemy forces through targeted raids and clearing operations. After the wall was built, three checkpoints were established at either end and the middle. The result was an increase in security and community involvement. ALP membership rose from 40 to 155 following the success of the wall.[65]

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[63] Green, 123.

[64] Robinson, *One Hundred Victories*, 163.

[65] Green, 123.

The final validation of the SEALs actions came during a determined clearance with ANA, ANP, and ALP. The forces successfully raided a Taliban control center and discovered two suicide vests.[66] This action demonstrated the capability of the local defense forces to secure and defend their own territory, which greatly contributed to the objectives of the Afghan-wide special warfare campaign and indicated an appropriate metric to advance to the expand and transition phase of VSO. In 2012, the SOTF-SE Commander was able to retrograde four SOF teams from four different village level VSO sites to district centers.[67] These forces were moved out of the village as a result of a successful special warfare campaign. At the district center, the SEALs could begin focusing on facilitating broader security gains, while still being able to periodically rotate back to Chora and other former VSO locations.

Analysis of Case Study 1: VSO in Chora, Uruzgon 2012

Employment

Throughout the special warfare campaign in Chora, Uruzgon, SOTF-SE frequently utilized surgical strike in the form of SEAL-partnered ANASOC Commandos in a supporting role. During the initial disruption operations, surgical strike enabled the special warfare elements to gain an initial foothold in the community and establish a VSO site. Likewise, the clearances done by the 8th Commando Kandak during the building of the Chora wall supported the creation of white space and facilitated freedom of movement for construction crews. Meeting the criteria of the FM 3-24.2 *Tactics in*

[66] Green, 123.

[67] Robinson, *One Hundred Victories*, 167.

Counterinsurgency, the Commando operations were "complementary and condition-setting operations."[68]

The actions performed by surgical strike elements were a combination of both raids and clearances. The raids targeted local insurgent networks, with the intention of removing key insurgents from the battlefield and reducing the overall effectiveness of capability of enemy forces. The clearance operations of known insurgent locations were designed to deny insurgents sanctuary, staging locations, and other positions of military advantage.

When reviewing the timing of surgical strike operations throughout the campaign, concentrated effort occurred during the shape and build phases. During the shape phase, Commandos conducted aggressive clearances and targeted raids. In the build phase, these raids and clearing operations continued but with an increased tempo as they targeted areas critical to the SEAL's freedom of movement during initial training and employment of the ALP. Outside of these phases, other Afghan defense forces, partnered with special warfare SEAL platoons, conducted the majority of operations and the tempo of surgical strike in Chora was limited.

Effectiveness

In this case study, surgical strike was very effective in achieving the desired effects on dislocation of population from enemy. The SEALs and Commandos were moderately successful in removing enemy from the battlefield, but the primary role of surgical strike was to deny the enemy access to the resources and population of Chora.

[68] U.S. Army, FM 3-24.2, 3-24.

Clearance operations during the construction of the wall while intended to kill or capture HVTs, were in support of operations designed to secure the population. The effects of these actions on the population were positive, meaning these actions enhanced the public's perception of the SEALs and local defense forces. This is witnessed in the increase of ALP volunteers from 40 to 155 after the wall is built, demonstrating increased community commitment to the special warfare efforts. Therefore, while attrition was the immediate objective of surgical strike, the broader result was dislocation of the population from the insurgency.

Integration and Management

Surgical Strike assets operating within Chora during this case study were managed by SOTF-SE. They were not an external element; instead, they were at the disposal, or operational control, of Commander Mike Hayes to employ throughout his area of responsibility as needed. Hayes was able to synchronize the use of surgical strike to support his special warfare elements during their village campaign, which maybe the reason surgical strike operations were tied to key special warfare tasks.

Case Study 2: VSO in Kunar Province 2010-2013

Even before the execution of VSO, the premise of village-based operations was not new to Kunar province. In order to enhance security within the province, ISAF forces had been required to work alongside the warring tribes in the remote and mountainous region since their introduction into the valley. In 2003, Captain Jim Gant and ODA 316

lived in the village of Mangwel and conducted a primitive form of VSO.[69] In that same year, Captain Ronald Fry and ODA 936 established an outpost in the remote Pech Valley to work alongside the tribesmen, build a local defense force, and attempt to bring stability to a contentious area.[70] These Special Forces detachments and others like them, found success within their limited area of operations, but the village stability concept struggled to become a formalized strategy and the security situation deteriorated. In the following years, the province became infamous through books like *Lone Survivor* and documentaries such as *Restrepo*. Eventually, the COIN strategy of the time proved unsustainable and in 2010 ISAF began to withdrawal forces from remote outposts in volatile locations such as the Pech Valley, Korengal Valley, and the entire bordering Nuristan province.[71] SOTF-E, commanded by a rotation of 3rd Special Forces Group (A) battalions, refocused the operational approach in the province, determining that the implementation of VSO in southern Kunar (Asadabad to Jalalabad) was the best use of forces and had the highest opportunity for success in the region.[72] This was due to the decreased severity in terrain, the concentration of population in the province, and the desire to increase security along the main artery to Jalalabad. In other words, VSO in that region might allow special warfare elements to win the support of the majority of Kunar's

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[69] Jim Gant, *One Tribe at a Time* (New York: Black Irish, 2014), 49-77.

[70] Ronald Fry, *Hammerhead Six: How Green Berets Waged an Unconventional War Against the Taliban to Win in Afghanistan's Deadly Pech Valley* (New York: Hachette Books, 2017).

[71] Robinson, *One Hundred Victories*, 94.

[72] Ibid.

population and "wall off the badness"[73] that existed in the more remote areas in Kunar and northern Nuristan.

The objective to link the security and governance developed by special operators in one village to the efforts made in other villages, districts, and provinces began to see success after years of tribal interaction. In 2012, CJSOTF-A released a story describing how Khas Kunar ALP and Barabat ALP joined forces alongside the Afghan Border Police to unilaterally repel a Taliban attack in Sar Kani, Kunar. SOTF-E Commander, LTC William Linn, noted that this event demonstrated the role of ALP and validated their ability to "remain the gatekeepers to stability and security throughout the provinces."[74] By the end of 2014, Special Forces detachments had constructed a competent string of ALP forces across the southern districts of Khas Kunar, Narang, Chowkay, and Sar Kani.[75]

Much like Chora, the special warfare campaign was able to develop this local capability by embedding among the population and applying the same methodology of shape, hold, build, and expand-transition. The added advantage Special Forces had in the area, in some cases, was the exposure the population of Kunar had to ISAF forces prior to the execution of VSO. Both the amount of troops and years of persistent presence in the

[73] Robinson, *One Hundred Victories*, 94.

[74] Faith Kawgdoo, "Afghan Security Forces Unilaterally Work Together to Reduce Insurgent Threat in Kunar," Defense Media Activity, 15 April 2012, accessed 3 January 2017, https://www.dvidshub.net/news/86907/afghan-security-forces-unilaterally-work-together-reduce-insurgent-threat-kunar.

[75] Robinson, *One Hundred Victories*, 225.

area were greater in Kunar than that of Uruzgon, allowing Special Forces to more expeditiously identify key individuals and groups within the population.

The special warfare campaign was complemented, much like in Uruzgon, by the partnering of SOTF-E elements with the 1st Afghan Commando Kandak. The partnered Commandos served as a near surgical strike force that could support the overall special warfare campaign of VSO and was under the operational control of SOTF-E. In November 2011, ODA 3313 and Afghan Commandos executed Operation Sayaqa to target an insurgent camp in the border town of Maya that was disrupting VSO operations in southern Kunar.[76] On 6 March 2012, 1st Commando Kandak and special forces advisors conducted an operation in the Ganjgal valley of Kunar to "relieve the pressure on Nur [ALP Commander] and the populated valley"[77] by targeting a key Taliban commander. On 9 July 2012, USCENTCOM published a news release titled "Afghan Commandos Disrupt Insurgent Networks and Reduce Threat to ALP in Shonkrai Valley."[78] The news release describes how "100 Afghan commandos [of the 2nd Company, 1st Kandak] and an element of coalition special operations forces' advisers

[76] Robinson, *One Hundred Victories*, 101.

[77] Ibid., 222.

[78] Cindi King, "Afghan commandos Disrupt Insurgent Networks and Reduce Threat to ALP in Shonkrai Valley," 9 July 2012, accessed 5 January 2017, http://www.centcom.mil/MEDIA/NEWS-ARTICLES/News-Article-View/Article/884607/afghan-commandos-disrupt-insurgent-networks-and-reduce-threat-to-alp-in-shonkra/.

destroyed three insurgent fighting positions, reduced an improvised explosive device and discovered thirty pounds of high-grade ammonium nitrate."[79]

These operations, along with numerous other Commando raids targeting HVTs in Kunar, were conducted as a means of shaping the environment in support of on-going VSO efforts. However, unlike Chora, SOTF-E had a large presence of US conventional forces that were also requesting the use of the Afghan Commandos in support of their disruption operations to deny enemy sanctuary in areas that were recently vacated by ISAF.[80] SOTF-E Commander in 2011, LTC Bob Wilson, stated that every four to six weeks he would be asked to send his team and Commandos to lightly populated areas to conduct enemy-centric missions that would have little impact on the overall objective and contribute no permanent security gain to the area.[81] The demand on surgical strike from Special Forces conducting VSO and the conventional forces executing disruption operations limited the availability of the Commandos and added the additional strain of an increased operational tempo across a large area of responsibility.

Another differentiation between Uruzgon and Kunar was that the 1st Afghan Commando Kandak was not the only surgical strike asset operating within Kunar during that time period. Due to the geographical and tribal closeness of Kunar to Pakistan, presence of al Qaeda, flow of force protection threats throughout Afghanistan, and common usage of kidnapping, national-level US SOF frequently conducted operations

[79] Ibid.

[80] Robinson, *One Hundred Victories*, 102.

[81] Ibid., 102.

within the province. These elements were not under the operational control of SOTF-E, and were not intentionally or directly contributing to the special warfare campaign waged specifically in Kunar. These forces, in July 2012, came under operational control of the SOJTF-A, whose task it became to facilitate a theater-wide special warfare campaign.

In December 2010, SOF conducted a successful operation to capture al Qaeda's senior Commander in Afghanistan, Abu Ikhlas al Masri. An Egyptian-born al Qaeda Commander that served as the al Qaeda operations officer for all of Afghanistan and the Commander of al Qaeda in Kunar.[82] This operation was specifically designed to support the broader effort in Afghanistan, and would indirectly contribute to the mission of SOTF-E. On 8 October 2010, SOF executed a failed attempt to rescue kidnapped British aid worker, Linda Norgrove. Directed by US President and approved by the British Prime Minister, US SOF deployed to northern Kunar to rescue Norgrove from a Taliban stronghold in the mountains. During the assault, Norgrove and two Taliban commanders were killed.[83]

From 2010 until his death in August 2013, SOF conducted numerous raids to kill or capture Taliban and al Qaeda commander, Qari Zia Rahman (QZR). A dual-hatted member of both the Taliban and al Qaeda, QZR was responsible for establishing training

[82] Bill Roggio, "ISAF Captures al Qaeda's Top Kunar Commander," *Long War Journal*, 6 April 2010, accessed 26 December 2016, http://www.longwarjournal.org/archives/2011/04/isaf_captures_al_qae.php.

