Combat Medic Field Reference

A classic work of American literature that has not stopped changing minds and lives since it burst onto the literary scene, The Things They Carried is a ground-breaking meditation on war, memory, imagination, and the redemptive power of storytelling. The Things They Carried depicts the men of Alpha Company: Jimmy Cross, Henry Dobbins, Rat Kiley, Mitchell Sanders, Norman Bowker, Kiowa, and the character Tim O’Brien, who has survived his tour in Vietnam to become a father and writer at the age of forty-three. Taught everywhere—from high school classrooms to graduate seminars in creative writing—it has become required reading for any American and continues to challenge readers in their perceptions of fact and fiction, war and peace, courage and fear and longing. The Things They Carried won France's prestigious Prix du Meilleur Livre Etranger and the Chicago Tribune Heartland Prize; it was also a finalist for the Pulitzer Prize and the National Book Critics Circle Award.

"Lasers will continue to play an important and sometimes dangerous role on the modern battlefield. At present, there is no adequate comprehensive protection against accidental or intentional exposure to lasers in combat. Thus, it is critical that the field of laser safety research develop preventative protocols and prophylactic technologies to protect the warfighter and to support military operational objectives. This book details the current state-of-the-art in scientific, biomedical, and technical information concerning the effects of military lasers on the human body. An important purpose of this book is to identify current knowledge gaps in the various areas of this interdisciplinary field, and to offer specific recommendations for laser safety research and development into the future"--

The Tactical Emergency Casualty Care Course Manual is the printed component for the NAEMTs 16-hour continuing education Tactical Emergency Casualty Care (TECC) Course. It may be used by both instructors and students as a resource to prepare for the TECC course and as a reference that discusses the current best practices for EMS providers to utilize in the response to and care of patients in a civilian tactical environment. The TECC Course does not offer certification as a tactical medic it is intended to teach all EMS providers the best patient care and safety practices in a civilian tactical environment, such as an active shooting hostile event. Composed of 10 lessons, The TECC Course Manual will: Cover the phases of care in a civilian tactical environment, Describe step-by-step the life-saving skills that may be performed in a civilian tactical environment, Provide safety and survival strategies for EMS providers and their patients In addition to the TECC Course Manual, instructors may also purchase the TECC Online Instructors Toolkit (9781284483888). This resource features 10 lesson presentations in PPT, as well as interactive patient simulations and skill stations that allow students to gain experience in a safe environment monitored by experienced EMS providers.

The Combat Medic of today is the most technically advanced ever produced by the United States Army. Such an advanced technician requires an advanced teaching and learning system. 68W Advanced Field Craft is the first textbook designed to prepare the Combat Medic for today’s challenges in the field. The ability to save lives in war, conflicts, and humanitarian inventions requires a specific skill set. Today’s Combat Medic must be an expert in emergency medical care, force health protection, limited primary care, evacuation, and warrior skills. 68W Advanced Field Craft combines complete medical content with dynamic features to support instructors and to prepare Combat Medics for their missions.

The humorous adventures of two Wisconsin draftees who were trained as combat medics and sent offto set up a field hospital in South Vietnam

Historically in warfare, the majority of all combat deaths have occurred prior to a casualty ever receiving advanced trauma management. The execution of the Ranger mission profile in the Global War on Terrorism and our legacy tasks undoubtedly will increase the number of lethal wounds. Ranger leaders can significantly reduce the number of Rangers who die of wounds sustained in combat by simply targeting optimal medical capability in close proximity to the point of wounding. Directing casualty response management and evacuation is a Ranger leader task; ensuring technical medical competence is a Ranger Medic task. A solid foundation has been built for Ranger leaders and medics to be successful in managing casualties in a combat environment. The true success of the Ranger Medical Team will be defined by its ability to complete the mission and greatly reduce preventable combat death. Rangers value honor and reputation more than their lives, and as such will attempt to lay down their own lives in defense of their comrades. The Ranger Medic will do no less.

