

Special Forces Medic

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Special Forces Medic

Introduction:

Extraction in bound, withdrawal of forces to perspective landing zones (LZ) begins. The unit sustained a few casualties on this mission. The helicopters (Helo) land, personnel get on and take off in a timely manner. The two casualties marked with a red chemical light (Chemlite) on the floor can barely be seen. Under the whine of the engine and rattle of the helicopters movements I see an individual move with a sense of urgency and purpose. The platoon medic, “doc”, maneuvers through everyone and applies the technical medical skills required of a platoon medic. With night vision goggles I observe doc work feverishly treat, stabilize and save the casualties with precision and confidence expected of a surgeon.

In a jungle environment, assigned to provide a security team to guard and assist the Battalion Physicians Assistant (PA). The PA worked with both friendly and indigenous people, providing medical and professional aid as necessary. At a field hospital the PA checked on personnel that sustained injuries during the initial missions. I witnessed the skill and tenacity of a medic seasoned through numerous theaters of combat go into action. A soldier was brought in with extreme wounds that exposed his intestines, heart, and lungs. The doctor, on duty with staff members, works vigorously to stabilize and save the soldiers life. The PA observed and listened as the doctor and his team continued to fight for the soldiers’ life. The doctor, over a period of time, discontinued applying aid on the patient declaring both in action and words there was nothing anyone could do to save the soldier. That specific moment the PA moved forward, saying a few words of endearment, jumped into action. Orders of what was to

be performed and accomplished issued as he took charge of the patient. I observed the life of a man slowly ebb away and a man fighting for that life as he put to action his plans with his own hands, literally. With both hands on the heart the PA massaged and started working back and forth on the lungs. He saved that soldier and gave hope to what seemed to be a losing battle.

Special Breed:

The two personal accounts are but a snapshot of my personal and professional experiences working with a special breed of medic. With each and every medic encountered in the Special Operations arena and the honor of working with, there lay a commonality of the type of training received that is very unique. That special training is a culmination of what the U.S. Army provides to a soldier that is already good to become better in the medical field, Special Forces (SF) Medical Specialist Training.

Historical Background:

The history of the Special Forces can be traced to the British Special Boat Section, Special Boat Squadron (SBS), and Special Air Service (SAS) formed in 1940. The SBS conducted raids on enemy held coastlines and SAS conducted airfield seizures almost immediately after the fall of France at the beginning of World War II. The requirement to fight in different environments offered opportunities that expanded the need for Special Forces, which often placed them deep into enemy territory (Robinson p.25-43).

U.S. Special Forces:

In 1942 the United States Marine Corps (USMC) formed Raider Battalions and the Army formed Ranger Battalions to meet the global demand. Each played important

roles from advance units in front of the main fighting force to independent operations behind enemy lines disrupting lines of communication and supplies.

The Special Forces of today are well known for their performance in Southwest Asia (Viet Nam) during the 1960s and 1970s. Special Forces employed guerilla tactics to counter revolutionary or other political developments all over the world in the interest of the United States. Some of the elite formations of the United States are navy teams known as sea-air-land-teams (SEALs) and Rangers that conduct airfield seizures world wide with the same responsibilities expected of SF teams but in larger numbers.

Medical Perspective:

Regardless of branch of service, the men and woman in the special operations field recognizes the importance of a well trained medic. “It is the confidence of the warrior that he or she has the best medical support right behind them, this confidence is higher then ever” (Wood p.1). “The military medical forces of the United States have emerged from the last four years of engagement around the world and in your own backyard with a reputation for excellence not witnessed before,” he said. “There is a future medical force that we all have a responsibility in shaping and that I know everyone has an interest in ensuring is the best, the most highly trained, and the most effective in the nation,” (Wood p.2).

Special Forces Qualification Course:

During the year of 2002, Special Forces made major changes in its curriculum on how candidates are assessed, selected, and trained. Originally the course consisted of three phases, Special Forces Selection and Assessment (SFAS); Special Forces Qualification Course (SFQC), finally training in foreign languages and in the Survival,

Evasion, Resistance and Escape (SERE) course. This process took six months to accomplish dependant upon what Military Occupational Service (MOS) a soldier pursued. Current revision of the course is conducted in six phases that requires a lengthened time with a precept of “a better prepared SF soldier who is ready to meet the challenges of the 21st century,” (Clark).