[83] Joe Sterling and Ivan Watson, "British Hostage in Afghanistan Killed During Rescue Attempt," *Long War Journal*, 9 October 2010, accessed 26 December 2016, accessed 15 December 2016, http://edition.cnn.com/2010/WORLD/asiapcf/10/09/afghanistan.british.worker.death/index.html?hpt=T2.

camps with Kunar and Nuristan, facilitating suicide bombers through Pakistan into Afghanistan, and leading multiple attacks against ISAF ground forces.[84]

In 2012, SOF conducted sixteen raids against various al Qaeda connected targets.[85] The presence of these SOF elements contributed to the national objectives of the US in Afghanistan, but was not synchronized with the efforts of VSO. Insurgent networks were disrupted through the targeting of key leaders, which indirectly benefited the Special Forces detachments conducting VSO. However, the methods of eliminating insurgents, such as night raids and air strikes, though frequently successful in achieving intended results often deepened the divide between special warfare forces and the Afghan population.

In April 2013, SOF conducted an operation in Shigal, Kunar to kill-capture a Taliban HVT. During the assault, US forces received intense enemy contact from a housing area and an air strike was executed to support the ground force. The strike eliminated the enemy threat and HVT, but also killed eleven children.[86] These types of actions increased population support for insurgent activities. A PEW poll identified that from November 2009 to November 2010, the percentage of the Afghan population that

[84] Bill Roggio, "Afghan Military Claims Dual-Hatted Taliban and al Qaeda Leader Killed in ISAF Airstrike," *Long War Journal*, 22 August 2013, http://www.longwarjournal.org/archives/2013/08/afghan_military_clai.php.

[85] Roggio, "ISAF Captures."

[86] BBC News, "Afghan Children Killed by NATO Air Strike in Shigal," 7 April 2013, accessed 19 December 2017, http://www.bbc.com/news/world-asia-22058455.

viewed attacks on ISAF as justifiable rose from 8 percent to 27 percent.[87] This led the ISAF Commander, GEN Stanley McChrystal, to pursue a strategy of "courageous restraint" in August 2009.[88] It would later be the cause for Afghan President, Hamid Karzai, to ban night raids in 2013.[89]

Analysis of Case Study 2: VSO in Kunar Province 2010-2013

Employment

When reviewing the role of surgical strike in support of VSO in Kunar, the most prominent characteristic is the diversity of both supported and supporting forces. First, the Commandos and partnered SOTF-E Special Forces detachment met the requirements of the *ARSOF 2022 Operating Concept* through their execution of surgical strikes "while supporting special warfare to weaken the enemy's grip on the population through direct action operations against critical mission command nodes and infrastructure."[90] Operations conducted by the Commandos in Maya, Ganjgal, and Shonkrai were directly

[87] Erica Gaston, "Karzai's Civilian Casualties Ultimatum," 2 June 2011, accessed 20 February 2017, http://foreignpolicy.com/2011/06/02/karzais-civilian-casualties-ultimatum/.

[88] Thomas Harding, "Courageous Restraint Putting Troops' Lives at Risk" 6 July 2010, accessed 1 March 2017, http://www.telegraph.co.uk/news/worldnews/asia/afghanistan/7874950/Courageous-restraint-putting-troops-lives-at-risk.html.

[89] Rod Nordland and Taimoor Shah, "Afghanistan Quietly Lifts Ban on Nighttime Raids," *New York Times*, 23 November 2014, accessed 1 March 2017, https://www.nytimes.com/2014/11/24/world/asia/afghanistan-quietly-lifts-ban-on-night-raids.html?_r=1.

[90] US Army Special Operations Command, "ARSOF 2022 Operating Concept," 11.

supporting VSO efforts within Kunar by disrupting insurgent ability to influence special warfare activities.

However, the addition of conventional elements generated further requirements for the Commandos to support. While the conventional elements were contributing to the irregular warfare campaign, the disruption operations tasked to the Commandos to support on their behalf lay outside the area of influence of VSO, as viewed by the SOTF-E Commander. Furthermore, the lack of a holding force following Commando missions in remote areas of Kunar and Nuristan meant that there was little permeant security achievement of their actions; therefore, the gains were short-lived and not consolidated.

In addition to the Commandos, US national-level SOF also conducted surgical strikes within Kunar. Their role was, likewise, in accordance with the *ARSOF 2022 Operating Concept*, stating that surgical strike is designed to "shape the operational environment or influence selected target audiences in support of broader strategic objectives."[91] SOJTF-A tasked these elements with the removal of theater-wide threats to the overall special warfare campaign in Afghanistan. However, within Kunar these forces did not directly support the VSO mission of SOTF-E. This had ramifications on the operational success within the province and was not in-line with the FM 3-24.2, that states strike operations should be "complementary and condition-setting."[92]

The majority of the actions described in this case study by surgical strike elements were targeted raids against known insurgent leadership. However, one particular

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[91] US Army Special Operations Command, "ARSOF 2022 Operating Concept," 12.

[92] US Army, FM 3-24.2, 3-10.

exception was the attempted hostage rescue of Linda Norgrove by national-level SOF. The majority of operations conducted by all surgical strike elements were executed bi-laterally with Afghan SOF partners, allowing an Afghan "face" on the operation and facilitating legitimacy of host-nation forces. The key concern, with regard to actions conducted, was the use of nighttime raids and air strikes to achieve results. These actions had significant impact on the population, and may have impacted the effectiveness of the special warfare campaign in certain areas.

Unlike the Chora case study, the primary timing of surgical strike operations in Kunar occurred in the later phases of build and expand-transition. Ann Scott Tyson describes MAJ Jim Gant's situation in Khas Kunar in 2011, "The Taliban, led by Abu Hamam, was caught off guard by the rapid spread of arbakai [ALP] in the district and immediately tried to disrupt it."[93] This indicates that SOTF-E forces had shaped the environment to facilitate their embed with the local population and built an ALP contingent prior to the need for surgical strike. Due to the historical presence of ISAF forces in the area, the shape and hold phases were generally shorter. This meant that the later phases were weighted more heavily with surgical strike support. The Commando mission in Ganjgal was in direct support to the already established ALP Commander Nur Mohammed. In fact, a majority of surgical strike operations were developed with intelligence gathered as a result of SOTF-E presence at the village-level. In contrast, US national-level SOF executed missions across the spectrum of on-going operations during

[93] Ann Scott Tyson, *American Spartan: The Promise, the Mission, and the Betrayal of Special Forces Major Jim Gant* (New York: HarperCollins Publishers, 2014), 154.

the VSO campaign, but began to play a more prominent role during the *transition* phase as US forces began to withdrawal from Kunar. COL Tony Fletcher, CJSOTF-A Commander, stated, "Special mission units would run periodic disruption operations" to support the Afghans in Kunar following the transition of security.[94]

The tempo of surgical strike within the Kunar special warfare campaign was near relentless. The sheer volume of insurgents in Kunar meant that the demand for Commando support to VSO was high. Additionally, the desire for Commando support to conventional missions accelerated the operational tempo for surgical strike. SOTF-E Commander, LTC Wilson describes how the Afghan Commandos and the Special Forces detachment assigned to them were in constant demand for disruption operations, "The time commitment [for a major operation] amounted to six weeks in all, when training time, mission planning, and recovery were factored in. In addition, the Commandos often took casualties, since they were the sharp end of the spear."[95] As stated earlier, many of these conventional operations were not synchronized with the efforts of VSO and had minimal impact on the success of the special warfare campaign. So, while the operational tempo of the Commandos was high, the contribution to VSO was limited in some respects. On the other hand, the higher-controlled national-level SOF maintained an effective tempo in their removal of key insurgents from the battlefield.

[94] Robinson, *One Hundred Victories*, 235.

[95] Ibid., 102.

Effectiveness

The effectiveness of surgical strike's ability to attrite enemy forces while supporting the dislocation of the population from the insurgency varied. When Commando action was in support of VSO, there was an effective balance between attrition and dislocation. The enemy targeted was directly affecting the security of the population, so their removal hindered insurgent capability and generated white space for population-centric operations. The exception to this occurred when civilian casualties occurred and were exploited by insurgent elements to foster population resentment. The use of Commandos during disruption operations in remote areas recently vacated by ISAF was heavily enemy-centric. Insurgent forces were removed from the battlefield *en masse* during these operations and reduced in their capability to conduct offensive operations, but there was little dislocation. The lack of any hold force following strike operations in these areas meant that the population had little security improvement following the mission.

Likewise, national-level SOF focused entirely on the removal of key insurgent leadership from the battlefield and, essentially, disregarded the population. The removal of these leaders had a tremendous impact Afghanistan-wide by denying effective command and control, financing, bomb-making, etc. However, the contributions to VSO within Kunar were typically indirect. Lastly, the effectiveness of surgical strike's support to the special warfare campaign may have been limited due to the actions taken during the operation. As stated previously, the use of nighttime raids and air strikes in civilian areas contributed to a decrease in popular support. In Zabul 2012, 8th Commando Kandak and partnered SOF conducted a "call-out" in the early dawn before sunrise, using

the local Mullah to entice the intended target to come out peacefully.[96] The result was the capture of a key insurgent leader and a grateful civilian religious leader. Such innovation and adaptation to the environment can facilitate attrition without sacrificing the will of the populace.

Integration and Management

Much like the Chora case study, the Commandos and partnered Special Forces detachment were under the operational control of SOTF-E. This, ideally, allowed the SOTF-E Commander to synchronize surgical strike and special warfare. The unity of command should have facilitated an effective unity of effort. However, the requirement from ISAF to support conventional disruption operations reduced the ability of SOTF-E to more appropriately integrate surgical strike in support of VSO. External to SOTF-E command and control were the US national-level SOF, who were under the operational control of SOJTF-A. These assets had unity of effort in that they were trying to degrade insurgent capability, but lack of unity of command with the forces conducting VSO meant that special warfare success in Kunar could be negatively impacted by other SOF operations.

[96] Robinson, *One Hundred Victories*, 173.

Overview: Special Warfare During "The Surge" (OIF)

In a 10 January 2007 television address to the nation, President George W. Bush announced a "New Way Forward" to remedy the deteriorating situation in Iraq.[97] His strategy would include the commitment of an additional five Army Combat Brigades (raising the total to fifteen), an Army Combat Aviation Brigade, a Marine Expeditionary Unit, two Marine Infantry Battalions, a Division headquarters, and civilian components to support Provincial Reconstruction Teams.[98] This surge of forces would be used to implement a new COIN strategy being developed by the in-coming Commanding General of Multi-National Force – Iraq (MNF-I), GEN David Petraeus. In 2007, GEN Petraeus was inheriting a bleak situation. In 2006, Baghdad endured an average of fifty small arms attacks and three car bombs each day.[99] At the height of violence, Iraq averaged 1,500 small arms attacks and 1,700 IED attacks per week.[100] In April 2007, COL H. R. McMaster defined the problem in Iraq as a low-grade civil war with elements of insurgency, jihadist terrorism, failed state syndrome, foreign influence, and criminal activity mixed together.[101] The security and control of Baghdad and surrounding areas

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[97] Catherine Dale, CRS Report RL34387, *Operation Iraqi Freedom: Strategies, Approaches, Results, and Issues for Congress* (Washington, DC: Library of Congress, Congressional Research Service, March 2008), 52.