The U.S. militaryâ€™s concerns about the individual combat service memberâ€™s ability to avoid performance degradation, in conjunction with the need to maintain both mental and physical capabilities in highly stressful situations, have led to and interest in developing methods by which commanders can monitor the status of the combat service members in the field. This report examines appropriate biological markers, monitoring technologies currently available and in need of development, and appropriate algorithms to interpret the data obtained in order to provide information for command decisions relative to the physiological â€œreadinessâ€ of each combat service member. More specifically, this report also provides responses to questions posed by the military relative to monitoring the metabolic regulation during prolonged, exhaustive efforts, where nutrition/hydration and repair mechanisms may be mismatched to intakes and rest, or where specific metabolic derangements are present.

Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities.

The Warfighter Physiological Status Monitoring (WPSM) system collects vital sign information and other event information. This information is sent wirelessly to a personal digital assistant (PDA) held by the medic. The primary purpose of this study was to determine what features should be included in the graphical user interface (GUI) of the WPSM system as it would appear on the Battlefield Medical Information System-Tactical (BMIS-T) PDA. To meet this objective, information was obtained from 26 experienced combat medics. A background questionnaire was administered to obtain information regarding the volunteers' medical experience, types of injuries and illnesses observed or treated,

and how medical decisions such as triage assessments are made during combat. Secondly, these volunteers were asked to design individual GUI screens after being provided a briefing on what the WPSM system is. Finally, four focus groups of between 4 and 7 medics provided group consensus feedback on what the GUIs for the WPSM system should look like. Results from the volunteers' individual GUI designs and focus group sessions revealed most medics wanted a (1) geo-location screen, (2) a screen summarizing the medical status of the squad or platoon they were monitoring, (3) an individual patient screen, (4) a treatment and evacuation information screen, (5) an electronic Field Medical Card (FMC), and (6) a reference information screen.

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This handy guide is packed with the all the info you need to stay alive and well in the field, including disease diagnosis and treatment, drugs and dosages, emergency paramedical skills and preventive medicine. Special sections cover wartime emergencies (burn and blast injuries; nuclear, biological and chemical warfare; and emergency surgery) as well as primitive and veterinary medicine, obstetrics, pediatrics and orthopedics. Also includes practical survival techniques.

The Special Operations Forces Medical Handbook is a comprehensive reference designed for combat and special forces medics in the field, it is also a must-have reference for any military or emergency response medical personnel, particularly in hostile environments. Developed as a primary medical information resource and field guide for the Special Operations Command (SOCOM). As a grid-down medical reference for the doomsday prepper it can't be beaten. Defines the standard of health care delivery under adverse and general field conditions. Organized according to symptoms, organ systems, specialty areas, operational environments and procedures. Emphasizes acute care in all its forms (including gynecology, general medicine, dentistry, poisonings, infestations, parasitic infections, acute infections, hyper- and hypothermia, high altitude, aerospace, dive medicine, and sanitation.). DO NO HARM, DO KNOW HARM The following medical texts should be in the preps of every serious off-grid survivor: Ranger Medic Handbook Special Operations Medical Handbook STP 31-18D34-SM-TG A MOS 18D Special Forces Medical Sergeant PART A: Skill Levels 3 and 4 STP 31-18D34-SM-TG B MOS 18D Special Forces Medical Sergeant PART B: Skill Levels 3 and 4

Learn to identify and treat severe trauma injuries in the field and give victims the best chance for survival. Developed with the assistance of certified emergency medical technicians and military medics, this Duraguide provides a clear understanding of the basics of first aid, how to evaluate injuries and provide proper first aid for specific injuries. An essential reference for non-medical personnel in disaster situations, the guide is printed on waterproof paper for durability and the ideal lightweight (one ounce) reference that should be in every soldier's pack. A portion of the profit from the sale of this guide is donated to support military families through the Sierra Club's Military & Families of Veterans Initiative. Made in the USA.

