

Force Health Protection in U.S. Army Special Operations Forces

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ABSTRACT

The ultimate goal of USASOC Force Health Protection programs is health sustainment of Army Special Operations Forces. Preventive medicine officers, environmental science officers, and preventive medicine Soldiers remain the cornerstone in providing health sustainment to ARSOF Soldiers. The lack of doctrine and understanding of preventive medicine core competencies may result in a degradation of unit medical readiness and individual health sustainment.

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The U.S. Army Special Operations Command (USASOC) deploys on average over 8,000 Soldiers and civilians for worldwide special operations, across the full range of military operations, in support of regional combatant commanders, American ambassadors, and other agencies as directed. In essence, one quarter of the force is deployed on any given day. Deployment frequency and extreme operational environments require a proactive force health protection (FHP) program to maintain healthy, fit Special Operations Forces (SOF). Force health protection assets are located throughout the command, but very little understanding within USASOC exists of core competencies, capabilities, and employment of those assets. The purpose of this article is to outline USASOC FHP assets and to propose a list of FHP core competencies in support of SOF missions.

In accordance with the Army Force Generation Model (ARFORGEN), active forces would be home for two years and then available for deployment in the third year. The Army Reserve would have its Soldiers home

for four years and then available in the fifth year. The Army National Guard would have its Soldiers home for five years and then available in the sixth. The ARFORGEN model creates operational readiness cycles wherein individual units increase their readiness over time, culminating in full mission readiness and availability to deploy.

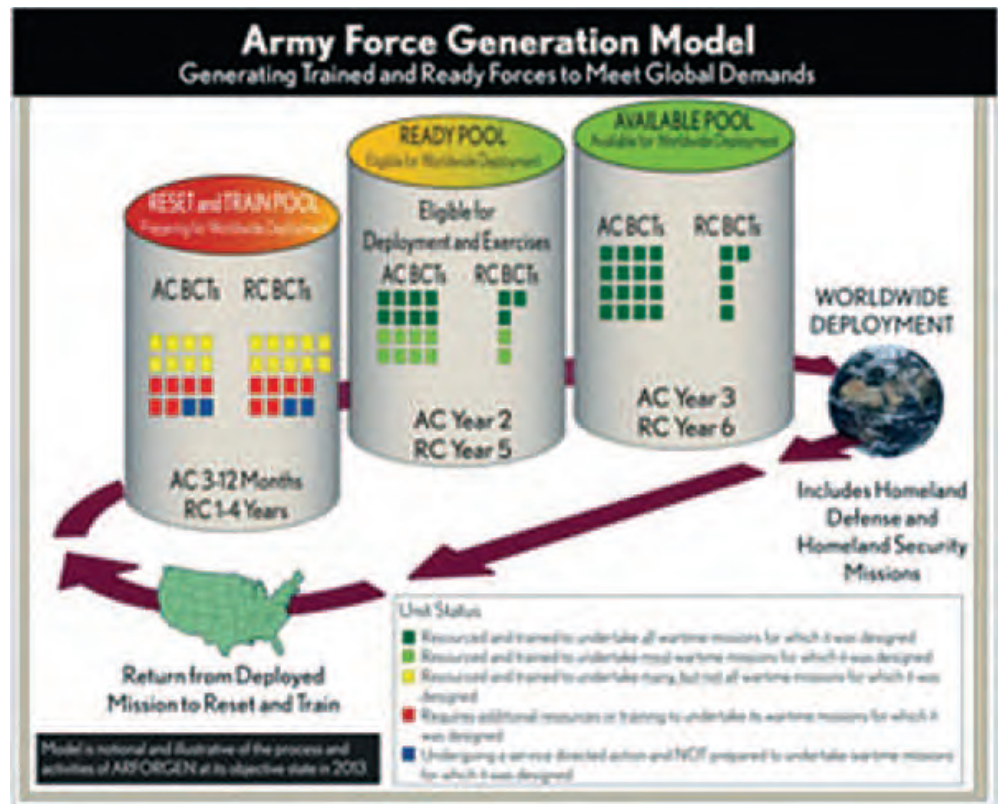


Figure 1 Army Force Generation Model



Figure 2 Global SOF Posture (GSP) Model

Despite the model, the current time between deployments in the active force is approximately one year.¹