[98] Ibid., 53.

[99] David Petraeus, "How We Won in Iraq and Why All the Hard-Won Gains of the Surge are in Grave Danger of Being Lost Today," *Foreign Policy*, 29 October 2013, accessed 16 October 2016, http://foreignpolicy.com/2013/10/29/how-we-won-in-iraq/.

[100] Dale, 104-5.

[101] Linda Robinson, *Tell Me How This Ends: General David Petraeus and the Search for a Way out of Iraq* (New York: Public Affairs, 2004), 115.

was at risk, AQI and other "Special Groups" were gaining strength, foreign fighter and weapon flow from Syria and Iran was increasing, and Iraqi Security Forces were not yet capable of assuming responsibility for the security of their own nation.[102] In short, Iraq had become an amorphous and irregular conflict that would require a surge of forces to meet the demands of securing the population and defeating the various enemy elements.

GEN Petraeus saw the solution as an application of the "Clear-Hold-Build" strategy that was outlined in the recently published FM 3-24.2 *Tactics in Counterinsurgency* and validated in the 2005 pacification of Tal Afar. The FM 3-24.2 defines Clear-Hold-Build as "a full spectrum operation that combines offense (finding and eliminating the insurgent), defense (protecting the population), and stability (rebuilding infrastructure, increasing legitimacy of the local government, and bringing rule of law to the area)."[103] This formula saw success in Tal Afar in 2005 under the command of COL H. R. McMaster and the 3rd Armored Calvary Regiment (ACR). 3rd ACR began by isolating Tal Afar from external influence by implementing population control measures such as barricades around the city, check-points along main routes into the city, and increased security on the nearby Syrian border. Then 3rd ACR initiated a deliberate clearance of Tal Afar to destroy insurgent strongholds within the city. Finally, 3rd ACR established a total of twenty-nine combat outposts within Tal Afar to engage the

[102] Robinson, *Tell Me How This Ends*, 104.

[103] US Army, FM 3-24.2, 3-17.

local population and deny enemy influence.[104] This resulted in a secure population that was able to achieve economic and political growth.

In order to apply this strategy across the nation of Iraq, GEN Petraeus identified ten keys to success. First, a surge of forces and ideas were essential. To be adaptable and capable of living within the population the additional forces promised by President Bush were necessary. Likewise, creative thought was critical to developing solutions to this elusive problem. Second, securing the population became the priority of effort. The people had become both the center of gravity for the Coalition, Government of Iraq, and insurgent forces. Third, in order to secure the population, deny insurgent influence, and build relationships, Coalition forces need to be dispersed and living among the population. Until that point, a majority of forces resided on major Forward Operating Bases (FOBs) and essentially commuted to war. Under the direction of GEN Petraeus, Battalions and Companies were to establish smaller, more forward, outposts within population centers. In order to achieve the aforementioned, the fourth key to success would be the employment of Clear-Hold-Build by these forces in each of their respective areas of responsibility. Fifth, MNF-I and the Government of Iraq needed to encourage reconciliation with former insurgent entities in order to achieve an "Awakening" effect like that which occurred in Ramadi in late 2006, during which local tribes broke with AQI and began to support Coalition forces.[105] Sixth, an increased tempo of SOF targeted raids against high- and mid-level insurgent personnel would create enough disruption to

[104] Dale, 47-48.

[105] Ibid., 90.

hostile networks to facilitate Coalition and Iraqi force security gains. Seventh, Iraqi Security Forces would need concentrated effort to build their capacity for assuming greater responsibility of security within Iraq. This would be achieved through SOF dedication to Iraqi Special Operations Forces (ISOF), the Counter Terrorist Service (CTS) and subordinate Counterterrorist Command (CTC), and the Emergency Response Brigades (ERB). Other Coalition forces would develop Military Transition Teams to develop Iraqi Army capability and Police Transition Teams to reinforce rule of law through the Iraqi Police. Eighth, interagency cooperation would be a critical component to success in Iraq due to their unique capabilities not found within the armed forces. Ninth, professionalization of detainee operations and commitment to rule of law would reinforce the tenth, and final, component of legitimizing the Government of Iraq.[106]

So then, how did special warfare and surgical strike factor into this irregular warfare strategy? Special warfare and surgical strike were woven into the overall campaign for Operation Iraqi Freedom since its inception. On 20 March 2003, the same day the US and Coalition partners launched the invasion into southern Iraq; Task Force (TF) Viking launched an unconventional warfare campaign into northern Iraq.[107] Two Special Forces Battalions from 10th SFG (A), the 10th SFG(A) Headquarters, and partnered Kurdish *Peshmerga* forces were tasked with fixing the thirteen Iraqi divisions positioned along the Green Line in order to prevent their ability to move south towards Baghdad. TF Viking was further ordered to defeat a 700-man terrorist organization called

[106] Petraeus.

[107] Linda Robinson, *Masters of Chaos* (New York: Public Affairs, 2004), 299.

Ansar al-Islam during Operation Viking Hammer, and liberate the cities of Kirkuk and Mosul.[108]

Still other circumstances led the US to employ unilateral surgical strike to achive limited objective. On 1 April 2003, Rangers and other SOF conducted near simultaneous operations in Haditha to seize the mission critical dam and in Nasiriya to rescue captured SPC Jessica Lynch. As the war in Iraq evolved, so did the role of special operations. Following the invasion, SOF dedicated themselves to capturing the Former Regime Elements (FREs) that were once key members of Saddam's inner circle. Eventually, the targeting capability of SOF became fully integrated into the broader irregular campaign following the emergence of AQI and Abu Musab al Zaqawi. AQI proved a ruthless obstacle to securing the population and protecting Coalition forces. GEN Stanley McChrystal, then commander of a US Joint Special Operations Task Force (JSOTF), increased the operational tempo to target AQI in support of Coalition efforts in Iraq. He believed "under enough pressure, AQI's members would be consumed with staying alive and thus have no ability to recruit, raise funds, or strategize."[109]

The success of GEN McChrystal and his force would become a cornerstone to GEN Petraeus's Clear-Hold-Build strategy. Under the new strategy, these forces would often operate in tandem with conventional forces. When a conventional force moved into

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[108] Isaac J. Peltier, "Surrogate Warfare: The Role of US Army Special Forces," 26 May 2005, accessed 20 October 2016, http://www.jezail.org/03_archive/manuals_monogrms/Surrogate_war_UW.pdf.

[109] Stanley McChrystal, "It Takes a Network," *Foreign Policy*, 21 February 2011. Accessed 13 November 2016. http://foreignpolicy.com/2011/02/21/it-takes-a-network; McChrystal, *My Share of the Task*, 162.

an area during the *clear* phase, insurgent forces would begin to prepare for attacks by communicating, which allowed SOF to target them. The execution of these targets disrupted insurgent networks and generated white space which allowed conventional forces to more rapidly transition into the hold phase.[110]

In addition to targeted raids, Special Forces would play a prominent role in the expansion of security by generating an internal counterterrorist capability for the Government of Iraq. Under the command of the Combined Joint Special Operations Task Force – Arabian Peninsula (CJSOTF-AP), Special Forces established three ISOF Brigades under the CTS, which would eventually become a separate Ministry in Iraq on par with the Ministry of Defense.[111]

Additionally, Special Forces trained and advised the ERBs, an elite force within the Ministry of the Interior. In order to accomplish all this, CJSOTF-AP was composed of two battalions rotating every six months from 5th and 10th SFG (A), and was augmented with a Special Forces company that specialized in direct action.[112] "These units had trained, advised, and fought alongside the Iraqi special operations forces since their formation in 2003."[113] CJSOTF-AP Commander, COL Ken Tovo, defined the role of Special Forces in Iraq as threefold. First, to develop Iraqi Security Force capability to

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[110] Robinson, *Tell Me How This Ends*, 106.

[111] David Witty, *The Iraqi Counter Terrorism Service*, The Brookings Institution, accessed 12 February 2017, https://www.brookings.edu/wp-content/uploads/2016/06/David-Witty-Paper_Final_Web.pdf.

[112] Robinson, *Tell Me How This Ends*, 164.

[113] Ibid.

conduct COIN; second, to neutralize insurgent capability through intelligence-driven, precision operations; and third, to employ non-kinetic enablers to achieve desired and lasting effects.[114] CJSOTF-AP and subordinate SOTFs were able to exert influence because of their ability to work by, with, and through the premier SOF elements of Iraq, which enabled US SOF to wage a series of successful special warfare campaigns that supported the broader Clear-Hold-Build strategy.

Case Study 3: Operation Lion's Roar and the 2008 Ninawa Campaign

Mosul is the second largest city in Iraq, with a population of approximately 1.8 million people.[115] It is located 250 miles north of the capital city of Baghdad and the Tigris River splits the city into eastern and western halves. The population of Mosul was 70 percent Sunni, 25 percent Kurd, and 5 percent other (i.e. Christian, Yezidi, etc.).[116] There were 136 tribes in Mosul and the surrounding areas, with the two dominating tribes being Shammar and Jiburi.[117] Although tribal relationships were important in Iraqi society, the metropolitan history of Mosul weakened the tribal influence inside the city as compared to the surrounding rural areas. Mosul was a stronghold of support for the Iraqi government during the Saddam era. It was home to a large Ba'ath Party headquarters and

[114] Kenneth Tovo, "Combined Joint Special Operations Task Force–Peninsula (CJSOTF-AP) Operational Overview," 27 February 2007, accessed 11 December 2016, http://www.dtic.mil/ndia/2007/solic/tovo.pdf.

[115] Eric Hamilton, "Iraq Report: The Fight for Mosul," Institute for the Study of War, 2008, accessed 11 November 2016, http://www.understandingwar.org/report/fight-mosul.

[116] Ibid.

[117] Ibid.

contributed over two hundred thousand residents throughout the years to the Saddam military, security, and intelligence services.[118] In fact, by 2005, an estimated 1,100 former General Officers, 2,200 former Colonels or Lieutenant Colonels, 4,000 other Officers, and 103,000 former enlisted Soldiers continued to reside in Mosul.[119] The ethnic concentration of Sunni-Muslim and the strong presence of former regime officers made Mosul a hotbed for insurgent activity.

In 2003, then MG David Petraeus, Commander of the 101st Airborne Division, occupied Mosul. While there, he was able to generate relative security and stability through an early version of his COIN strategy. However, by 2004, the security situation in Mosul deteriorated. On 21 December 2004, a suicide bomber was able to infiltrate the major Coalition base, FOB Marez. The suicide bomber detonated his device inside the dining facility, killing 22 people.[120] As OIF continued, the security of Baghdad became of greater strategic importance than Mosul. Two battalions from the 2nd Iraqi Army (IA) were relocated from Mosul to Baghdad. The 101st Airborne Division was replaced by a single US Army Brigade Combat Team, effectively cutting the number of Coalition forces in Mosul in half.[121] MG Hertling, the MND-N Commander, described Ninawa

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[118] Hamilton.

