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Long Knife Combat Health Support

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CSM, 452nd Combat Support Hospital

Abstract

This paper describes some of the key events and lessons learned during my ECT at JRTC, FT. Polk, Louisiana, during JRTC Rotation 08-05. I discuss: Staff operations, hospital set up and operations to provide level III care to the 4th Brigade, 1st Cavalry Division, " Long Knife Brigade".

Long Knife Brigade Combat Health Support

In every soldier's career, certain events stand out. One of mine, was my first JRTC experience. I had just assumed the duties as the Command Sergeant Major for the 452nd Combat Support hospital in Milwaukee, Wisconsin, and was alerted that the units ECT (Extended Combat training) was moving from June 2008 to March 2008. This left me with much to prepare for and little time to react. This being my first CSM assignment with a new unit and new to the medical field caused me great apprehension. I was unsure of my responsibilities and role and knew I would be learning on the fly.

The 452nd CSH had been preparing for this assignment but was still caught off guard by the timeline change. The described mission was that the hospital would be rendering Level III care to the 4th Brigade, 1st Cavalry Division during their JRTC rotation training exercise. Staffing , and planning was geared toward meeting this mission. I was unaware of the complex and intricate workings of a Combat Support Hospital. I was amazed at the amount of interaction between sections it takes to successfully operate the hospital. There is an enormous amount of equipment set up and testing that takes place. There are numerous medical supplies that must be procured and stocked for the hospital to achieve validation to operate.

The 452nd CSH advance party arrived at FT. Polk on March 14, 2008. The advance party consists of 35 personnel to include the officer who will act as the forward operating base (FOB) mayor and his first sergeant. They are responsible for receiving all equipment being shipped, planning the sleeping

area assignments and starting the hospital set up. The main body of the unit arrives on March 9, 2008 and begins the hospital staffing, equipment set up, medical supply storage and training for sections. The occupation of the FOB and set up of operations continues. The tactical operations center (TOC) is established. The first six days of the ECT are utilized to set up the hospital, occupy and secure the FOB area, establish communications and bring the hospital to Level III readiness for validation.

The hospital commander and myself along with staff meet with our Brigade (804th Medical Brigade) and the Brigade Combat Team to discuss our mission parameters and goals. TOC and staff functions begin and daily briefings on progress are executed. The observer controllers (OC) monitor our progress and mentor the leadership on the exercise operations. I perceive my duties as CSM are to deal with soldier issues, morale, health and welfare issues and training issues. I also attend all briefings and functions with the Commander to include a radio interview.

The 452nd mission is to provide level III health care for the 4th/1st BCT during this training exercise. The unit sets up on FOB FORGE in the western corner of AO Bear. Units attached to the 452nd for this exercise include a ground ambulance platoon consisting of 8ea ambulances and eight personnel, a Minimal Care Detachment (MCD) of 20 personnel and equipment, two dental company detachments consisting of 10 personnel and equipment, and a Forward Surgical Team (FST) of 10 personnel and equipment. There is also a MASAF detachment from the U.S. Air Force assigned to work with the 452nd to conduct air evacuation of patients.

After the first of many briefings with the BCT known as the " Long Knife Brigade" it became apparent that due to the area of operations and road network and projected enemy

Movements that ground evacuation of patients would be minimal at best and that air evacuation would be prevalent. The efforts of the 452nd CSH to attain the level III certification was enormous. There had yet to be a CSH meet the requirements for the certification during any previous JRTC rotations and we were determined to be the first.

In order to attain certification, the hospital had to meet numerous criteria to include proper staffing of doctors, nurses, lab technicians, x-ray technicians, pharmacist, and all the related accreditations these personnel must have. Many pieces of equipment and a vast list of medical supplies were required. The Commander and staff and hospital personnel worked tirelessly to meet the goal of certification. We overcame many obstacles and after two inspections by JRTC FT. Polk hospital (BJACH), Commander the unit became the first to attain the Level III Certification for a JRTC rotation.

JRTC FT. Polk has gone to great lengths to imitate conditions in Iraq during these training rotations. Bases (FOB) built to mirror those in Iraq, villages and role players are as authentic as possible. The role players are Iraqi citizens brought to JRTC to work the training rotations. There is an Iraqi television station, radio station and newspaper all performing their role as in Iraq.

The BCT receives their mission vignettes to simulate the scenarios they most likely will encounter during their tour in Iraq. There are numerous briefings between the BCT, 804th, and the 452nd CSH coordinating and rehearsing for the training mission. Once the mission starts, everything operates, as it will in Iraq. Rehearsals of all movements and communications are to the standard. The Commander and I along with staff attend the BCT Concept of Operations briefing and determine that due to the limited air support in the area of operations that the CSH will have to exercise some unconventional operations. The Commander

decides to send the FST along with part of the MCD and dental detachments forward in the AO to meet the urgent care we believe the BCT will encounter during operations. This move requires delicate coordination among hospital staff to enable the CSH to meet the mission of level III care in the 44-bed hospital.

