

## BOOK REVIEWS

### The Death of The Golden Hour and the Return of the Future Guerrilla Hospital

Farr, Warner D. "Rocky." *The Death of The Golden Hour and the Return of the Future Guerrilla Hospital*. MacDill Air Force Base, FL: Joint Special Operation University (JSOU) Press; 2017. 72 pp. Dr Farr's monograph is available from JSOU Press Publications: [http://jsou.libguides.com/ld.php?content\\_id=37706446](http://jsou.libguides.com/ld.php?content_id=37706446)

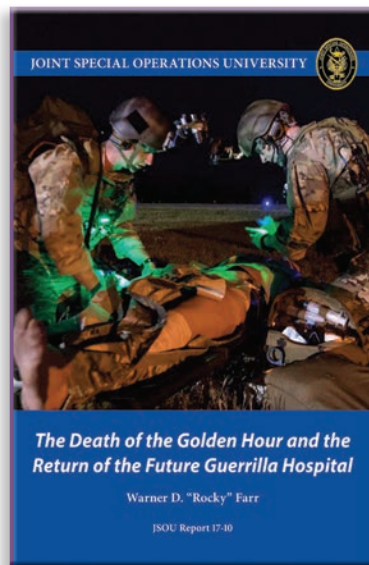
Review by Charles A. Neal, PA-C, MPH, MAJ (Ret), US Army

Dr Farr's monograph is well referenced and cited, encouraging readers to learn more about medical support in unconventional warfare (UW), especially medical support to guerrilla or partisan forces. The 182 citations and numerous other references to books and other historical field manuals mentioned in the monograph offer a treasure of references on medical support in UW, which the reader can use to further explore and expand their knowledge base on the subject. A motivation of the author to write the monograph is what he identifies as the unsustainable concept of "Golden Hour." After 14-plus years of wars in Iraq and Afghanistan, Special Operations Forces (SOF) commanders and Medics have come to regularly rely on prompt medical evacuation, with little opportunity to practice prolonged medical/surgical care, patient hold, and nursing care. Current US military medical support to SOF centers on doctrine, using medical equipment—sets, kits, and outfits—best designed to support medical operations following the Golden Hour principles of prompt trauma stabilization, resuscitation, and rapid medical evacuation to a higher echelon of care. However, the problem Dr Farr points out is that current global military operations, especially for SOF mission sets, increasingly occur in remote and austere areas with smaller teams of Service members beyond traditional robust military medical support footprints. SOF frequently operates beyond a doctrinal 60- to 90-minute Golden Hour with limited readily available US standard medical and surgical support or evacuation times. SOF medical providers and the allied or host nation forces that the US military partners with must be ready to treat and hold patients for extended periods of time and plan for nontraditional methods of medevac/patient transport.

Supporting Dr Farr's identification of a training and experience gap in current US military medical support to UW forces are after-action reports (AARs) from training exercises and lessons learned from other forces supporting or confronted by UW. The medical AAR from a 2015 SOF UW exercise, Jade Helm, highlighted the following issues: limited use of guerrilla auxiliaries and underground to set-up and operate the guerrilla hospital and medical evacuation network. Team medical equipment, specifically lab sets, arrived later during resupply; effectively delaying the establishment of the guerrilla hospital.

The exercise did not run long enough to develop extended field care, transport, and evacuation.

Dr Farr's monograph uses original research and well-referenced military history examples that describe in a historical context doctrinal and operational strengths and weaknesses of medical support to different UW conflicts and partisan struggles. The introductory chapters define the context and set the background for the monograph—lack of current operational understanding of medical support in UW—and the purposes of the monograph—to educate readers and to spark interest in learning more about UW medical support.