The Combat Medic of today is the most technically advanced ever produced by the United States Army. Such an advanced technician requires an advanced teaching and learning system. 68W Advanced Field Craft is the first textbook designed to prepare the Combat Medic for today s challenges in the field. The ability to save lives in war, conflicts, and humanitarian inventions requires a specific skill set. Today s Combat Medic must be an expert in emergency medical care, force health protection, limited primary care, evacuation, and warrior skills. 68W Advanced Field Craft combines complete medical content with dynamic features to support instructors and to prepare Combat Medics for their missions."

Over 2,300 total pages ... OVERVIEW Tactical Combat Casualty Care (TCCC) was developed to emphasize the need for continued improvement in combat pre-hospital care. The Committee on Tactical Combat Casualty Care (CoTCCC) was established in 2001 and is part of the Defense Health Board. CoTCCC is a standing multi-service committee charged with monitoring medical developments in regards to practice, technology, pharmacology and doctrine. New concepts in hemorrhage control, airway management, fluid resuscitation, analgesia, antibiotics and other lifesaving techniques are important steps in providing the best possible care for our Marines and Sailors in combat. The TCCC guidelines are published every 4 years in the Prehospital Trauma Life Support manual. It has been recognized that TCCC guidelines and curriculum will need to change more often than the 4-year cycle of the PHTLS textbook publication. The National Association of Emergency Medical Technicians (NAEMT) will include the updated TCCC guidelines and curriculum on its website as they are approved as a way to help get this new information out to the combat medical personnel in the military that need it. PRINCIPLES OF TACTICAL COMBAT CASUALTY CARE (TCCC) The principles of Tactical Combat Casualty Care are fundamentally different from those of traditional civilian trauma care, where most medical providers and medics train. These differences are based on both the unique patterns and types of wounds that are suffered in combat and the tactical conditions medical personnel face in combat. Unique combat wounds and tactical conditions make it difficult to determine which intervention to perform at what time. Besides addressing a casualty’s medical condition, responding medical personnel must also address the tactical problems faced while providing care in combat. A medically correct intervention at the wrong time may lead to further casualties. Put another way, “good medicine may be a bad tactical decision” which can get the rescuer and the casualty killed. To successfully navigate these issues, medical providers must have skills and training oriented to combat trauma care, as opposed to civilian trauma care. The specifics of casualty care in the tactical setting will depend on the tactical situation, the injuries sustained by the casualty, the knowledge and skills of the first responder, and the medical equipment at hand. In contrast to a hospital Emergency Department setting where the patient IS the mission, on the battlefield, care of casualties sustained is only PART of the mission. TCCC recognizes this fact and structures its

guidelines to accomplish three primary goals: 1. Treat the casualty 2. Prevent additional casualties 3. Complete the mission In thinking about the management of combat casualties, it is helpful to divide care into three distinct phases, each with its own characteristics and limitations.

Both editors are active duty officers and surgeons in the U.S. Army. Dr. Martin is a fellowship trained trauma surgeon who is currently the Trauma Medical Director at Madigan Army Medical Center. He has served as the Chief of Surgery with the 47th Combat Support Hospital (CSH) in Tikrit, Iraq in 2005 to 2006, and most recently as the Chief of Trauma and General Surgery with the 28th CSH in Baghdad, Iraq in 2007 to 2008. He has published multiple peer-reviewed journal articles and surgical chapters. He presented his latest work analyzing trauma-related deaths in the current war and strategies to reduce them at the 2008 annual meeting of the American College of Surgeons. Dr. Beekley is the former Trauma Medical Director at Madigan Army Medical Center. He has multiple combat deployments to both Iraq and Afghanistan, and has served in a variety of leadership roles with both Forward Surgical Teams (FST) and Combat Support Hospitals (CSH).

The ability to save lives in war, conflicts, and humanitarian interventions requires sophisticated skills above and beyond first aid. Today's Combat Medic must be an expert in emergency care, force health protection, limited primary care, and warrior skills. The Combat Medic Field Reference provides easy access to essential information on triage, treatment, and US Army procedures. This handy pocket-sized reference features waterproof pages for making temporary or permanent notes.