The mission starts on March 25, 2008 and all sections and FOB personnel begin operations. The 452nd must maintain 24/7 security for the TOC and FOB area we occupy and the landing zone outside our gate. I work with the assigned NCO with the security and quick reaction force (QRF) on their various responsibilities. The hospital being short staffed and sending a large portion forward stretches our personnel extremely. Emergency drills are established and rehearsed for direct and indirect fire. The enormous task of securing the hospital and patients during these drills is tedious. Due to the hospital running in shifts and personnel dispersed over the entire FOB, accountability of personnel and equipment is extremely difficult.

During the first day of the mission, the commander and I must to do a radio interview with the local Iraqi radio station. We work with the public affairs staff and an interpreter to rehearse for the interview. The purpose of this training is to prepare us for dealing with local nationals requesting care from our hospital. They coach us on what care we can provide along with customs and phrases we can use. An Iraqi newscaster conducts the interview at the local Iraqi radio station. After the question and answer portion where we are asked about our personal history and what our hospital can provide, there is a viewer call in portion where we answer local caller's questions. The majority of the questions dealt with how can the hospitals provide care to the locals, especially those that cannot get to it. After the interview, we have an AAR with the Observer Controllers on our thoughts of how it went and what we could improve on.

The hospital personnel and staff encounter new challenges as each day of training goes by. The Observer Controllers continually monitor our actions and reactions while making suggestions and adding obstacles to each scenario. One of the biggest challenges has been making sure personnel are getting enough sleep. The hospital conducting split operations severely challenges the staff. TOC operations continue 24/7 and the staff improves each day. The staff is comprised of personnel serving in the various sections for the first time. The Observer Controllers worked diligently with the staff to improve our knowledge and capability of the TOC functions. Daily battle update briefs (BUB) were prepared and the commander and I receive briefs on the hospital operation.

The commanders and staff's hands on type of leadership created allot of "outside your lane" problems. I made a comment to this effect at a staff meeting to encourage staff members to concentrate on their assigned tasks and let the process work. I talked to the commander about her wanting to take over every time she felt anxiety about what was taking place. I convinced her to trust her staff and allow them to perform.

The next to last day of the mission was probably the most demanding and best experience of the ECT. The staff had anticipated a very busy day from intelligence gathered at the previous BCT BUB. Many major operations scheduled to take place with estimates of high casualties. Throughout the day, the hospital received numerous "notional" and real life patients. The process of receiving and tracking patients through their stay in the hospital is a unique and demanding job. That responsibility belongs to the Med-Log section and they performed extremely well considering the short staffing situation. The most important function of the med-log section is to keep the hospital from reaching a maximum bed capacity situation. There are plans within the hospital to expand bed capacity during emergencies. Another plan is for evacuation of higher priority patients

that is where the U.S Air Force MASAF section came into play. It is a very intricate process and extremely difficult in relation to tracking patients due to the two services using incompatible software programs. It required tremendous coordination between staffs and the S-6 communication section.

By mid afternoon, we had received numerous direct and indirect fire scenarios. The hospital was reacting to each incident in accordance with our standard operating procedure. That evening the action escalated, the hospital received a direct hit that destroyed vital equipment and wounded several soldiers. This along with an influx of patients triggered a massive casualty event (MASCAL). All available personnel respond to the hospital to aid in whatever manner possible. This could include litter bearing to operating a hand held ventilator in a process called “bagging” the patient. It is an extremely high stressed process of caring for and tracking patients. The entire staff is involved in keeping the hospital operating during this MASCAL event.

The Commander and I are in the hospital during the MASCAL. The Commander works with the Chief of Professional Services and Chief Nurse to control hospital operations such as bed space, essential equipment procurement. I was lending a hand wherever I could. I bagged several patients and helped move patients from ward to ward. Although everything looked chaotic, there was a method to the madness and the hospital reacted efficiently. The Observer Controllers were impressed with many of our solutions and quick to lend guidance when required.

The BCT soldiers that came to the hospital were very grateful for the quality of care they received. The hospital treated many real injuries and took several x-rays of various limb injuries. Successfully

performing the mission and showing professionalism, we hoped instilled confidence in these BCT warriors that they will receive the very best care possible in the event they of injured on the battlefield.

The numerous After Action Review's and briefings that followed the completion of the mission were very informative and helpful to the staff responsible for updating all Standard Operating Procedures within the hospital. The unit was able to identify and correct numerous issues in our Standard Operating Procedures and update them to meet the new battlefield. This ECT mission tasked and tested our unit and soldiers and afforded some valuable experience for our future deployment.

Several NCO's and officers distinguished themselves during this JRTC rotation. They displayed a willingness to step up and be involved in areas they did not normally participate.