The main body of the monograph consists of six separate chapters of well-cited conflicts or struggles that explore the evolution of doctrinal and operational medical support to UW forces over a period from World War I to the current Global War on Terrorism (GWOT). Dr Farr chose six geographically different examples of medical support to UW: (1) reviewing German medical support to UW forces in World War I Africa, (2) Office of Strategic Services in Europe and guerrilla warfare (GW) in the Philippines during World War II, (3) UW medical support during the Cold War and Korean and Vietnam conflicts, (4) establishment of the US Army Green Berets, (5) medical support during small wars of the 1980s and 1990s, and (6) UW medical support during the current GWOT conflicts. Beyond the diverse geographic examples cited by Dr Farr,

his monograph addresses both strengths and weaknesses of evolving medical support to UW forces, providing examples of where medical support to UW was sometimes applied successfully or of other occasions that were not so successful from the US military perspective as well as the perspectives of allied or opposing forces. Dr Farr's cited examples include historical examples of medical support across a broad spectrum of irregular warfare operations from counterinsurgency, support to insurgencies, and foreign internal defense (FID). The chapters help build the reader's understanding of recent historical medical support in UW conflicts.

Dr Farr describes historical conventional military medical support to SOF and educates the reader on how medical support to SOF missions is different. Sometimes, conventional medical

support may not be the best for SOF operations. For example, conventional military medical support to SOF may have too large of a footprint. Large forward surgical operating teams with many personnel and the large amount of equipment and resources required to keep operational may be too big for a SOF team operating in a small compound with limited electrical power, space, and water or means of prompt evacuation. From Dr Farr's cited examples, common historical factors of medical support to UW forces emerge. Medical support is a morale booster and force multiplier of guerrilla forces. There is a balance between the speed and convenience of locating guerilla hospitals along common lines of communication and the security of remote guerilla hospitals. A developed auxiliary and underground (a theme especially repeated in Dr Farr's history review) is key to patient evacuation and medical resupply. Right-sized far forward surgical teams can make a difference in survivability of wounded guerilla forces.

The concluding chapters of Dr Farr's monography refocus in detail on the argument that after 14-plus years of the GWOT, SOF commanders and SOF medicine have become accustomed to Golden Hour medical expectations from component medical services. However, medical support to evolving SOF mission sets and FID medical training requirements to host nations are more typical of traditional medical support to UW and GW missions. The SOF medic receives training on aspects of medical support in GW, but the SF course's culminating "Robin Sage" exercise may be the last time an SF medic can practice GW medical support skills. Only recently have doctrine and organization tables changed to grow and maintain organic SOF medical assists. Dr Farr highlights that the reemergence of traditional mission sets such as FID and other train/advise/assist missions are becoming more common in non-warzone areas of the developing world and with fragile nations. Dr Farr emphasizes that with the recent grassroots development of the Prolonged Field Care (PFC) movement initiated within SOF, SOF medicine is experiencing a "back to the future" moment. There are parallels in PFC philosophy that

map directly with historical medical support to guerilla forces. For example, PFC's treatment and evacuation principles of ruck, truck, house, plane are what an injured World War II guerilla or partisan fighter might have experienced in an auxiliary and underground supported care and evacuation network in Europe or the Pacific. The 10 core PFC capabilities (available at [www.prolongedfieldcare.org](http://www.prolongedfieldcare.org)) are equally applicable to medical care in a GW environment. The principles of medical support in GW are rooted in historical evidence; however, best practices to medical support in GW are constantly changing with advances in medical and nursing science and technology. Dr Farr explains that beyond the initial trauma management skills needed in war zones with Golden Hour medical support, SOF Medics need medicine, nursing, surgical, and patient management knowledge sets for prolonged and complex modern GW environments and remote/austere operating environments. SOF medicine must evolve to reembrace, organize, equip, and train in traditional GW medical skills.

In summary, Dr Farr's monograph, *The Death of The Golden Hour and the Return of the Future Guerrilla Hospital*, is well researched and referenced and cites scholarly work that sparks the reader's interest in learning more about medical support to GW forces. The monograph explains current service component medical support to SOF and how sometimes conventional medical support is ill-fitted for unique SOF medical needs. The author writes that the problem is that in 14-plus years of the GWOT, Golden Hour medical support to SOF has eroded the historical and traditional medical capability of SOF to execute medical support in guerilla warfare. Six chapters of the monograph explore historical aspects of UW medical support to guerilla and partisan forces from World War I to modern-day wars in Iraq and Afghanistan. Dr Farr concludes that evolving SOF missions in remote and austere locations far from conventional military medical support necessitates a refocusing of SOF medicine to include training, organizing, and equipping for SOF UW medical support in GW environments.





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