Training Circular (TC) 3-21.76 uses joint terms where applicable. Selected joint and Army terms and definitions appear in both the glossary and the text. Terms for which TC 3-21.76 is the proponent publication (the authority) are italicized in the text and are marked with an asterisk (*) in the glossary. Terms and definitions for which TC 3-21.76 is the proponent publication are boldfaced in the text. For other definitions shown in the text, the term is italicized and the number of the proponent publication follows the definition. The principal audience for TC 3-21.76 are U.S. Army Rangers and combat arms units. Commanders and staffs of Army headquarters serving as joint task force or multinational headquarters should also refer to applicable joint or multinational doctrine concerning the range of military operations and joint or multinational forces. Trainers and educators throughout the Army will also use this publication.

Advances in trauma care have accelerated over the past decade, spurred by the significant burden of injury from the wars in Afghanistan and Iraq. Between 2005 and 2013, the case fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent, despite an increase in the severity of injury among U.S. troops during the same period of time. But as the war in Afghanistan ends, knowledge and advances in trauma care developed by the Department of Defense (DoD) over the past decade from experiences in Afghanistan and Iraq may be lost. This would have implications for the quality of trauma care both within the DoD and in the civilian setting, where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events. Intentional steps to codify and harvest the lessons learned within the military's trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems. This will require partnership across military and civilian sectors and a sustained commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost. A National Trauma Care System defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors. This report provides recommendations to ensure that lessons learned over the past decade from the military's experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U.S. civilian system.

Army technique publication (ATP) 3-21.91 / FM 3-21.91, "Stryker Brigade Combat Team Weapons Troop," describes how the Stryker brigade combat team (SBCT) weapons troop and its platoons fight. This publication provides doctrine for employing the SBCT weapons troop and its platoons. It contains guidance on techniques weapons troops and its platoons use in offensive, defensive, and stability tasks. The target audience includes leaders in the SBCT weapons troop, SBCT battalion and brigade level commanders, and staff officers.

A decade of intense combat in two theaters has taught us many lessons about what works and what does not in the effort to accomplish that all-important mission of saving lives in battle. A severely injured Soldier today has about twice the likelihood of surviving his wounds compared to Soldiers in wars as recent as Vietnam. That progress is the result of many things: better tactics and weapons, better body armor and helmets, better trained and fitter Soldiers. But, the introduction of tactical combat casualty care (TCCC) throughout the Army has certainly been an important part of that improvement. TCCC is fundamentally different from civilian care. It is the thoughtful integration of tactics and medicine, but to make it work takes a different set of skills and equipment, and every Soldier and leader needs to understand it and practice it. This handbook is the result of years of careful study of the care of wounded Soldiers, painstaking research by medics and physicians, and the ability of leaders at all levels to see and understand the lessons being learned and the willingness to make the changes in equipment, training, and doctrine needed to improve the performance of the Army Health System. It is the best guidance we have at the time of publication, but new information, new techniques, or new equipment will drive changes in the future. Be assured that these performance improvement efforts will continue as long as American Soldiers go in harm’s way.

Combat Medic Field ReferenceJones & Bartlett Learning

This Army Techniques Publication (ATP), "Army Medical Logistics," ATP 4-02.1 addresses the role of medical logistics (MEDLOG) in the Army Health System (AHS). It covers MEDLOG operations from the support battalions at the tactical level to the medical command (deployment support) (MEDCOM [DS]) and theater sustainment command where the critical crossover occurs between strategic agencies within the AHS and commands and the operational units providing logistics support in-theater. Army MEDLOG, as one of the ten medical functions, is an integral part of the AHS. It provides intensive life cycle management of medical products and services that are used almost exclusively by the AHS and its joint partners and are critical to the successful delivery of Army medical capabilities. Army MEDLOG support is tailored to anticipate and effectively respond to medical requirements through the provision of uninterrupted, end-to-end sustainment of the AHS mission across the range of military operations. Providing timely and effective AHS support is a team effort which integrates the clinical and operational aspects of the mission and requires collaboration between the medical logisticians, health care providers, distribution managers, and other partners within the Military Health System. Army MEDLOG includes management of the following functions: Medical materiel (Class VIIIA); Medical equipment