In comparison, Army Special Operations Forces Generation (ASOFGEN) is a capability-based readiness assessment. Mission requirements are synchronized with the Global Special Operations Forces Posture (GSP), with teams available when they have the personnel, equipment, and training required for their specific mission. According to this model, teams will deploy for one six-month deployment every two years into a given theater. As end

strength increases, USASOC will progress towards the ASOFGEN model. This model is based on reaching an objective state in 2010 with each Special Forces Group having four battalions from one Group deployed in support of the Central Command area of operations.²

In reality, teams now deploy for seven months followed by six months at home station. Unlike the conventional Army force, with a one year recovery cycle, Army Special Operations Forces (ARSOF) has a six-month, compressed recovery/refit cycle. During this period ARSOF completes post-deployment activities, block leave, and sends equipment to the depot and Soldiers to school. Often pre-deployment activities for upcoming missions occur shortly after completing the previous post-deployment requirements. Within USASOC, the use of smaller military units enhances the importance of the individual. Therefore, a reduction in individual medical readiness translates into a significant decrease in operational efficiency of the unit. Maintaining health sustainment of an individual over multiple deployment cycles increases in importance, and this poses a challenge.

The 2003 Force Health Protection Capstone Document provides the vision for FHP and introduces the concept of life-cycle health maintenance programs for human weapons systems.³ Recent Department of Defense, De-

Table 1 Initial Assessment of USASOC FHP Programs, October 2006.

 Army Domain	USASOC FHP ASSESSMENT			
	Readiness Rating			Solution
	Green	Amber	Red	
Doctrine		X		Update USASOC FHP Regulation; review and provide input to Army, Joint, and USSOCOM FHP regulations
Organization		X		Review current organizations and provide recommended changes; strengthen ties with SOF, ARMY, Joint, and Interagency organizations
Training			X	Develop PRVNT MED core competencies and mandatory sustainment training
Leader Development			X	Dev. & submit for approval ASI awarded to AMEDD officers with SOF experience; enlisted are eligible for "S" ASI
Materiel		X		Provide SME input to development of SKO, validate PRVNT MED equip on SOF peculiar list and move to Big Army if applicable
Personnel		X		Re-assess PRVNTMED personnel positions (AOC/MOS and rank structure) to ensure USASOC has the right number and mix of PRVNTMED personnel
Facilities	X			No SOF specific facilities need at this time
Validation			X	Update OIP checklist to reflect changes in USASOC FHP Regs/policies

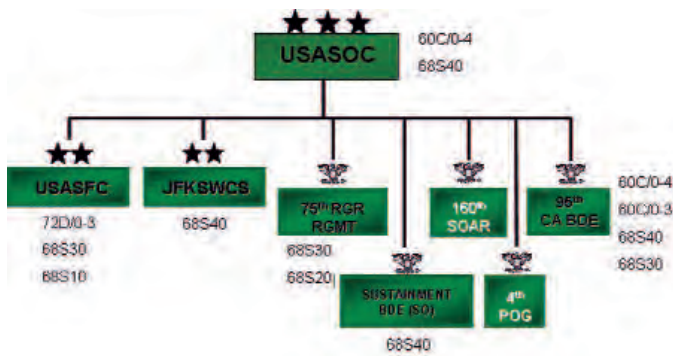


Figure 3 U.S. Army Special Operations Organizational Structure

partment of the Army, and USASOC FHP policies and regulations place a greater emphasis on medical readiness, health surveillance, and other FHP programs. Components of a FHP program include a medical surveillance system involving the ongoing collection and analysis of uniform information on deployments (pre- and post-deployment

health assessments), recognizing and assessing potentially hazardous occupational and environmental health exposures and conditions, employing specific preventive medicine countermeasures, monitoring of real-time health outcomes, and timely reporting of disease and non-battle injury (DNBI) data.⁴ Preventive medicine personnel within ARSOF oversee and execute FHP policies and programs and monitor medical readiness.

The USASOC Surgeon’s Office strategic meeting in October 2006 provided an opportunity to conduct an initial assessment of the USASOC FHP programs across the doctrine, organization, training, leader development, materiel, personnel, and facility (DOTLMPF) process. This assessment identified several shortfalls as depicted in the table below.

In February 2007 the USASOC Surgeon’s Office sponsored a preventive medicine workshop attended by 23 USASOC preventive medicine professionals representing various major subordinate commands and units. The purpose of the workshop was to further assess USASOC FHP programs across the DOTLMPF process with specific emphasis on personnel and leader development.