[119] Ibid.

[120] Lisa Burgess, "Investigation of FOB Marez Mess-hall Bombing is Complete, Says General," *Stars and Stripes*, 20 August 2005, accessed 6 February 2017, http://www.stripes.com/news/investigation-of-fob-marez-mess-hall-bombing-is-complete-says-general-1.37279#.WNKYn4WcH4h.

[121] Hamilton.

Province as "an economy of force."[122] In addition to the reduction of security forces in Mosul, enemy presence began to escalate as a result of Coalition operations in central Iraq. Operations Phantom Thunder and Phantom Strike had denied AQI access to Diyala, Al Anbar, and Baghdad,[123] so AQI began to transition Mosul into their final stronghold. Mosul had an ethnic and Saddam-loyal population that was willing to provide safe haven, while the proximity to the Syrian border facilitated the continued supply of fighters and equipment to insurgents in Mosul. When 3-3 ACR and 1-8 IN, 4th ID assumed responsibility for Mosul in December of 2007, violence had reached its height. In January 2008, three hundred IEDs were found or detonated, a bombing in the Zanjili district of Mosul killed over three hundred Iraqi civilians; a suicide bomber killed the Ninawa Provincial Police Chief; and five US Soldiers from 1-8 IN were killed in a complex attack.[124] By February 2008, Mosul average twenty attacks per day, with one week spiking to 180 attacks (almost twenty-six a day).[125] During this period, MND-N determined that it was time to implement the Clear-Hold-Build methodology. The clear phase would consist of Coalition force operations to destroy insurgent strongholds in key districts within the city. The hold phase would be a primarily Iraqi effort, allowing them

[122] Mark P. Hertling, "Operational Update Press Conference," 21 May 2008, accessed 6 February 2017, http://ww.globalsecurity.org/military///library/news/2008/05/mil-080521-mnfi-b01.htm.

[123] Military Wiki, "Ninawa Campaign," accessed 1 March 2017, http://military.wikia.com/wiki/Ninawa_campaign#cite_note-3.

[124] Hamilton.

[125] Ibid.

to assume security responsibility. Then the build phase would consist of a combined effort to establish forward outposts within and surrounding the city.

The clear phase had three major accomplishments. First, on 7 February 2008 MND-N launched Operation Viking Harvest II.[126] The operation defeated the build-up of AQI in the southeastern neighborhoods of Somer, Domiz, and Plaestine, and allowed Coalition forces to establish their first outpost within the city. These neighborhoods were the primary residence of the majority of former Saddam-era officers living in Mosul, giving Coalition forces the ability begin influencing a key demographic. Likewise, the defeat of these strongholds during Operation Viking Harvest II would set conditions, essentially soften targets, for the up-coming Iraqi-led Operations Lion's Roar.

The second major achievement was the kill or capture of key AQI leadership by US SOF as a result of Operation Viking Harvest II. On 18 February 2008, SOF captured Abd-al-Rahman, the AQI military emir of Mosul.[127] His capture provided SOF with the intelligence to conduct a lethal raid on 27 February 2008 against the overall AQI emir of Mosul, Jar Allah. Three of Jar Allah's associates were killed in a following raid on 5 March 2008.[128] The removal of Abd-al-Rahman and Jar Allah eliminated the top senior AQI leadership from Mosul, providing significant disruption to AQI operational capability and intelligence to further dismantle AQI networks.

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[126] Hamilton.

[127] Institute for the Study of War, "Targeting the AQI Network in SE Mosul," 8 March 2008, accessed 1 February 2017, http://post.understandingwar.org/publications/commentaries/targeting-aqi-network-se-mosul.

[128] Ibid.

The third achievement of the clear phase was the establishment of the Ninawa Operations Command (NOC). On 15 January 2008, Coalition forces assisted in standing up an Iraqi Command that could oversee, integrate, and synchronize all operations conducted by Iraqi Army, Iraqi Police, Border Security Forces, and ISOF in Ninawa province.[129] It was commanded by MG Riyadh Jalal Tawfiq, the former Commander of the 9th IA in Rusafa, Baghdad. His command was assisted by advisors from Coalition conventional forces, SOF, and civilian police. The NOC would provide a unity of command for all Iraqi forces participating in Operation Lion's Roar, as well as the partnering Coalition forces.

While the clear phase was effective in significantly disrupting AQI operations within Mosul, a US-dominated solution would not be adequate for victory. During hold, the Iraqi forces became the main effort during their execution of Operation Lion's Roar. When describing the upcoming initiative Iraqi Prime Minister Nouri al Maliki stated, "we have formed an operations center in Ninawa for a final war against al Qaeda. Today, our forces are moving towards Mosul. What we have planned in Ninawa will be final. It will be a decisive battle."[130] Operation Lion's Roar was commanded by MG Riyadh. Its goal was to target AQI and ISI networks. Target lists were developed prior to execution, and 96 warrants were generated to support the mission.[131] Participating in the operation were

[129] Institute for the Study of War, "Targeting the AQI Network in SE Mosul."

[130] Bill Roggio, "The Mosul Offensive," *Long War Journal*, 30 January 2008, accessed 11 December 2016, http://www.longwarjournal.org/archives/2008/01/the_mosul_offensive.php.

[131] Institute for the Study of War, "Targeting the AQI Network in SE Mosul."

the 2nd and 3rd IA, Iraqi Police, ERB, Border Security Forces, ISOF, three Coalition Battalions, and US SOF. Additionally, MG Riyadh reached out to the former Saddam-era military officers. Iraqi and Coalition forces were able to capitalize on the fissures growing between AQI and the population, recruiting more than 1,000 former Iraqi Officers into Mosul security forces.[132] Likewise, a concerted effort to foster tribal support yielded more than 10,000 tribesman willing to conduct shaping operations throughout Ninawa in support of Operation Lion's Roar.[133]

In order to project rule of law, a tenet of GEN Petraeus's COIN strategy, the Iraqi Minister of Justice sent teams of from the Mobile Crimes Court in Baghdad to Mosul to expedite cases of individuals detained in operations.[134] Furthermore, the Ninawa Governor and Mosul Mayor pledged to the population that relief funding would be available to neighborhoods damaged during operations.[135] One day prior to the initiation of Operation Lion's Roar, 9 May 2008, the NOC issued a provincial-wide curfew barring non-military vehicles from driving on the road.[136] Also, the Iraqi Police established hundreds of checkpoints throughout the city. On 10 May 2008, Operation Lion's Roar commenced with targeted raids by ISOF and partnered US Special Forces, and deliberate clearances by IA and partnered Coalition forces. By 14 May, 500 individuals had been

[132] Institute for the Study of War, "Operation Lion's Roar." "Targeting the AQI Network in SE Mosul."

[133] Ibid.

[134] Hertling.

[135] Ibid.

[136] Institute for the Study of War, "Operation Lion's Roar."

detained and five weapons caches had been discovered.[137] By 16 May, 833 people had been detained and only two civilian casualties had been endured.[138] Also on 16 May, ISOF and US Special Force partners captured a senior ISI member. Then on 19 May, Iraq forces captured Abdul Khaleq al Sabaawi, the AQI emir for all Ninawa province.[139] Operation Lion's Roar concluded on 24 May. While Iraqi elements suffered 14 casualties, the effects on the enemy were devastating. According to MG Hertling, "of the over 1,000 individuals detained, just under 200 were either Tier 1 or Tier 2 AQI or ISI operatives."[140] From February to May 2008, 14 of the 30 most senior AQI killed or captured in all of Iraq were from Mosul.[141]

The build phase commenced as a combined Coalition and Iraqi effort. Twenty outposts were established throughout the city.[142] With the assistance of Coalition engineers the NOC constructed the "Riyadh Line," a security line consisting of trenches, berms, and Iraqi checkpoints around the exterior of the city.[143] These steps prevented continued insurgent influence, increased security, encourage economic resurgence, and

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[137] Military Wiki.

[138] Ibid.

[139] Ibid.

[140] Bill Roggio, "Operation Lion's Roar Nets More than 1,000 Suspect," *The Long War Journal*, 16 May 2008, accessed 1 March 2017, http://www.longwarjournal.org/archives/2008/05/operation_lions_roar.php.

[141] Roggio, "The Mosul Offensive."

[142] Hamilton.

[143] Hertling.

improved the populations perception of Iraqi and Coalition forces. According to MG Hertling, "the week before Lion's Roar we were averaging about 40 attacks of some type a day in Mosul. Since the beginning of Lion's Roar, we've been averaging between four to six a day."[144] The persistent presence in the city allowed for an influx of intelligence. On 24 June 2008, US SOF killed Abu Khalaf, the leader of AQI in Mosul and second in command of AQI under Abu Ayyub al-Masri (who replaced Zarqawi after his death).[145] US SOF would conduct an average of sixty raids a month in the spring of 2008, contributing to the on-going hold efforts by Iraqi and Coalition forces.[146] The Washington Institute determined that there were 666 security issues in the first quarter of 2008 and only thirty-two in the first quarter of 2011.[147]The Sunday Times reported that Operation Lion's Roar was the "culmination of one of the most spectacular victories in the war on terror. A terrorist force that once numbered more than 12,000 with AQI strongholds in western and central Iraq, has in over two years been reduced to a mere 1,200 fighters backed against the wall in the northern city of Mosul."[148]

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[144] Hertling.

[145] Bill Roggio, "US Names al Qaeda Emir in Mosul Killed during Raid," *The Long War Journal*, 26 June 2008, accessed 4 February 2017, http://www.longwarjournal.org/archives/2008/06/us_names_al_qaeda_em.php.

[146] SOFREP, "The Ranger Revolution in Mosul, Iraq," 1 October 2015, accessed 4 February 2017, https://sofrep.com/43467/ranger-revolution-mosul-iraq/.

[147] Michael Knights, "The 'End of the Beginning': The Stabilization of Mosul and Future U.S. Strategic Objectives in Iraq," Testimony submitted to the Senate Foreign Affairs Committee, 28 February 2017, http://www.washingtoninstitute.org/uploads/Documents/testimony/KnightsTestimony20170228.pdf.

[148] Military Wiki.

Analysis of Case Study 3: Operation Lion's Roar and the 2008 Ninawa Campaign

Employment

The role of surgical strike was unique from previous case studies in that it played a supporting role both to the local campaign in Ninawa and the broader strategic objectives of MNF-I. This was a result of Mosul being the main stronghold of AQI and the concentration of key insurgent leadership within the city. The removal of Jar Allah directly benefitted the strategic objectives of MNF-I as well as directly supporting the clear efforts of Coalition force in Mosul. Likewise, ISOF partnered with US Special Forces capture of an influential member of ISI directly contributed to the Iraqi hold operations as well as developed counterterrorist capability for the Government of Iraq. This contrasts with the VSO operations, where targeting of AQ in Afghanistan may indirectly support VSO efforts.

Much like in the Kunar case study the majority of actions taken by surgical strike elements were targeted raids. The difference being that while US Special Forces were partnered with ISOF and ERB elements throughout Operation Lion's Roar, national-level SOF was primarily unilateral during this time period. The ability to apply an indigenous "face" to the operation had legitimizing effects for the Government of Iraq. Other differences from Kunar and Chora are that within the confines of a major city, operations were conducted amidst the population that was the target of COIN operations. Whereas in Kunar and Chora the actions taken by surgical strike were external to the village. In Mosul, this left the hold force with significant consequence management responsibilities.