maintenance and repair; Optical fabrication and repair; Patient movement items (PMI); Medical gases; Blood (Class VIIIB) storage and distribution; Regulated medical waste (including hazardous material); Medical facilities and infrastructure; Medical contracting.

Over 1,800 total slides ... Topics Covered: Point of Wounding Care Tactical Combat Casualty Care Advanced Airway Techniques Chest Trauma Management Hemorrhage Control Hypovolemic Shock Management Battlefield Casualty Evacuation Casualty Triage International Humanitarian Law and Geneva Conventions Airway Management Initiate and Manage an IV Battlefield Medications General Pharmacology Soldier Medic: Pharmacology for the Combat Medic Soldier Medic Nerve Agents Heat Injuries Communications and Documentation Initial Assessment and Management of the Combat Casualty Spinal Trauma Evacuation Request Procedures Perform Casualty Triage Evacuation Platforms Field Medical Card Tactical Combat Casualty Care Head and Spine Injuries (EMT-B) Airway Management Cardiovasclar Emergencies Baseline Vital Signs Obstetric and Gynecologic Emergencies Pediatric Assessment and Management Assessment and Management of Pediatric Emergencies (EMT-B)

"This book is designed to deliver combat casualty care information that will facilitate transition from a continental US or civilian practice to the combat care environment. Establishment of the Joint Theater Trauma System and the Joint Theater Trauma Registry, coupled with the efforts of the authors, has resulted in the creation of the most comprehensive, evidence-based depiction of the latest advances in combat casualty care. Lessons learned in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have been fortified with evidence-based recommendations to improve casualty care. The educational curriculum was designed overall to address the leading causes of preventable death and disability in OEF and OIF. Specifically, the generalist combat casualty care provider is presented requisite information for optimal cae of US combat casualties in the first 72 to 96 hours after injury. The specialist provider is afforded similiar information, supplemented by lessons learned for definitive care of host nation patients."--

Reviews topics such as epidemiology, deployment health, reproductive and genitourinary issues, mothering, sexuality, PTSD and other psychological effects of war, wounds and disability, intimate partner violice, sexual assault, and suicide. It provides health care providers with insight that can help prepare and prevent illness in the female military population by bringing together researchers, clinicians, and service member experience and knowledge and presents the information in a practical, actionable format. It also highlights areas where data is lacking and more study is demanded--Cover.

"Fascinating.... Lays a foundation for understanding human history."—Bill Gates In this "artful, informative, and delightful" (William H. McNeill, New York Review of Books) book, Jared Diamond convincingly argues that geographical and environmental factors shaped the modern world. Societies that had had a head start in food production advanced beyond the hunter-gatherer stage, and then developed religion --as well as nasty germs and potent weapons of war --and adventured on sea and land to conquer and decimate preliterate cultures. A major advance in our understanding of human societies, Guns, Germs, and Steel chronicles the way that the modern world came to be and stunningly dismantles racially based theories of human history. Winner of the Pulitzer Prize, the Phi Beta Kappa Award in Science, the Rhone-Poulenc Prize, and the Commonwealth club of California's Gold Medal.