Table 2 USASOC Preventive Medicine Core Competencies

PRVTMED CORE COMPETENCIES	SOF MISSIONS								
	IO	FID	SR	DA	UW	CT	CA	PSYOP	CP
Medical Readiness	CONTINUOUS: GARRISON MISSION								
Environmental Health Surveillance		X	X	X	X	X			
Field Food/Water Vulnerability Assessments		X			X				
Vector Control		X	X		X		X	X	
Medical Civilian Support		X			X				
Medical Intelligence/Information	X	X	X	X	X	X	X	X	X
Humanitarian Assistance/Disaster Relief		X	X		X		X	X	
Inter-Agency Support/Coordination	X	X	X		X		X	X	X
Field Sanitation		X	X	X	X	X	X	X	
Training	X	X	X	X	X	X	X	X	X
Support to Detainee Operations		X			X		X		
Public Health	X	X			X		X	X	
Risk Assessment/Risk Communication	X	X	X	X	X	X	X	X	X
Occupational Environmental Health Surveillance	X	X	X	X	X	X	X	X	X
LEGEND:									
IO Information Operations									
FID Foreign Internal Defense									
SR Special Reconnaissance									
DA Direct Action									
UW Unconventional Warfare									
CT Counter-Terrorism									
CA Civil Affairs									
PSYOP Psychological Operations									
CP Counter Proliferation									

The diagram to the left depicts the USASOC organizational structure. Preventive medicine assets (60C, Preventive Medicine Officers; 72D, Environmental Science Officers; and 68S, Preventive Medicine Soldiers) exists in every major subordinate command and major subordinate unit (MSC/MSU), except for the 4th Psychological Operations Group (4th POG) and 160th Special Operations Aviation Regiment (160th SOAR).

Throughout the workshop participants asked several questions. First, does USASOC have the optimal mix of preventive medicine assets? Based on mission analysis and review of organizational manning documents, the USASOC Surgeon's Office submitted recommendations to increase Environmental Science Officers (72D) authorizations in the USASOC Surgeon's Office, U.S. Army Special Forces Command, and 95th Civil Affairs Brigade. The preventive medicine officer and preventive medicine Soldier authorizations were deemed adequate. Second, are the current authorizations filled? In October 2006 the 25 preventive medicine enlisted authorizations were 76% filled. In March 2007, the percent fill increased to 84% despite an increase in authorizations due to transformation. The positive change in percentage is attributed to a concerted effort to increase awareness of USASOC preventive medicine programs and personnel requirements in the Army Medical Department (AMEDD), Human Resources Command (HRC), and USASOC enlisted management. Current recruiting efforts are on-track and are effective.

The workshop participants also looked at increasing the awareness of preventive medicine assets and capabilities with the units. Keeping the unit commanders and staff informed is the responsibility of unit preventive medicine assets. A lack of understanding in FHP programs and preventive medicine assets resulted in a migration away from FHP core competencies. The risk is a degradation of unit medical readiness and individual health sustainment. A welcome letter for new commanders, primary staff members, and subordinate medical staff outlining unit preventive medicine assets and capabilities is an effective communication tool. Also, it is important to incorporate the importance of FHP programs and preventive medicine assets in other venues, such as the pre-command course, the USASOC Orientation Course, and the Special Operations Medical Indoctrination Course.

Current doctrine does not delineate preventive medicine core competencies and application of preventive medicine skills to support Special Operations' missions. The workshop participants developed a core competency table for consideration into doctrine to increase awareness, and to assist in the mission planning process.

Further work is required to develop doctrine outlining FHP requirements and mission sets. Doctrine must also include requirements for sustainment training and identify existing training venues. Doctrine and training will focus USASOC preventive medicine assets on core competencies to support SOF missions.

The next USASOC preventive medicine workshop is scheduled during the Annual Force Health Protection Conference, 5 August 2007, in Louisville, Kentucky.⁵ This workshop will build on the products developed during the February workshop and will specifically focus on desired capabilities and preventive medicine equipment sets. This forum will also provide an opportunity to discuss pertinent preventive medicine issues at each MSC/MSU. The target audience is USASOC preventive medicine officers, environmental science officers, and preventive medicine NCOs.

In summary, preventive medicine officers, environmental science officers, and preventive medicine Soldiers remain the cornerstone in providing health sustainment to ARSOF Soldiers. Doctrinal changes are required to reflect identified core competencies and training requirements. Improving commanders' awareness of existing preventive medicine assets will enhance the units' medical readiness and will improve mission planning. The ultimate goal of USASOC FHP programs is health sustainment of ARSOF throughout the deployment cycle and the service members' life cycle.



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