

SPECIAL TALK: AN INTERVIEW

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An Ongoing Series

“SWAT Is a Lifestyle; It’s a Way of Life”

Ray Casillas on a Career in Operational Medicine

Interviewed by John F. Kragh Jr, MD

Tell us a little about yourself.

I thank the *Journal of Special Operations Medicine* for this opportunity. I credit the folks that have trained and mentored me: The Los Angeles County Sheriff’s Department



Ray Casillas

Special Enforcement Bureau (LASD SEB), Huntington Beach SWAT [Special Weapons and Tactics], Huntington Beach FD [Fire Department], Phil Carmona (retired Special Operations Forces [SOF]), Mike Meoli (retired Sea, Air, and Land [SEAL]), Dr Andy Pennardt (COL, Ret.), Dr Mark Cannon, Dave Rathbun (retired LASD SEB), Professor

Frank Quiambao, and, of course, my girls—wife and two daughters. I have an awesome wife of 24 years, two incredible daughters, and a good ol’ dude named Tank, a chocolate English Lab [Labrador retriever]. I attend a Protestant church and I try to “walk the talk.” I am employed by the City of Huntington Beach FD in Orange County, California, assigned to a four-man engine company as a firefighter-paramedic.

Since the inception of the TEMS [Tactical Emergency Medical Services] program in 1997, I have held a collateral assignment on SWAT. I am the senior TEMS provider on the team. Collaboratively with the team, I plan, organize, implement, and evaluate our training and operations.

I grew up in a rough neighborhood, had some unique challenges growing up, and was very eager to get out of that trying environment. After graduating high school in 1985, I put myself through both paramedic school in 1988 and the fire academy in 1990. Educationally, I have attended and completed training in Urban Search and Rescue, HAZMAT [hazardous materials] response, arson investigation, fire officer, and, of course, TEMS courses. I am on the back side of completing a bachelor of fire sciences degree, I completed the University of Southern California’s

(USC) Sol Price School of Public Policy, Safe Communities Institute program (SCI) (<http://priceschool.usc.edu/programs/sci/>) and will attend their Executive Program in Counter Terrorism, Center for Risk and Economic Analysis of Terrorism Events (CREATE) over the summer (<http://create.usc.edu/>). I have worked behind the scenes for many years on TEMS and assisted with various projects. But only within the past few years, because I was asked, have I begun to take on a leadership role.

The SWAT team you work on, is it a full-time team or part-time team? How does it work?

Team members are collaterally assigned to SWAT, meaning that our primary assignments are other than-SWAT. As for the medics, all of us work full-time assignments on fire department engine companies. When we are called out for SWAT, we jump off our regular engine company assignments and work SWAT. The vacancy on the

engine is back-filled. SWAT training is led by team leaders or by somebody who is being groomed to become a leader (within the team or elsewhere). Medically, we have used elements of TC3 (Tactical Combat Casualty Care) since 2000. Our local medical director, Sam Stratton, is a huge advocate for TEMS. Tactically, we use certain TTPs [tactics, techniques, or procedures] that certainly are not a secret but are based on tried-and-true best practices. From a command and control perspective, because of my time on the team and time as a firefighter, I work in the CP [command post] in a unified command with the SWAT leadership in a tactical-fire liaison position using common California ICS [Incident Command System] methods. Our group of SWAT paramedics is also assigned to the Orange County Joint Hazard Assessment Team (JHAT), [which] includes select SWAT members from Anaheim, Irvine, Huntington Beach, and the Orange County Sheriff’s Department. Other elements in JHAT are EOD [Explosive Ordinance Disposal] Bomb squad [and the] HAZMAT responders.

“It’s not about me or you; it’s about them. Them being the ones we swear to protect and serve.”

What is the selection process, work up, and ongoing training like for your team?

We train a lot! On average, we are training about 253 hours a year, not including initial workups or specialty schools, such as SWAT, TEMS, CBRNE [Chemical, Biological, Radiological, Nuclear, and high-yield Explosives], or other operator courses. I am on a great team and have great paramedic partners. Ronny, Mark, and Keita are consummate professionals. We work our regular fire department assignment in addition to being on the team. It keeps for a very busy schedule. We attend SWAT school, PC 832 [Penal Code 832, a series of arrest and firearms courses], TEMS School (now based on the NTEMSC [National TEMS Council]) and other specialty courses as needed. We have a FD-PD [Police Department] policy for TEMS. When with the team, we abide by the California AG [Attorney General] Blue Ribbon Commission standard on SWAT. Along with that, we have to maintain fitness levels.