With the United States’ involvement in numerous combat operations overseas, the need for civilian social workers with the clinical skills necessary to work with members of the military returning from combat, as well as their families, has never been more critical. In this practical and important book, each chapter is written by specialists in a particular area devoted to the care of service members and includes case material to demonstrate assessment and intervention approaches. The reader is introduced to the world of the military and the subsequent development of mental health services for returning men and women. Chapters look at special populations of service members with specific needs based directly on their experience in the military, discussing post-traumatic stress disorder, traumatic brain injury, sexual harassment and assault during their service, and the physiology of the war zone experience. The challenges faced by reintegrating service men and women are explored in detail and include family issues, suicide, and substance use disorders. A section on services available to returning service members looks at those offered by the Veterans Administration and at the use of animal-assisted interventions. The book concludes with a section devoted to unique concerns for the practitioner and explores ethical concerns they may face and their own needs as clinicians working with this population.

The basis of adequate prepping is being prepared for both common and dire events that may occur under the worst of all possible circumstances. These circumstances might include the breakdown in normal emergency support services (such as calling 911), the lack of an ability to obtain additional supplies, and the probability that you will not be able to rely on anyone but members of your immediate group or yourself. Prepping requires forethought with regard to food, water supplies, power, and protection – all areas of significant technical preparation. Self-reliant medical care is no exception. This book provides the basis of prevention, identification, and long-term management of survivable medical conditions and can be performed with minimal training. It helps you identify sources of materials you will need and should stock-pile, it discusses storage issues, and directs you to sources for more complex procedures that require advanced concepts of field-expedient techniques used by trained medical persons such as surgeons, anesthesiologists, dentists, or midwifes and obstetricians.

Gritty, harrowing and full of courage, a testimony to the men and woman from the council estates of Britain who lived and died in the longest campaign the British Army has fought in decades a must read for any politician. AR retired Warrant Officer 1st Class 22 SAS Chantelle Taylor joined the British Army in 1998 as a combat medical technician. Ten years later she made history, becoming the first female soldier to kill a Taliban fighter in close-quarter combat while on patrol in Helmand Province, Afghanistan. In Battleworn, she tells the story of B Company, a beleaguered group of individuals who fought relentlessly to hold Nad-e Ali, a dusty, sweltering hellhole surrounded by the Taliban. A routine patrol into an area saturated with enemy fighters escalates into a seven-week siege. Facing the possibility of death daily, Taylor writes of gun battles and perilous patrols, culminating in the extraction of more than sixty-six casualties with four killed in action. A powerful story written with a humility that captures the

sometimes impalpable humour of soldiers at war, Battleworn provides a testament to combat medics all over the world. It highlights the crucial role that they play in todays 360-degree battlefield.

Over 380 total pages ... 1. FULL TITLE: U.S. SPECIAL OPERATIONS COMMAND's TACTICAL TRAUMA PROTOCOLS (TTPs) TACTICAL MEDICAL EMERGENCY PROTOCOLS (TMEPs) RECOMMENDED DRUG LIST (RDL) CANINE TACTICAL COMBAT CASUALTY CARE For SPECIAL OPERATIONS ADVANCED TACTICAL PARAMEDICS (SO-ATPs) - December 2016 CONTENTS By SECTION: SECTION 1: TACTICAL TRAUMA PROTOCOLS SECTION 2: TACTICAL MEDICAL EMERGENCY PROTOCOLS SECTION 3: RECOMMENDED DRUG LIST SECTION 4: CANINE COMBAT CASUALTY CARE (C-TCCC) SECTION 5: BURN QUICK REFERENCE GUIDE SECTION 6: NERVE CHARTS 2. FULL TITLE: Tactical Combat Casualty Care Handbook, Version 5 - May 2017 CONTENTS By CHAPTER: Chapter 1. Tactical Combat Casualty Care Overview Chapter 2. Tactical Combat Casualty Care Phases of Care Chapter 3. Tactical Combat Casualty Care Medical Equipment Chapter 4. MARCH/PAWS Treatment Algorithms Chapter 5. Tactical Combat Casualty Care-All Combatants Chapter 6. Tactical Combat Casualty Care-Medical Provider Appendix A. Tactical Combat Casualty Care Card Appendix B. Tactical Combat Casualty Care After Action Report Appendix C. Medical Triage Categories Appendix D. Medical Evacuation Precedence Categories Appendix E. 9-Line Request With MIST Report Appendix F. Prolonged Field Care Appendix G. Drug Reference Guide Appendix H. Medical Transition Guidelines in a Tactical Environment Appendix I. Medical Planning Functions Appendix J. Tactical Combat Casualty Care Background Appendix K. References