In this case study, surgical strike operations were conducted throughout all phases of the Clear-Hold-Build methodology. The significant take-away is that success was

generated from the ability of surgical strike to work in tandem with Coalition and Iraqi forces. As Coalition partners cleared key AQI strongholds it exposed high value targets for surgical strike. Likewise, the removal of these high value targets disrupted AQI networks enough to facilitate Coalition transition in hold. Furthermore, in the build phase the intelligence generated by the persistent presence of Coalition and Iraqi forces in the twenty outposts within the city allowed surgical strike to remove Abu Khalaf. In this case study, the timing of surgical strike was less important than the presence of Coalition and Iraqi forces in the battlespace and the ability for elements to be mutually supporting. This may be due to the more offensive nature of this case study versus those examining VSO.

The tempo of surgical strike operations during the Ninawa campaign was much higher than seen in other case studies. This could be for a number of reasons. First, the concentration of the population and insurgents into the confined city space meant intelligence collection could be concentrated on a more limited geographical space and travel to time to targets was shorter and less resource intensive than in the mountains of Kunar. Second, the offensive tempo of Operation Lion's Roar demanded an increased operational tempo from surgical strike. Finally, with twenty outposts in the city and the Riyadh Line isolating the city, increased targeting was possible due the presence of forces and degraded enemy freedom of movement. US SOF were able to conduct an average of sixty raids per month, demonstrating the effectiveness of GEN McChrystal's concept of "relentless body blows" being capable of stunting an insurgent network.[149]

[149] McChrystal, *My Share of the Task*, 162.

Effectiveness

With regard to the effectiveness of surgical strike in this campaign, there is little doubt that the operations were very effective in removing key leaders from the battlefield. The capture or killing of Abd-al-Rahman, Jar Allah, Abu Khalaf, and others are testament to that. These operations were entirely attrition focused. The dislocation of the enemy came as a result of Coalition and Iraqi forces ability to capitalize on the disruption caused by targeted raids. The effectiveness of surgical strike would have been marginal had operations not been conducted in conjunction with holding forces.

Integration and Management

There were a number of dynamics regarding how surgical strike was managed and integrated into the campaign to create a unity of effort. Conventional forces, such as 3-3 ACR and 1-8 IN, did not share a unity of command with US Special Forces or other US SOF. US Special Forces and other US SOF did not share unity of command with each other. The Iraqi Forces consisted of MOD, MOI, and CTS elements. The NOC became a significant factor in creating a *de facto* unity of command. Not only did it bring all Iraqi forces under the command of MG Riyadh during Operation Lion's Roar, but because conventional Coalition and US Special Forces were partnered, it created a unity of effort for the Coalition as well. The national-level SOF were able to create an effective unity of effort through local fusion cells that brought all US elements into an information sharing network. GEN McChrystal describes this, "The network needed to expand to include

everyone relevant who was operating within the battlespace . . . eventually traditional institutional boundaries fell away and diverse cultures meshed."[150]

Case Study 4: The Awakening and the Sons of Iraq

The Awakening was an essential factor in the reduction of violence in from 2007 to 2008, and contributed greatly to the overall success of the Clear-Hold-Build strategy. The Awakening accelerated Coalition efforts to conduct COIN because it meant that the population was actively disassociating itself from the insurgency. Local entities were assuming some degree of responsibility for securing themselves and denying insurgent safe haven. Coalition force support to these localized efforts meant less Coalition forces had to be engaged in securing particular areas, localized security could become more effective, corruption and infighting could be mitigated, and the insurgency had decreased access to the population.

The roots of the Awakening reach back as far as 2005 in the cities of Al Qaim, Haditha, and Hit in the Al Anbar province.[151] In 2005, a Special Forces Company Headquarters and three Special Forces Detachments deployed to Al Anbar with the special warfare mission to work with the tribes and help them secure their own areas.[152] Fissures had grown between the various tribes in the region and AQI. The tribes had

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[150] McChrystal, "It Takes a Network."

[151] Dale, 86.

[152] William Knarr, *The 2005 Iraqi Sunni Awakening: The Role of the Desert Protectors Program*, JSOU Report 15-4, October 2015, 40, accessed 18 October 2016, https://www.socom.mil/JSOU/JSOUPublications/JSOU15-4_Knarr_DesertProtectors_final.pdf.

initially welcomed AQI because of ethnic and religious ties, and the shared view on a common enemy. Over time, AQI's enforcement of strict Sharia Law, disregard for local customs and tribal structure, and brutal reprisals against the population led to the tribal rejection of AQI in Al Anbar.[153] The Special Forces Detachments engaged the tribal Sheikhs and discussed the idea of forming a temporary local militia. A local militia "offered Sunnis a palatable option to partner with Coalition and GOI that did not force them into an Army with out-of-area deployment obligations."[154] With a common goal of eliminating AQI from the tribal areas, the US Special Forces and tribes of Al Qaim, Haditha, and Hit formed an organization known as the "Desert Protectors." The Desert Protectors eventually went on to support Marine and Army operations within the historical tribal boundaries.[155] By 2006, with the restoration of security in the area, the Desert Protector program was disbanded.

In the summer of 2006, Colonel Sean McFarland and the US Army 1st Brigade, 1st Armored Division (1-1 AD) arrived in the volatile capital of Al Anbar, Ramadi. Ramadi had been declared by AQI to be future capital of the "caliphate" in Iraq.[156] COL McFarland's approach was to combine the strategy for success used by COL H. R. McMaster in Tal Afar with the active local support as seen with the Desert Protectors. COL McFarland initiated an aggressive plan to retake the city, conducting clearance

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[153] Knarr, 32.

[154] Ibid., 43.

[155] Ibid., 44-46.

[156] Sean McFarland and Niel Smith, "Anbar Awakens: the Tipping Point," *Military Review* (March-April 2008): 42.

operations and establishing forward outposts. Likewise, 1-1 AD engaged the population to identify and safeguard the local leadership from AQI reprisals, and build local police and neighborhood watch-like elements. Throughout this process, SOF contributed through high-value targeting, training indigenous partners, and providing special reconnaissance and sniper over-watch during the establishment of outposts during the hold phase of COL McFarland's plan.[157]

Security was being regained in Ramadi, but the true tipping point came on 9 September 2006, when Sheikh Abdul Sattar organized a tribal council with over fifty Sheikhs from around Ramadi and declared an "Anbar Awakening."[158] "Tribes began an independent campaign of eradication and retaliation against AQIZ members living among them. Al-Qaeda's influence in the city began to wane quickly . . . By late October, nearly every tribe in the northern and western outskirts of Ramadi had publically declared support for the Awakening."[159] This initiative allowed 1-1 AD to solidify gains within the population and dedicate more forces to kinetic operations. Not only was COL McFarland's approach a blending of ideas, but also a blending of capabilities, "We operated aggressively across all lines of operation, kinetic and non-kinetic . . . We conducted detailed intelligence fusion and targeting meetings and operated seamlessly with special operations forces, aviation, close air support, and riverine units."[160]

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[157] Bing West, *The Sheriff of Ramadi* (Annapolis, MD: Naval institute Press, 2008), 106.

[158] McFarland and Smith, 48.

[159] Ibid.

[160] Ibid., 51,

When GEN Petraeus became MNF-I Commander in 2007, the combination of Clear-Hold-Build and spread of Awakening movements would become his cornerstone for success. In support of this concept, LTG Graeme Lamb, Deputy Commanding General to MNF-I and former SAS Commander, developed a course of action that focused on two groups, "irreconcilables and reconcilables."[161] Irreconcilables were those extremist insurgents that would continue to actively wage war against the Government of Iraq and Coalition forces. Reconcilables were those insurgent elements that would be willing to undergo a reconciliation process and cooperate with the Government of Iraq.[162] So while Coalition forces were engaged in securing the population, SOF would encourage local populations and former insurgent elements to "flip" and support Coalition efforts. This would be achieved through an intensified campaign to target those deemed "irreconcilable." The removal of the irreconcilables would remove obstacles that had prevented Coalition forces from winning over the population. Likewise, less committed insurgent groups would view the targeting campaign and understand the threat they faced, thus driving them towards the reconcilable category.[163] Ansar al-Sunnah, a former affiliate of AQI, credited this approach for their eventual transition.[164]

The Awakening movement began to spread from Al Anbar to areas in the northern, central, and southern provinces of Iraq. While a success in facilitating

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[161] McChrystal, *My Share of the Task,* 244-46.

[162] Ibid.

[163] Ibid.

[164] Ibid., 248,

immediate security, the loose collection of militias did not assist in legitimizing the Government of Iraq. The MNF-I solution was the creation of the Sons of Iraq (SOI). This was a method to bring the militias into the control of the Government, continue to capitalize on their presence, pay, train, and equip them. By 27 March 2008, there was a total of 91,349 SOI throughout Iraq (4,733 in MND-W, 20,044 in MND-N, 34,291 in MND-C, and 30,278 in Baghdad). 71,500 SOI were Sunni and 19,500 SOI were Shia. Their presence not only assisted pacifying areas, but also contributed intelligence that would be used in surgical strikes. On 6 November 2008, SOI in Tarmiyah reported to the IA intelligence about the whereabouts of Abu Ghazwan, a senior AQI Commander responsible for insurgent networks from Baghdad to Tikrit. US Special Forces, ISOF, IA, and SOI conducted a joint operation that resulted in the killing of Abu Ghazwan, capture of a close associate, and the seizure of a large weapons cache.[165]

Analysis of Case Study 4: The Awakening and the Sons of Iraq

Employment

Like the special warfare campaign in Kunar, this case study takes place over a number of years with a wide array of forces. The role of surgical strike in this case study was very specific. Surgical Strike was supporting individual elements conducting counterinsurgency in defined areas of responsibility. Unlike Kunar or Ninawa, where national-level was supporting the elimination of national-level targets, SOF was targeting

[165] Brian Franks, "U.S. Special Forces with Sons of Iraq, Iraqi Army Kill Terrorist Abu Ghazwan," Defense Media Activity, 14 December 2008, accessed 8 November 2016, https://www.dvidshub.net/news/27660/us-special-forces-with-sons-iraq-iraqi-army-kill-terrorist-abu-ghazwan.

irreconcilables within smaller operational boundaries for individual commanders. As an example, in Ramadi, SOF were not only conducting high-value targeting but were also mission critical in helping to establish Coalition outposts within the city. This remains consistent with their recommended use as per the *ARSOF 2022 Operating Concept* since they were both supporting individual special warfare campaigns, as well as conducting missions that were strategically shaping as defined by the MNF-I Commander.

The actions taken by surgical strike in this case study were slightly more diverse than other case studies. While the majority of the actions taken were targeted raids to remove irreconcilables, SOF in Ramadi were also used to provide special reconnaissance and sniper over-watch. Similar to Ninawa, national-level SOF were primarily operating unilateral, while US Special Forces and SEALs (in Ramadi) were partnered with indigenous elements. This was demonstrated in the final raid to capture Abu Ghazwan.