You have worked on several notable TEMS projects. Please elaborate on these.

I have been blessed with awesome opportunities and have met real heroes. My Lieutenant at the time, Brian Tidrick, was making a push through the Urban Area Working Group (UAWG), [a] local focus group for UA Security Initiative. The UAWG charged me with developing a law enforcement first aid course. After I realized I probably opened my pie hole a bit too far, I figured I couldn't make my team look bad. I made a life commitment to this project. I quit my formal education and made this my way of life. I scoured high and low for information on TC3 and for information on who Dr [Frank] Butler is. Somehow, I was put in contact with Jeff Mott, PA-C (retired Army) out of Fort Sam [Houston]. He was a godsend. He helped me to ensure the course was developed in a solid manner. I was [also] put in contact with Dr Butler. One of the benefits of attending this course is that every officer attending receives their own IFAK (individual first aid kit). It is awesome to look into your teammate's face and know that this stuff works or to hear a LEO [law enforcement officer] that you have never met rave about the course. Thanks Jeff Mott, Dr Butler, and all of our Warriors who have made the ultimate sacrifice.

For a period it seemed like Phil Carmona; Dr Andy Penardt, formerly of the COM [Center for Operational Medicine] out of Georgia Regents [University]; and myself were stationed together in California. With Phil's dedication and guidance, we brought together a grassroots consortium of SMEs [subject matter experts] throughout the state to recognize and implicitly adopt the NTEMSC learning domains. Prior to the recent convening of TEMS folks by the state, we were spreading the word as to the historical facts with respect to TEMS under the consortium, the California TEMS Initiative and Council. I know they try to deflect accolades, but guys like Dr [Richard] Carmona, Dr Butler, Dr [Craig] Llewelyn, Chief Chris Heiser of the San

Diego FD, and the Los Angeles County Sheriff's Department SEB-ESD [Special Enforcement Bureau-Emergency Services Detail] were not given their due credit. Because of this, TEMS was not clearly understood in our state. Today, it is a much healthier and collaborative. We had several summits where we had SMEs present snippets of factual, historical information. We had Dr Butler, Mike Meoli (retired SEAL), Phil Carmona, Dana Vilander from LASD SEB-ESD, Ron McCarthy (retired LAPD D-Platoon [SWAT team]), and EMSA [EMS Authority] Chief Deputy Dan Smiley share information specific to their lanes. The California TEMS Council, now a nonprofit, has written a curriculum predicated on the NTEMSC's learning domains.

How did you come to SWAT-TEMS?

When I received my paramedic certification, I was told by a long-time family friend that I should work for the Los Angeles County Sheriff's Department in their Special Enforcement Bureau. I boldly explained that I wanted to be a "fireman, not a cop." Today, I am often told I should have been a cop or went into the military. I was at a meeting for the California State Firefighters' Association and a discussion ensued about putting fire department paramedics on SWAT teams. I pitched the idea to my administration and they bit. Coincidentally, our police department was looking for paramedics to work with the team. Working closely with Lt. John Cottriel, the program took off. Our assignment to JHAT was a natural fit. Since the inception of JHAT, we have taught all of the team's elements of TC3, nerve agent antidote administration, and how to operate basic firefighting hose lines and appliances for cases of combating fire as a weapon. We can easily interoperate with other JHAT teams as a TEMS unit or individual medic.

What was your first call out like?

I was sitting behind cover with Gabe, a former Ranger. I can hear him now, with chew in his mouth while we're wearing gas masks: "RANGERS LEAD THE WAY, SUUUUN!" Just then, he rolls over and rips off a few rounds of cold gas into the apartment where the suspect was barricaded. At the same time, I was starstruck at the snipers doing over-watch for us. It happened all so fast, it scared me to death. I thought to myself, "This is stupid! What am I doing here?" Gabe had a bad seal; [he] vomited in his mask and swallowed it. That's Gabe, "RANGERS LEAD THE WAY, SUUUUN!" I drank the Kool-Aid, ate the cup and pitcher, and asked for more. I was hooked!