SPECIAL FORCES QUALIFICATION COURSE (SFQC)

Phase 1			
24 DAYS	Classroom and Fitness Events	Land Navigation	
Phase 2			
46 DAYS	Land Navigation	Small Unit Tactics	Live Fire
Phase 3			
65 – 230 DAYS	Military Occupational Service (MOS) Training		
Phase 4			
38 DAYS	Air Operations	Unconventional Warfare	Robin Sage
Phase 5			
4-6 MONTHS	Language School		
Phase 6			
19 DAYS	SERE School		

Task and Organization:

There are four enlisted Special Forces MOSs a soldier is assessed and qualified: Weapons, Engineer, Medical and Communications Specialist. In many countries the 18D

MOS, Medical Specialist, is the most profound and unique soldier in any army. During the third phase of SFQC, an 18D goes through 230 days of assessments and qualifications. Some of the qualifications are Combat Trauma, Minor Surgery, Dentistry, Veterinary, Internal Medicine and Pediatrics. During this phase working in an emergency room is a requirement to include being qualified as an Emergency Medical Technician. This is but a small portion of Special Forces Combat Medical Specialist qualifications without describing the daily duties.

Priority:

In a typical Special Forces team there are 12 members that compliment the team concept for any environment or mission:

Position	Rank	MOS	Remarks
Commander	Captain	18A	
Operations Sgt.	MSG	18Z	Team Sgt.
Warrant	CW2	18A	Technical Specialist
Intelligence Sgt.	SFC	18F	
Sr. Weapons Sgt.	SFC	18B	Weapons Specialist
Jr. Weapons Sgt.	SSG	18B	
Sr. Engineer Sgt.	SFC	18C	Engineer Specialist
Jr. Engineer Sgt.	SSG	18C	
Sr. Medical Sgt.	SFC	18D	Medical Specialist
Jr. Medical Sgt	SSG	18D	
Sr. Com. Sgt	SFC	18E	Communications
Jr. Com. Sgt.	SSG	18E	

This combat team has the flexibility to be adjusted in accordance with mission requirements in relation to personnel. Almost always a medic is part of any combat team due to several important factors the medical specialist provides. The 18D provides medical cover for teams on missions to include, when required, provide treatment to the indigenous population. This is a significant factor in winning the “hearts and minds” of the local population in any country.

Beyond MOS Qualifications:

An understanding of what the medical specialist brings to an SF team or theater of combat must be derived on the cross training that is required within a team to enable mission accomplishment. This includes familiarity with foreign weapons, combative techniques and working in different terrains. The medical specialist is first and foremost a “shooter” and then a medic; this is not only an understanding but a requirement in the SF community based on survivability. A precept must also be understood that the 18 series MOS is a combat occupation and therefore not as restrictive as the conventional U.S. Army medic.

Special Forces Medical Specialist provides a psychological view of what the United States of America and its Army represents. This is better understood when providing medical care to an indigenous population is required, more often then not, the population crowd impatiently seek aid from a specialist rather then the local doctor or practitioner. Reasons for this vary from quality of care or prescribed drugs to personable skills. Thus a correlation can be made of why the numerous requirements of being qualified, the need to maintain the warrior concept of the army, and at the same time, be an ambassador in winning the “hearts and minds” of a foreign nation.

Conclusion:

Just as Special Forces of the past fought, the same techniques and standards of performance apply today; deep in enemy territory, training and equipping foreign armies, finding and engaging the enemy. The difference of then and now can be seen in the medical specialist of an SF team that is empowered with the abilities to take life and the responsibility of preserving life. The requirements of being qualified as a Special Forces Medic are very high, thus the expectations of performance is far above the normal call of duty. In my personal opinion, it is an honorable and very unique MOS that all military soldiers recognize and hope to emulate at both a personal and professional level.

My personal accounts are of such men that graduated from Special Forces training and bring to the battle an attitude of fight and win on many different levels. To all medics that serve and have served... thank you.

Works Cited

- Clark, Joel. "The SFQC Metamorphosis: Changes in the SF Training Pipeline." Special Warfare Article. Winter 2002. Vol. 15 No. 1.
- Michlettie, Eric. "SPECIAL FORCES: War Against Terrorism." Chicago and New York: Lewis Publishing Company, 2003.
- Robinson, Linda. "MASTER OF CHAOS: The Secret History of Special Forces." The Berkeley Publishing Group. February 2001.
- Wood, Sara. "Transformed Battlefield Medical Care Saves Lives." American Forces Information Service News Articles. 30 Jan. 2006.
<http://www.defenselink.mil/news/Jan2006/20060130_4051.html>