The majority of surgical strike in this case study occurred in the later hold and build phases. Since the targeting was focused on the removal of irreconcilables and the influencing of the population, Coalition forces had to first be established within areas to identify which insurgent groups to target. Of course, Coalition and SOF utilized similar tactics as seen in Ninawa to execute the *clear* phase, but within the role of SOF; in this case study, their timing was more focused on the latter phases.

The tempo of operations was in keeping with Callwell's statement of "a single blow will often achieve results, but a succession of blows paralyzes the enemy."[166] SOF were able to achieve desired results through a campaign of relentless targeting. It enabled

[166] US Army, FM 3-24.2, 3-10.

the theater-wide application of Clear-Hold-Build, and brought organizations like Ansar al-Sunnah to change direction.

Effectiveness

This case study provides one of the most balanced approaches to dislocation and attrition. The targeted actions by surgical strike forces was entirely attrition focused, as they designed their campaign around the removal of irreconcilables. However, the attrition focus was embedded into the larger population-centric initiative. The actions taken by surgical strike forces allowed for the accelerated dislocation of Iraqis from insurgent elements and generated security gains. The effectiveness of surgical strike was enhanced by its support to the COIN strategy.

Integration and Management

The success in Ramadi demonstrates the value in allowing more tactical commands to influence the employment of surgical strike. The use special reconnaissance and sniper assets enabled Coalition forces to more quickly and efficiently begin engaging the local population. The white space generated by the stunted insurgent networks gave Coalition forces the opportunity to identify and protect key local leaders, which paved way to the Anbar Awakening. Ramadi further demonstrates the value in providing operational level commands access to the full spectrum of SOF capabilities. The SEALs in Ramadi answered to SOTF-W but had the latitude to integrate into operational plans on the ground. National-level SOF remained outside the command structure of Coalition forces, but the ability to develop fusion centers, as described by COL McFarland, allowed for a more comprehensive unity of effort, mitigating a lack of formal unity of command.

Cross Analysis of Case Studies

Throughout the following comparative analysis of all four of the case studies, table 1 is utilized to illustrate the results of each examined special warfare campaign. The table is organized by supporting questions with subsequent factors (i.e., role, action, timing, etc.) detailed to demonstrate how they contribute to assessing the use of surgical strike in each particular campaign. This cross walk contributes to the key findings listed within chapter 5.

Table 1. Cross Walk of Case Studies

Case Study	How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time?				How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign?		How were surgical strike operations integrated to ensure their contribution to the broader special warfare campaign?
	Role	Action	Timing	Tempo	Dislocation	Attrition	
Chora (OEF)	- Support to VSO efforts (i.e. foothold, wall)	- Partnered - Clearances - Targeted raids - ICW Local leaders (i.e. call outs)	- *Shape* (foothold in Chora) - *Build* (wall & ALP training)	- High during the initial phase and ISO major VSO OBJS	- Actions had positive effects with pop. (increa in ALP from 40 to 155) - OPNs denied enemy access to Chora - Hold force available post OPN	- Raids and clearances are attrition focused - Timing and Tempo of OPN less than other case studies	- Operationally controlled by SOTF-SE (at the operational level) - No known demands from external units that conflicted with integration into special warfare campaign. - Unity of command and effort
Kunar (OEF)	- CDO support to VSO - CDO support to disruption OPNs - National SOF support to SOJTF targeting	- All elements partnered - Tgted Raids - Nighttime OPNs - CDO clearances for CF	- Highest in later phases after US presence est. & after US withdrawal from area	- CDO OPTEMPO high due to demands from VSO & CF - Nat. SOF high due to SOJTF demands	- Hold force usually available only in support of VSO - Nat. SOF little dislocation effect, often counter-productive in winning over pop. In Kunar	- CDO disruption OPNs completely enemy-centric - Nat. SOF successful elimination of key strategic enemy - CDO support to VSO eliminated enemy vital to SW mission	- SOTF-E OPCON of CDOs - SOTF-E required to also support CF dislocation operations -SOJTF OPCON of national-level SOF - SOJTF responsible for unity of command of SOF elements - Loss of unity of effort at operational level
Mosul (OIF)	- Nat. SOF simultaneous support to both operational campaign & theater efforts - US SF support to NOC mission thru ISOF & ERB	- Nat. SOF unilateral - Tgted Raids - Executed within pop. centers	- Done through all phases of *Clear-Hold-Build* -Vital during initial phases to est. foothold - SOF & CF complimentary	- High OPTEMPO thru all phases - 60 raids a month by SOF	- Average of attacks dropped from 40 a day to 4-6 - 666 security issues beginning of 2008 to 32 beginning in of 2011 - Outposts established - Ninawa tribesman engaged - NOC est. - Hold force available	- Capture or kill of key leaders - 200 Tier 1 or 2 AQI or ISI detained - Depleted AQI to 1,200	- No unity of command between Nat. SOF and other forces -Unity of effort generated through fusion cells/centers -NOC provided unity of command for CF, Iraqi, and US SF
Awakening/ SOI (OIF)	- SOF support to operational COIN campaigns	- Nat. SOF unilateral Tgtd raids - SR - Sniper - SOF given latitude to adjust actions depending on operational needs	- Critical to initial phases in Ramadi - But, majority of operations executed in later phases once CF knew who to tgt	- Highest in *hold* & *build* phases because irreconcilables were identified -High OPTEMPO	- Surgical Strike attrition focused to eliminate irreconcilables, but encouraged reconciliation - 91,349 SOI - popular support increased -Ansar al-Sunnah flip	- Successful elimination of AQI & ISI key leaders - Successful tgting of irreconcilables	- No unity of command between Nat. SOF and other forces -Unity of effort generated through fusion cells/centers - Latitude given to surgical strike to meet operational needs

Source: Created by author.

Employment

When analyzing the role of surgical strike, two key findings are common to all campaigns. The first key finding is that surgical strike, within a special warfare campaign, has the greatest impact at the operational-level (localized campaign) over the long term while incurring only minimal opportunity risk to other regional and theater objectives. The elimination of Au Musab al-Zarqawi in 2006 did not eliminate AQI. It was only in support of the smaller clear-hold-build efforts by removing irreconcilables were strategic effects gained. This is due to the nature of special warfare, whereby forces operate in a decentralized manor. Thus, strategic end states are achieved through more localized-decentralized special warfare efforts. Surgical strike should reflect this.

Second, the prioritized role of surgical strike should be in support of special warfare in order to consolidate long-term strategic gains. In Kunar, the Commandos were required to support conventional force disruption efforts that did not directly contribute to the success of VSO in the area. As described by the SOTF-E Commanders throughout the campaign, this placed unnecessary limitations on their support to the strategic goals of VSO. This is a direct result of a failure in unity of effort, which will be discussed further. The exception to this is in the event of a limited objective, such as the rescue of a captured Coalition Soldier, where surgical strike is the most appropriate element to conduct that operation.

Whether the surgical strike requirements are clearance operations to support wall construction that physically separates the Chora population from insurgents, targeted raids to remove irreconcilables in Iraq, or the attempted rescue of captured individuals,

surgical strike actions contribute greatly to a special warfare campaign. There are two key findings regarding the actions of surgical strike within the context of special warfare.

First, the specific actions of a surgical strike operation will have an effect on both the enemy and the population, and ensure that surgical strike actions do not further alienate the population from special warfare or hold forces. The night raids in Afghanistan were a contributing factor to the rise in anti-coalition sentiment from the population, and without a sufficient hold force in those areas there was little opportunity to conduct consequence management for those raids. Conversely, the Commando operations in Chora led to a massive influx of ALP recruits, demonstrating their actions had a positive impact on the population. Therefore, surgical strike actions need to be executed in a manner that directly supports the desired special warfare effects on the population or there needs to be a large enough hold force present that is capable of mitigating the negative consequences of a surgical strike action.

Second, special warfare-organic surgical strike forces should be partnered with host-nation SOF when it is necessary to build host-nation legitimacy and the mission would benefit from the access and knowledge provided by host-nation forces. Throughout the case studies, there has been a mix of partnered and un-partnered surgical strike operations, each with varying degrees of success. The ability to conduct partnered surgical strike operations enables options not available to US-only SOF, increases host nation military capability, and furthers the legitimacy of both the host nation government and the operation. The example of the 8th Commando Kandak and partnered SOF utilizing a local Mullah to facilitate a “call out” at a key insurgent leader’s location demonstrates the increased range of options that can result from the partnered

employment of surgical strike. However, the drawback is the risk to operational security. The decision for surgical strike to be partnered should be carefully weighed and balanced against the desired results of the special warfare campaign.

When considering the timing of surgical strike operations in support of special two key findings emerge. First, during the execution of a counterinsurgency operation the initial phases of operational-level campaigns will require a significant investment of surgical strike employment. Thus, operational-level leaders must prioritize this phase and ensure there is a proper allocation of forces capable of meeting the tempo and action demands. In two of the four case studies, the initial establishment of a special warfare presence required increased support from surgical strike. In Chora, the Commandos conducted targeted raids and clearances, which allowed the SEAL Platoon relatively unimpeded access to the population and to build an initial ALP force. In Mosul, surgical strike provided a complimentary effect to Coalition and Iraqi force *clear* operations. SOF were able to target insurgent leaders as they became exposed, which disrupted the enemy enough to facilitate the progression into the hold phase.

The second finding is that once the initial phase has been completed, the priority of surgical strike support is no longer based on a phase within the COIN methodology. Instead, surgical strike should be allocated to areas where an active special warfare presence is capable of benefiting from its use. In Kunar, forces conducting VSO enabled the Commandos to identify and target those insurgent elements that were having the greatest impact on operations. VSO efforts, and thus the strategic efforts, were enhanced by the ability of surgical strike to target more effectively. In Mosul, Coalition and Iraqi forces in the confined cityscape were able to expose and provide vital intelligence on

insurgents' networks to SOF, allowing them to capture a number of high value targets. Likewise, Coalition presence in clear-hold-build throughout the awakening enabled SOF to effectively identify who the irreconcilables were. In each case, SOF targeting was benefitted by the active presence of a hold force, just as the special warfare elements were from the surgical strike operations.

As with the other considerations, there are two key findings when considering the tempo of surgical strike operations in a special warfare campaign. First, the greater the need to dislocate the population (due to insurgent physical proximity or level of influence) from the enemy, the greater the operational tempo of surgical strike should be. This is done in order to deny the enemy time and space to reorganize and reconstitute before the special warfare, or hold force, is able to transition into the next phase of operations. In Mosul, the insurgent forces were in close proximity to the population, and were able to disrupt ongoing Coalition security efforts by denying Coalition forces access to the population. Utilizing GEN McChrystal's concept of "relentless body blows" by executing an average of sixty raids per month during the 2008 Ninawa campaign, US SOF were able to reduce the influence and effectiveness of AQI. This allowed Coalition and Iraqi forces the access needed to execute Clear-Hold-Build.

