An Ongoing Series

We Cannot Afford to Lose the Lessons We Have Learned

COL (Ret) Rob Lutz's Reflections on a 20-Year SOF Medical Career

Interviewed by COL (Ret) Andre Pennardt, MD

Please provide us with an overview of your SOF career including key assignments.

My SOF career includes 3rd SFG(A) Surgeon, JSOC Deputy Surgeon, JSOC Surgeon, USASOC Deputy Surgeon, Special Warfare Medical Group Commander, and SOTF Surgeon.

COL (Ret) Rob Lutz

Can you describe some of your most memorable combat casualty care experiences for us?

The most memorable was my first mass casualty, on 5 Dec 2001. ODA 574 was hit by a 500lb bomb, and we received the casualties at a transload point and evacuated them to Oman via MC-130 for care. The key learning point for me was that it was just like many of the training events I'd participated in prior to the mission, and it formed my opinion on the need for realistic training.

As a former commander of the Special Warfare Medical Group, what changes have you seen in the SOF medical training pipeline? Are there further changes that should be made?

The big changes were beefing up trauma skills around 2005 for the Special Operations Combat Medic (SOCM) training and then, in 2011, increasing the medical/clinical training of the SOCM course. Each change was in response to the needs of the force. Further changes need to be reflective of what is happening on the battlefield, and the feedback loop needs to be faster and more agile. In each of those situations, the need was present for several years before the course was modified. There must be a process that "moves at the speed of war" to get new requirements into the SOF medical training system.

What is your assessment of the importance of providing SOF Medics with training and experience in prolonged field care?

Prolonged field care came about in response to the developing requirements for small teams to operate far from medical support. We had a generation of commanders, surgeons, and medics who cut their teeth in Afghanistan and Iraq. Their medical experience of never being more than 1 hour from surgical or other higher-level support is not the reality of today's missions in Africa, South America, Central America, and the Pacific/Southeast Asia. It is vital that we continue to evaluate the requirements and match the training to meet those needs.

Do you think that SOF Medics are provided sufficient time and opportunities to maintain their critical medical skills? If not, what would you recommend be done?

SOF Medics are required by regulation, and have the opportunities, to maintain their critical medical skills. That being said, the majority check the box with minimal investment. Over my career, I saw many opportunities for medical proficiency training die after the effort had been expended to create the memorandum of agreements (MOAs) for the Medics to train. After a year or two of minimal attendance, the agreements fell by the wayside and it wasn't worth the time and effort to renew them. Commanders must encourage and support medical proficiency training, and we need to ensure that those Soldiers who are selected for SOCM or Special Forces Medical Sustainment (SFMS) training want to be there and are invested in a career that requires life-long learning.

> "The role of telemedicine should be to provide expert consultation for the identification and treatment of 'zebras.'"

What do you see as the role of telemedicine in SOF?

The role of telemedicine should be to provide expert consultation for the identification and treatment of "zebras." "Zebras" are uncommon diseases or injuries that can be a challenge to diagnose and treat. Reach-back to experts in these situations can be invaluable. The day we start to rely on telemedicine for the diagnosis and treatment of common injuries and illnesses is the day we have failed to adequately train and sustain our Medics and medical officers. I want to clarify that I do not consider telemedicine to be the appropriate reach-back to the medical officers of the organization. This is part of the professional relationship between the team of physicians, physician assistants, and SOF Medics in a battalion, group, or regiment.

What do you view as the greatest achievement in Tactical Combat Casualty Care (TCCC) during the past 15 years of combat operations?

The reduction in mortality from extremity hemorrhage through the use of a tourniquet has had the largest effect of any of the recommendations of TCCC. All the updates to TCCC guidelines combined during the past 15 years don't hold a candle to the impact of emphasizing tourniquet use to control extremity hemorrhage.

Please tell us what you think the three most important issues for SOF medicine will be in the next 5 to 10 years.

We must continue to evaluate our training and appropriately adjust our tactics, techniques, and procedures (TTPs) in response to lessons learned and developing requirements. To do this, we need a system that is responsive to the needs of the force and not bogged down by bureaucratic processes.

We must ensure that the training of SOF Medics does not revert to the training and execution of strict protocol-driven medicine as is done in the civilian paramedic world. Our guys and gals are smarter than that. We need to teach them anatomy and physiology to understand not only the "why" of a protocol but also the "why not." They need to have the agility to assess each injury and illness individually and implement a treatment plan. There is always pressure to shorten the training pipeline, and we need to guard against diluting the training to increase the throughput.

We must ensure that medical R&D is generated from the "bottom up." The requirements for new devices or TTP come from the Soldiers on the ground, not researchers in the lab.

Do you have anything else you would like to share with us?

It has been a humbling experience to serve in SOF medicine during the past 20 years. The innovations that have come out of our community have made military medicine better and have played a large part in the medical success achieved by the deployed military health system. Eventually, the wars in Afghanistan and Iraq will come to an end, and we cannot afford to lose the lessons we have learned. When I first went back to Iraq for Operation Inherent Resolve, I was appalled at the state of conventional medical support. Many lessons had been cast aside and forgotten. I was proud to see SOF take the lead in providing recommendations for better conventional medical support of the operation, and over the next few years the support evolved to meet our expectations. We must continue to maintain the knowledge, as the conventional medical force has demonstrated that it cannot.

COL Lutz retired this summer after a 30-year career in the Army. A 1993 graduate of the Uniformed Services University, he is a board-certified emergency physician who served multiple assignments with USASOC and JSOC, which included multiple deployments to CENTCOM, SOUTHCOM, and AFRICOM AOR's. He is currently a Sports Medicine Fellow at the Duke Sports Sciences Institute and a Duke University Hospital Emergency Department Attending Physician in Durham, NC.

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