

# Special Forces Medic (18D) and Medical Planning

MSG Oscar L. Ware, BS, MS, MPH, PhD Candidate

As I retrace my journey through the Special Forces ranks as a Medical Sergeant (18D) and finally a Sergeant Major (18Z) in preparation for retirement, I find myself reading years of forgotten evaluations, citations, and awards. Some cause me to pause in an attempt to recall the particulars; others summon a smirk and laugh as I remember the fine men and women who played a very important role in making it happen. One particular Noncommissioned Officer Evaluation Report (NCOER) caused me to think, not that I had been immune to this before, but on this occasion, I was grappling with the words on the page. Had I truly been prepared to carry out the enormous strategic and operational scheme of maneuvers described before me? The words read:

*“Supervises and manages field medical activities in a conventional or unconventional warfare environment. Advises and provides tactical and technical guidance to the Detachment Commander, indigenous and allied personnel. Responsible for the planning, execution, and supervision of cross-training of detachment members in medical skills. In an unconventional warfare environment, instructs medical personnel; manages guerilla hospitals and field evacuation nets; coordinates the operation, interaction, and activities of medical facilities within an area of operation; manages a battalion-size troop medical clinic and its administrative and logistical support. Establishes a base stock of medical supplies and equipment, using internal or external procurement, storage, security, and distribution of those items. Coordinates veterinary training and support for an area requiring animal transportation or use. When directed, conducts operational and intelligence planning, preparation, and execution of detachment missions.”*

Had I successfully accomplished all of these tasks? And where along the way had I been trained to do so much, with what I believed to be so little? The first sentence, check ... did that and got the T-shirt; second sentence, check ... did that and got the T-shirt ... I ultimately completed my reading and realized that along the way I had truly done all as stated — mission complete! What continued to eat at me was a nagging question of great importance, where was I trained to do all that? I then recalled my first Team Sergeant — a great mentor. He had taken me under his tutelage and instilled in me a sense of fear; the fear of letting one's teammates down and the fear of not having the answers when asked. Our relationship was far from adversarial, rather I understood my role as “the new guy” and the 18D on the team; I had to prove I was worthy! It be-

came clear to me at this point that over the years I have had several mentors who took the time, and most importantly had the knowledge and ability to mentor me in a manner to make me a successful 18D.

This is where the crux of my question begins, and to some extent, I hope does not end. The 18D is a combat arms Soldier with extensive medical education and training in life-sustaining skills. He has the responsibility for healthcare of Special Forces Soldiers in operational situations worldwide. His skill set demands that he provide compassion, comfort, and care to the utmost of his ability — even though the situation may well require skills far beyond those of an unlicensed healthcare provider. The 18D employs conventional and unconventional warfare tactics and techniques in providing operational medical care and treatment. The actions of the SF medic not only saves lives and mitigates suffering, but to date it has also proven to be an effective tool to apply against growing insurgencies. The 18D is authorized to perform an extensive variety of clinical tasks in order to sustain and improve readiness through the preservation of health on the battlefield and in garrison. Whether he's far forward in an austere environment facing an agile and oftentimes elusive force, or using his tactical knowledge, he constantly contributes as all 18-series Soldiers do.

Optimizing the employment and capabilities of the SF medic requires constant modernization and advanced training to stay ahead of the challenges faced in both the present and future operating environments. Clearly the challenges faced are many and will fall into several categories: technical, tactical, didactic, strategic paradigm shifts, asymmetric, irregular, and unconventional-warfare or host-nation building etc. The 18Ds effectively function as medical operational planners at the Advanced Operational Base (AOB), Forward Operating Base (FOB), Combined Commands, Joint Staff, Combatant Commands, Component Headquarters of Combatant Commands, Joint Task Forces, or at the Service headquarters level in the absence of a

medical plans officer. With the increased number of Combined Joint Special Operations Task Forces (CJSOTF's) in support of Overseas Contingency Operations, and the downsizing of conventional health services support (HSS) in the areas of responsibility (AOR), SF is ushering in the needed capability to develop the 18D to respond to complex and routine issues such as: logistical support planning, casualty evacuation planning, abbreviated patient hold and casualty staging, familiarization, and proficiency in the concepts, procedures, and applications of joint and combined medical planning at the operational level of war. The senior 18D should understand and be able to apply HSS planning principles in the following focus areas: joint and combined operations by using the steps in contingency and crisis action planning, preparation of the medical services annex of OPLAN's (Annex Q), time-phased force deployment list (TPFDL) management, and medical workload estimates using the joint medical analysis tool (JMAT).

Although this is an enormous task and one which takes a lot of man-hours to grasp, in my opinion,

these skills should be developed in the 18D as a required skill set. This is not to say that some 18Ds don't already perform these critical tasks, or that someone is not tasked to perform them within the SF community, but as a military occupational specialty (MOS), there is room for major improvements.

I was fortunate to have mentors who themselves had the experience and knowledge of HSS on the battlefield and in garrison. Of which, the former can't be taught nor simulated, and the latter should not be tested for the first time in emerging crisis. Operational medicine is a broad area to codify in absolute terms because it continues to evolve in today's SF community. Do we continue to subscribe to the idea of having 18Ds advise medical planning, or should we institutionally provide that training across the MOS, which will give all 18Ds the necessary tools to function as a medical planner? The SOF medic is by far the most celebrated medic in "Role 1" and by far the most adaptive at "Role 2" when applicable. However, systems are lacking in developing the 18D for staff level work, which directly impacts the efforts of medics at the point of injury.

MSG Ware is serving as the USASFC Surgeon's Senior Enlisted Advisor, and has been nominated to serve as the USASOC Surgeon's Senior Enlisted Advisor. He has served as an ODA, ODB, and ODC medic and Team Sergeant in 10th SFG(A), Ft Carson, Colorado, and 1st Bn, 10th SFG(A), in Germany. He has also served as the NCOIC for the Special Operation Combat Medic Course (SOCM). MSG Ware holds a BS with a minor in biology from Campbell University; a Master of Science, Health Administration from Central Michigan University; a Masters of Public Health, from Walden University, and is a PhD candidate in Public Health with a specialization in epidemiology, Walden University.