Your thoughts on personal development in TEMS medicine?

There is a lot of information readily available on TEMS on the Web and in our own communities. One has to be careful of what they read, who is feeding them information, why are they being fed certain information, etc. The key is to be wise when researching TEMS in hopes of broadening our knowledge base. TEMS touches on many disciplines from operational, academic, and administrative

responsibilities. That said, most legitimate folks can talk on all aspects of this topic at length and depth. Not just “this or that” or “I am a so and so, I must know what I am talking about.” If you are being strong armed or told only certain things apply in certain environments, *caveat emptor* [Latin, let the buyer beware]!

Those who can translate between communities, LEO and medical, are important to the work of both?

We [the city and county] work extremely well together and can bring to bear a lot of resources that can interoperate well with one another. Sadly, if we are only focusing on law and medical interoperability, we are excluding vast resources and skill sets that can complement a tactical operation. It is important for law to understand applicable small unit tactics, TC3 according to their scope of practice, and have a basic understanding of unified command.

Any thoughts on the LEO community’s view of operational medicine?

Without going into all of the details, one of our guys was shot. The entire team pulled together darn near flawlessly. Things went so well during our interventions for a period of time, I thought we were just training. Today we can laugh, but at the time, it sucked! I know in the region, the story got out, it was on the local news, and caused a lot of other teams to pay closer attention to TC3 and a few other factors. This is exciting to see. I believe most LEOs have and are continuing to embrace it. The entire Committee on Tactical Combat Casualty Care has done a great job with sharing information. It is not uncommon for me to receive pictures of cops performing medical tasks on calls or sharing what they have done on calls.

Active shooter response is new? What are some of the challenges?

Somewhere along the way, we changed the term “drive by shooting” to “going postal” to “active shooter.” Even before that, didn’t we have the Saint Valentine’s Day Massacre, where six folks were killed? I am aware of the concerns for all of us to effectively respond to and mitigate as best as possible the variances to this type of incident. We need to be ready! We are now collectively doing something about this. It is awesome that we have law talking to fire and EMS, and fire is willing to hang it out there a bit more, albeit, it has to be very calculated and coordinated. There are several sides to the response. Sadly, some folks are not receiving the entire message during training. I am not sure that a few hours of training is enough to cover everything that should be taught. As a matter of fact, I just heard a firefighter say that “we will never work in the hot zone, so why do I need to learn that?” Uh-oh, baloney-o-meter is going off. What we have to recognize is that the response for a hostage rescue is analogous to active

shooter response. The difference now is that you have patrol officers mitigating the problem, not SWAT. And, fire and EMS are learning and applying elements of TC3 in the warm zone. It takes more than a handful of hours to be proficient at this. The challenge is to make sure patrol officers understand small-unit tactics and TC3. And be able to work with fire and EMS in the “hot” and “warm” environments. Additionally, fire and EMS needs to understand small-unit tactics. Real-life training and preparation are key!

Any guidance for the operational medicine community on life-work balance? Work longevity?

I believe being on SWAT as well as providing TEMS is one of the most benevolent undertakings. I was involved [in the community] before I had kids, and I seemed to only get busier as they got older. For me, I am aware of my minimal sacrifice compared to those who have given their lives for our country. I can sit in the comfort of my home and answer these questions; those who made the ultimate sacrifice cannot. The least I can do to honor them is to drive on and share the best practices all of us are learning from their shed blood. Make sure your family is aware of the commitment. You will miss out on birthdays, holidays, anniversaries, and more. “SWAT is a lifestyle; it’s a way of life.” When it causes you conflict, loses its luster, or you are physically unable to perform, it is probably time to tap out.

Closing thoughts for the operational medicine community?

The roots of operational medicine are planted in the military. From my family to you all, thank you for your service and dedication.

A special thank you to Hondo—Jim Harrel of LASD SEB-ESD. Sometime before his passing, he schooled me and told me “SWAT is a lifestyle; it’s a way of life.” He was right. His words were so profound, they continue to inspire me.

Disclosures

Ray Casillas is the Interim President of the California TEMS Initiative and Council, is on the board of directors of the NTEMSC, and is co-chair of the California State Firefighters Association EMS Committee; all three are nonprofit organizations.

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