Military surgeons must assume a leadership role in combat casualty care in circumstances that are far less than ideal. This handbook provides much of the information needed to tackle these issues and features state-of-the-art principles and practices of forward trauma surgery as used by military physicians in far flung locations around the globe. In this volume you'll learn such integral skills as: Tactical field care Field dressing Applying pressure dressing Treating burns Treating inhalation injuries And more! Tactical Combat Casualty Care and Wound Treatment is the most trusted and up-to-date manual offered by the Department of Defense for military medical personnel in the field.

Scope. a. USSOCOM's principle function is to prepare SOF to carry out assigned missions. This responsibility is derived from US Code Title 10, Section 167. In addition to organizing, training, and equipping SOF for unique missions, medical education is fundamental to fulfilling this law. Title 10 explicit responsibilities include development of strategy, doctrine, tactics, conducting specialized courses of medical instruction for commissioned and non-commissioned officers, and monitoring the medical education and professional certification of officers and enlisted personnel. USSOCOM's medical education and certification responsibilities are inherent responsibilities of developing strategy, doctrine and tactics. b. The Commander, United States Special Operations Command (CDRUSSOCOM) has the service- like responsibility of providing joint training and education venues that specialize in the art and science of joint Special Operations and its medical support. These efforts complete the education and training picture within the Department of Defense (DOD). While each of the Services, and the joint community, provide education and training to fill a particular niche (i.e., naval warfare, air warfare, joint warfare, etc.) the Joint Special Operations Medical Training Center (JSOMTC) within USSOCOM and the Air Force's Pararescue (PJ) course provides training to fill the medical niche of joint SOF core task requirements. SOF medical training and certification is force-wide, designed to initiate, maintain, and/or enhance medical skills of those SOF medics and non-medics who are required to perform the unique, global, multi-discipline mission of USSOCOM. Within the parameters of this directive, as outlined by first reference (Glossary Section III), USSOCOM's primary responsibility is the medical education and training and certification of SOF. A secondary responsibility is the training and education of select DOD, interagency, and international military personnel in the requirements, capabilities, and limitation(s) of joint special operations organizations. Fostering a mutual understanding ensures the proper application of SOF and the enhancement of joint, combined and interagency medical operations. General. In support of the Global War On Terrorism (GWOT), Special Operations medical personnel often find themselves providing care for both trauma and non-traumatic medical emergencies, beyond the Forward Edge of the Battlefield Area/Forward Line Of Troops, often in non-linear environments that may be far forward of any supporting medical infrastructure. This directive identifies the authority, mission, command relationships, functions, and responsibilities of the United States Special Operations Command as directed under Section 167, Title 10 of US Code to provide SOF medics with the required skill sets. In order to define and administer this SOF Medical skill set, USSOCOM has established a SOF Emergency Medical Services (EMS) State that is administered by the Command Surgeon. Medics who successfully complete the required academic requirements as defined within this directive will thus be known as SOF Advanced Tactical Practitioners (ATP).

This publication provides doctrine for the Army Health System (AHS) in support of the modular force. The AHS is the overarching concept of support for providing timely AHS support to the tactical commander. It discusses the current AHS force structure modernized under the Department of the Army (DA)-approved Medical Reengineering Initiative and the Modular Medical Force that is designed to support the brigade combat teams (BCTs) and echelons above brigade (EAB) units. As the Army's AHS doctrine statement, this publication identifies medical functions and procedures that are essential for operations covered in other Army Medical Department (AMEDD) proponent manuals. This publication depicts AHS operations from the point of injury, illness, or wounding through successive roles of care within the area of operations (AO) and evacuation to the continental United States (CONUS)-support base.