The second key finding is that tempo must be tied to the demands of the special warfare campaign. A high operational tempo when not integrated into the demands of the operational-level (localized) campaign can be counterproductive. In Kunar, the tempo of surgical strike operations was very high in order to support VSO, conventional force disruption efforts, and theater-strategic targeting. Specifically, the demand for Commandos to execute disruption operations in the remote regions of Kunar and

Nuristan that no longer had a Coalition presence increased the operational tempo of the force, but produced negative results. The increased tempo in this case did not provide tangible results for VSO efforts, detracted from the surgical strike capability available to special warfare forces (i.e., LTC Wilson's comment that such an operation made the Commandos unavailable for six weeks), and attritted the Commandos available for future operations. Conversely, the Commando operations in Chora may have had a slower pace of operations, but their integration into the special warfare campaign yielded more positive strategic effects due to their tempo being tailored to the special warfare requirements.

Effectiveness

Throughout this chapter, the effectiveness of surgical strike has been measured against their contribution to the attrition of enemy forces and dislocation of the population from the insurgency. The first key finding is that surgical strike's inherently attrition-focused operations must have a further dislocative effect. This is complimentary to previous finding that the greater the need to dislocate the population from the enemy, the greater the operational tempo of surgical strike should be. During the Clear-Hold-Build strategy during the Awakening, US SOF were able to influence reconciliation and enable Coalition access to the population through surgical strike operations on those insurgents deemed irreconcilable. The attrition-focused missions were an enabling function of the broader population-focused campaign. In contrast, the attrition-focused operations during the disruption operations in Kunar and Nuristan were ineffective in denying a safe haven to insurgent forces and furthering security in the region.

The second key finding is that the success of attrition-based operations requires the presence of a special warfare element, or hold force, capable of capitalizing on the effects and executing consequence management when necessary. The elimination of a known insurgent without the ability to make security gains once the known insurgent is removed from the battlefield is an ineffective use of surgical strike within the context of a special warfare operation.

Integration and Management

There are three key findings regarding the integration and management of surgical strike in a special warfare campaign. First, command must be placed at the appropriate level to ensure proper utility of surgical strike assets and achieve unity of effort in special warfare campaigns and operations. As discussed during the VSO campaigns, the SOJTF-A was established in July 2012 in order to bring all SOF operations—surgical strike and special warfare—under a unified command. At the theater-strategic level, this ensured that all SOF components were working to advance the ISOF strategy in Afghanistan. However, the task of executing VSO in distinct regional areas of Afghanistan fell to subordinate SOTF commands (i.e., SOTF-SE in Uruzgon and Zabul). When national-level surgical strike assets, managed by SOJTF-A, were employed in these areas without integration into the SOTF campaign plan, unity of effort was not achieved for that specific special warfare campaign, as demonstrated in the Kunar case study. This was evident in the rise in anti-Coalition sentiment by the population of Afghanistan between 2009 and 2010 of, this is concerning because a special warfare campaign is designed to win the support of the population.

Complimenting this argument is the second key finding. Within the context of a special warfare campaign, strategic success is determined by the execution of a special warfare mission and complemented by surgical strike. Thus, operational special warfare headquarters are most appropriate for managing surgical strike integration during a special warfare campaign. This was visible throughout the case studies of Chora and Kunar. Within the Chora campaign, the ability to deny enemy access was achieved by dislocating the enemy through a prioritized special warfare effort. SOTF-SE was able to meet operational needs and enhance effects by properly employing surgical strike as a supporting effort. By contrast, the use of surgical strike in Kunar was often desynchronized from the special warfare objectives, providing further obstacles for VSO forces.

The third key finding is that when that unity of command is not suitable or possible relative to the command that is managing special warfare operations, unity of effort should be achieved at the lowest possible level. To achieve this, surgical strike elements should be given the flexibility to tailor actions to meet the operational-level (localized) special warfare demands. In both Mosul and Ramadi, the Coalition forces and SOF were able to operate in tandem to achieve the desired effects by creating mechanisms to ensure unity of effort. Whether it was through the NOC or fusion centers, surgical strike forces were able to adjust targeting and actions to facilitate the needs of Clear-Hold-Build.

Finally, the increased complexity of the situation in each of the case studies contributed to the increased difficulty of managing and integrating surgical strike effectively into a special warfare campaign. The competing requirements, employment of

surgical strike elements external to SOTF-E, and the duration of the campaign reduced the capability of the command to manage effects. Surgical strike elements throughout both Clear-Hold-Build campaigns faced additional complexity with the lack of unified command. However, these elements had the benefit of an established coordination and information sharing system through which to mitigate friction points.

Summary

Within chapter 4, four case studies were examined and analyzed to provide a better understanding of surgical strike within a special warfare campaign. These case studies include VSO campaigns in Uruzgon and Kunar, and Clear-Hold-Build operations throughout Iraq. The rationale for choosing recent OIF or OEF campaigns was to ensure the modernity of this study and improve the possible application of findings to current systems and organizations. The difference in units, locations, populations, command relationships, technology, and theater strategy have allowed researchers a depth of variations to draw conclusions. The selected case studies began with simple scenarios and gradually increased in complexity with the addition of external organizations, larger populations, expanded duration of campaign, and natural differences in enemy and local security forces. The result, was the identification of thirteen key findings that offer guidelines for future employment of surgical strike in a counterinsurgency environment.

Chapter 5 further outlines these key findings for reader ease and future application. Additionally, the next chapter provides recommendations to USSOCOM, USASOC, and 1st SFC(A) to improve future special warfare command structures and relationships. Likewise, chapter 5 offers opportunities to maximize 1st SFC(A)

employment of organic surgical strike capability to meet the demands of future special warfare campaigns.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

Purpose and Organization

The purpose of this study was to examine recent historical special warfare campaigns and identify how ARSOF should leverage existing surgical strike assets to more effectively wage a special warfare campaign. The purpose of this chapter was threefold. First, this chapter identifies the key findings from the four case studies as they relate to the three supporting questions of (1) how were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time? (2) How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign? (3) How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign? Second, this chapter provides a recommendation for the organization of 1st Special Forces Command (Airborne) in order to make it more effective in applying these findings in future special warfare campaigns. Finally, this chapter provides a conclusion and summary of the research accomplished throughout this work.

List of the Key Findings

1. Surgical strike, within a special warfare campaign, has the has the greatest impact at the operational-level (localized campaign) over the long term while incurring only minimal opportunity risk to other regional and theater objectives.

2. The prioritized role of surgical strike should be in support of special warfare in order to consolidate long-term strategic gains. The exception to this is in the event of a limited objective, such as the rescue of a captured Coalition Soldier, where surgical strike is the most appropriate element to conduct that operation.
3. The specific actions of a surgical strike operation (i.e. targeted night raid, call-out with a local mullah, daytime clearance operation) will have an effect on both the enemy and the population. Ensure that surgical strike actions do not further alienate the population from special warfare, or hold, forces.
4. Surgical Strike should be partnered with host-nation SOF when it is necessary to build host-nation legitimacy and-or the mission would benefit from the access and knowledge provided by host-nation forces.
5. During the execution of a counterinsurgency operation, the initial phases of operational-level campaigns will require a significant investment of surgical strike employment. Thus, operational-level leaders must prioritize this phase and ensure there is a proper allocation of forces capable of meeting the tempo and action demands.
6. Once the initial phase has been completed, the priority of surgical strike support is no longer based on a phase within the COIN methodology. Instead, surgical strike should be allocated to areas where an active special warfare presence is capable of benefiting from its use.
7. The greater the need to dislocate the population (due to insurgent physical proximity or level of influence) from the enemy, the greater the operational

tempo of surgical strike should be. This is done in order to deny the enemy time and space to reorganize and reconstitute before the special warfare, or hold force, is able to transition into the next phase of operations.

8. Tempo must be tied to the demands of the special warfare campaign. A high operational tempo when not integrated into the demands of the operational-level (localized) campaign can be counterproductive.
9. Surgical strike's inherently attrition-focused operations must have a further dislocative effect.
10. The success of attrition-based operations requires the presence of a special warfare element, or hold force, capable of capitalizing on the effects and executing consequence management when necessary.
11. Since special warfare campaigns are inherently decentralized, for effective unity of command, the command headquarters managing both surgical strike and special warfare should be at the operational-level or be capable of integrating assets to support the operational-level special warfare campaigns. Unity of effort should not be lost at the operational-level due to the level of the command headquarters.
12. When that unity of command is not suitable or possible relative to the command that is managing special warfare operations, unity of effort should be achieved at the lowest possible level. To achieve this, surgical strike elements should be given the flexibility to tailor actions to meet the operational-level (localized) special warfare demands. This is best achieved

through an established system for coordination and intelligence sharing, such as a fusion cell.

13. Within the context of a special warfare campaign, strategic success is determined by the execution of a special warfare mission and complemented by surgical strike. Thus, an existing special warfare headquarters should be responsible for facilitating unity of command.

Recommendations

Critical for ARSOF to effectively leverage surgical strike in future special warfare campaigns is the establishment of an effective command structure that will facilitate the application of the identified key findings. The introduction of the SOJTF in Afghanistan in 2012 was an improved step in providing a unity of command for national-level and theater-specific SOF entities. This model proved an acceptable method of ensuring unity of command in future conflicts so long as, in future campaigns, it integrates surgical strike effects with the decentralized special warfare efforts with the effectiveness seen throughout the OIF case studies (Key Finding 11, 12). What should not happen in the structuring of the SOJTF, however, is allowing the special warfare mission to become a supporting effort to surgical strike (Key Findings 1, 2, 13). Should special warfare elements become operationally controlled by a surgical strike command within the SOJTF, the prioritization of the special warfare mission becomes jeopardized. This would most likely occur when a special warfare element is commanded by a rank junior to the surgical strike elements within the command structure of the SOJTF.

The inherent problem with the SOJTF model is that there is only one permanently established headquarters capable of deploying to execute the fusion of national-level and

theater-specific SOF, the 1st SFC(A). Two issues arise because of this. First, this means that multiple special warfare missions occurring simultaneously in different geographical areas, which require an integration of capabilities, necessitate the creation of an ad hoc command to staff a second SOJTF. An ad hoc command has the potential to disrupt unity of effort since there would be unknown expectations from an unfamiliar command. Second, the requirement for 1st SFC(A) to maintain a forward deployed headquarters limits their ability to have both a worldwide perspective and focus on Title X tasks for subordinate commands. The world-wide perspective is necessary considering that the subordinate commands are deploying globally. Likewise, the rotation of 1st SFC(A) personnel to man a forward headquarters ensures that a portion of the staff must balance deployment responsibilities, pre-deployment requirements, and Title X oversight of subordinate elements. This has the potential to stretch the command's operational capability.

There are two potential solutions to this problem. First, additional General Officer headquarters could be established to facilitate the needs of multiple SOJTFs. This is a complex and costly solution. It would require additional funding, manpower, career management, facilities, equipping, etc. The second solution is the empowerment of the CJSOTFs to serve in lieu of a SOJTF, but with similar authorities. Under 1st SFC(A), there are seven Special Forces Groups that, when deployed, function as a CJSOTF. 1st SFC(A) has already been designated the appropriate command to execute a special warfare mission, to empower the CJSOTFs is a delegation of that capability down one command level. This is already occurring in less kinetic areas and is referred to as a Special Operations Command – Forward (SOCFWD). The empowerment of CJSOTFs

would increase the ability of the US to execute special warfare campaigns from one headquarters to seven. These commands are already in existence and have established relationships with the tactical elements that would be employed in a special warfare campaign.

Since special warfare is inherently decentralized, the operational-level of the CJSOTFs allows them to have a better understanding of the decentralized campaign. Furthermore, an operational understanding facilitates greater synchronization with localized efforts. The actions (Key Finding 3), timing (Key Finding 5, 6), tempo (Key Finding 8) of surgical strike controlled by a CJSOTF will be integrated more appropriately to achieve desired results (Key Finding 7, 9), especially since they will be done with regard to the needs of the hold force (Key Finding 10).

One potential downside to this arrangement could be the loss of direct communication between the special warfare headquarters, a CJSOTF, and higher echelons of command, such as USSOCOM, Joint Task Force Commander, or the . Currently, a SOJTF led by the 1st SFC(A) has the ability to communicate directly with USSOCOM. However, the enabling of a subordinate command may place added bureaucracy in that communication flow. A CJSOTF would, potentially, be required to relay communication through the TSOC or 1st SFC(A).

In order to empower these CJSOTFs, they would be required to possess their own internal surgical strike capability, or they must be able to gain limited tactical control of higher-level surgical strike that are available including national surgical strike assets. Each of the chapter 4 case studies demonstrated a requirement for a special warfare campaign to be supported by some form of surgical strike. These surgical strike assets

were either in the form of an organic ODAs or SEAL platoons partnered with host-nation strike forces or national-level US SOF. The dedication of national-level surgical strike to these campaigns places a heavy burden on these forces to be available for both national-level missions external to any specific theater and on-going special warfare missions. In the case of Afghanistan, national-level SOF have been committed to the on-going campaign for nearly 16 years. Reliance on national-level SOF does not appear to be the most sustainable solution for potentially long-term special warfare campaigns, especially if there are multiple missions occurring.

This leaves the organic option as the most beneficial. Thus, if the organic solution is the best, 1st SFC(A) must have dedicated surgical strike capability within its formation. Like the inclusion of Civil Affairs and Military Information Support Operations (MISO) into 1st SFC(A), since they are integral to special warfare, surgical strike elements should be organic as well. To achieve this either additional elements must be generated, or the US Special Forces Crisis Response Force (CRF) should be re-tasked from its current role to be a supporting element to special warfare campaigns.

Within 1st SFC(A), each Special Forces Group has administrative control (ADCON) of a Special Forces CRF, formally known as a Commander's In Extremis Force (CIF). However, the CRF is operationally controlled (OPCON) by a Geographic Combatant Commander (GCC).[167] The CRF is specially trained to perform surgical strike capabilities, but it can only be employed by order of the GCC and is not necessarily at the disposal of a SOF HQ during a special warfare campaign. If these forces were to be re-

[167] US Army, Field Manual (FM) 3-18, *Special Forces Operations* (Washington, DC: Department of the Army, 2014), 4-18.

tasked to remain under the operational control of the CJSOTFs, enabling them to provide the full spectrum of special operations capabilities for a special warfare campaign, there is a concern that the GCCs would endure a vacuum in crisis response capability.

This would be inaccurate for four reasons. First, the GCC, through the Theater Special Operations Command (TSOC), maintains operational control of all theater-specific SOF in their area of responsibility. This operational control includes all CJSOTFs and SOCFWDs. Thus, the GCC would retain the ability to re-task assets as needed to meet the requirements of a crisis response. Second, should a crisis response occur and there is a lack of available assets, the GCC can still request national-level SOF through USSOCOM. Third, GCCs already have alternative crisis response forces under their operational control. As an example, in 2013 the US Marine Corps established two Special Purpose Marine Air to Ground Task Force-Crisis Response in both Central Command and Africa Command.[168] Finally, the utilization of the CRF in their current role by the GCC is limited. The investment in such an advanced skillset should be capitalized on and allowing TACON to the CJSOTF would enable that capability to become more matured, which would support the mission occurring in the area of responsibility of the GCC. Therefore, re-tasking the CRF from the sole control of the GCC to the CJSOTF does not diminish any capability, but instead offers a more capable forward deployed element.

[168] Wikipedia, "Special Purpose Marine Air-Ground Task Force – Crisis Response – Africa," accessed 1 March 2017, https://en.wikipedia.org/wiki/Special_Purpose_Marine_AirGround_Task_Force_%E2%80%93_Crisis_Response_%E2%80%93_Africa.

In addition to benefiting the GCC, there are significant advantages to the CJSOTF and the future of special warfare by re-tasking the CRF. First, the partnering capability of the CRF is more mature than that of other national-level SOF. The reason this capability is more advanced is that each member of the CRF is first and foremost a Special Forces Soldier, who is assessed during their qualification course on their ability to work by, with, and through indigenous partners. This would enable them to better partner with host-nation surgical strike (Key Finding 4). Likewise, members of the CRF are required to maintain proficiency in a target language within their area of responsibility. The regionally-oriented nature of the CRF would have a better understanding of how to best achieve results within a particular culture without further alienating the population (Key Finding 3). Second, the level of surgical strike training is higher within the CRF than that of other organic ODAs. Each member of the US Special Forces CRF is required to attend a specialized nine-week Special Forces Advanced Reconnaissance, Target Analysis, and Exploitation Techniques Course (SFARTAETC) to ensure their proficiency in surgical strike tasks, and qualify as a potential member of the CRF.[169] When put in the context of a CJSOTF being responsible for employing organic assets, the advanced capability of the CRF would improve the quality of surgical strike support to a special warfare campaign. This ensures that the requirements for tempo and action are capable of being performed

[169] John F. Kennedy Special Warfare Center and School, "Special Forces Advanced Reconnaissance, Target Analysis, and Exploitation Techniques Course (SFARTAETC)," Fort Bragg, NC, accessed 9 November 2016, http://www.soc.mil/SWCS/SWCS%20Courses/COURSE%20PDF/2nd%20Bn/SPECIAL%20FORCES%20ADVANCED%20RECONNAISSANCE%202E-F133%20011-F-46-SQI-W.pdf.

by the organic surgical strike element at the highest level of proficiency, while yielding the greatest dislocative effect (Key Finding 9).

Overall, these recommendations would greatly improve the ability of US Special Operations to implement the previously identified key findings. The focus on the command is fundamental to safeguarding the application of the identified best practices. This is accomplished by having an appropriate special warfare structure that can facilitate unity of command and unity of effort down to the tactical-level without creating unnecessary risk through an ad hoc structure. The allocation of organic surgical strike further allows that special warfare headquarters to synchronize efforts with regard to the timing and presence of special warfare forces, similar to what was seen in the Chora, Uruzgon case study. Furthermore, the capability to deploy seven already established headquarters, with the ability to employ the full spectrum of SOF capabilities, is an added advantage in special warfare capability.

Recommendations for Further Study

Since the "ARSOF 2022" has only been recently published, there is still a great volume of research and analysis that must be completed to ensure the United States fields the world's preeminent special warfare capability. The recommendations provided in this work add to that volume by proving a series of significant considerations. To facilitate the actual implementation of the aforementioned recommendations there four areas that would require further study. First, if the CJSOTF were to become the desired special warfare headquarters, with appropriate supporting surgical strike assets, then direct communication with higher headquarters, traditionally outside the normal lines of communication for a CJSOTF, would be necessary. The special warfare capability would

be hindered by any requirement to route communications through bureaucratic channels. How could this be achieved without 1st SFC(A) suffering a loss of control over subordinate elements as the communicate directly with USSOCOM? Second, a thorough study into the feasibility of a CJSOTF serving as the primary special warfare headquarters during a large operation with an established JTF, LCC, etc. is required. While the CJSOTF could certainly be the headquarters of choice for smaller operations, such as the Horn of Africa, would the rank associated with a CJSOTF be capable of leveraging requirements with Division Commanders? Does a larger operation, such as OEF, require a SOJTF simply due to the rank it brings to command? Third, additional research must be conducted on the implications of re-tasking the US Special Forces CRF. Specifically, an examination should be conducted to examine the loss of funds, resources, and training associated with such a move, and how any loss could be appropriately mitigated. Finally, from a procurement standpoint, a further evaluation of the resources a US Special Forces CRF needs to operate in a special warfare environment is required.

Conclusion

In 2013, USASOC published the "ARSOF 2022" describing the special operations capabilities of special warfare and surgical strike. LTG Cleveland articulates that these capabilities are designed to be complimentary, concluding that SOF operational art is "the proper blending of the special warfare and surgical strike capabilities to achieve operational effects."[170] This eludes to the idea that strategic Commands should enable operational-level Commanders with the assets, authorities, and knowledge

[170] Cleveland, Linder, and Dempsey, 11-12.

necessary to achieve such a “blending” effect since, in a special warfare campaign, strategic results are accomplished through operational level campaigns. Thus, this research examines how to best employ surgical strike within the context of an operational special warfare campaign in order to achieve the desired operational and, in turn, strategic effects.

This research was conducted utilizing Dr. John C. Creswell’s methodology for qualitative case study analysis. Four counterinsurgency campaigns from either Operation Iraqi Freedom or Operation Enduring Freedom were chosen due to their recent execution and varying degrees of complexity (size of population, terrain, enemy influence, number of units involved, command relationships, host-nation involvement, etc.), duration, and utilization of SOF capabilities. The individual campaigns were then analyzed by “cross-walking” the derived facts through the following supporting questions: How were surgical strike assets employed to support the special warfare campaign within the context of the methodology used during that time? How effective were surgical strike operations in achieving their desired contribution to the special warfare campaign? How were surgical strike operations integrated and managed to ensure their contribution to the broader special warfare campaign? These supporting questions were further dissected to examine the role, actions, timing, tempo, and dislocative or attritional effects of surgical strike operations relative to the studied campaign. Once each case study was appropriately analyzed, the collective results were compared to identify common findings.

The culmination of this research is the identification of thirteen key findings. These key findings provide future special warfare headquarters with a guideline to

ensuring an effective employment of surgical strike in a special warfare campaign, thereby enhancing the overall effectiveness of the campaign. In light of these findings, recommendations have been provided that will further ensure future special warfare commands are adequately structured to meet the demands of individual campaigns, as well as provide USSOCOM and 1st SFC(A) with options on how to best optimize the existing force for multiple, geographically dispersed, special warfare campaigns.

Special warfare remains a vital capability within the nation's military arsenal, and the demand is not likely to diminish. This research concludes that the within a special warfare mission, counterinsurgency in particular, surgical strike is a fundamental and complementary effort, necessary for success. However, its utilization in the recent historical examples provided has been inconsistent with the identified "best practices." If special warfare is going to continue to play a prominent role in military strategy, basic operating concepts to ensure LTG Cleveland's "blending" effect must be incorporated into both doctrine and organizational structure. Ad hoc and over-burdened commands are not indicative of the elite military capability of US SOF. Likewise, the over reliance on surgical strike forces already in high demand globally cannot continue to be relied upon to support special warfare missions. It is critical that USSOCOM and 1st SFC(A) standardize the practice of integrating surgical strike by taking steps to implement the aforementioned recommendations.

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