

Giving Back, Again

BY JOHN D. GRESHAM

MASTER SGT. LUIS RODRIGUEZ AND THE TACTICAL COMBAT CASUALTY CARE COURSE

War is full of odd coincidences. When Wilber McLean moved his family from their home in Manassas, Va., just after the First Battle of Bull Run in 1861, he wanted to take them somewhere safe. Then, in 1865, Generals Robert E. Lee and Ulysses S. Grant signed the Confederate surrender in his front parlor at Appomattox Court House. As improbable as such a story sounds, history is replete with incidents that stretch both credibility and probability. So what would you say about a U.S. Army field medic who is part of a team that develops a new combat medical course, and then has his own life saved on the battlefield by some of the medics to whom he first taught that course? If such a story sounds like something that stretches the bounds of possibility, read on. This is the story of Master Sgt. Luis Rodriguez and the Tactical Combat Casualty Care Course.



PHOTO COURTESY OF LUIS RODRIGUEZ

Lessons Relearned

This story has its roots in something that is sadly true about lessons learned on the battlefield: Combat lessons learned are sometimes not so much learned as relearned. More specifically, until a lesson paid for in blood on the battlefield is institutionalized into a formal training course, it is forgotten and must be relearned again and again. Nowhere has this been truer than for the U.S. Army's force of combat medics.



Opposite: Master Sgt. Luis Rodriguez and another 101st Airborne Division medic perform first aid on an Iraqi citizen. **Above:** Rodriguez teaches students of the Tactical Combat Casualty Care Course. The curriculum has translated into some of the highest casualty survival rates in combat.

Trained to deliver first-response care to wounded soldiers on the battlefield, these emergency medical professionals are trained to be able to fight when needed as well.

The problem is that since the end of the Cold War, combat medics have regularly come under fire as they try to care for their wounded comrades on the battlefield. Insurgent fighters from Panama to Mogadishu have been using wounded American soldiers as bait to draw medics into kill zones. Not that such tactics are new: basic guerilla warfare doctrine has for centuries suggested the wounding of a few enemy soldiers, so that many others are taken out of the battle in order to care for and transport them.

In 1996, projecting a probable increase of combat with insurgent fighters, a U.S. Army board suggested

the development of a new course for medics that would train them in advanced combat medical techniques for use under fire. Initially, only the medical sergeants of the Army Special Forces received a portion of the suggested curriculum.

However, following September 11 and the initial close-combat encounters with Al Qaeda and Taliban forces in Afghanistan, the leadership of the 101st Airborne Division (Air Assault) decided to give the idea of a specialized Tactical Combat Casualty Care Course (called TC3 by the medics) a try. In 2002, as the division prepared to deploy to Southwest Asia for Operation Iraqi Freedom (OIF), a small training cadre was established within the 101st and a few trial training rotations were conducted for medics of several battalions. One of

the medics who was part of that training cadre was Master Sgt. Luis Rodriguez.

The Odyssey of Master Sgt. Luis Rodriguez

Rodriguez came to the U.S. Army like so many other young men, looking for something with structure where he could make a difference. Born and raised in a small town near San Juan, Puerto Rico, he joined the Army in 1990. Rodriguez became a combat medic, wanting to do something for his fellow soldiers on the battlefield. So when he was invited to join the training cadre of the 101st's TC3 test course in 2002, he jumped at the chance. It was during this period, when helping to develop the TC3 training curriculum, that he discovered the lessons about battlefield medical care when fighting insurgents.

While reviewing after action reports from Panama (Operation Just Cause in 1989) and Task Force Ranger (Mogadishu, Somalia, in 1993), he and others saw common lessons from early post-Cold War close combat engagements, and realized that those lessons should be part of their new TC3 training course. For Rodriguez, it would be a fortunate curriculum addition, one that would save his own life.

Like the rest of the 101st, Rodriguez quickly realized that the enemy forces they were facing in Iraq were using classic guerilla tactics from almost the first day of OIF. "I only saw Iraqi soldiers in uniform during one firefight the entire time I was in Iraq, and that was in the first week while we were still on our way up to Baghdad," he said. "From that point on, every time we came under fire, it was from insurgents wearing civilian clothes, was always started by an ambush, and usually begun with an IED being detonated." It was an immediate validation of everything that the test TC3 course curriculum had anticipated, and the relatively

high survival rates for wounded soldiers of the 101st began to be noticed by the division leadership, including then-Maj. Gen. David Petraeus. But before the division could return to Fort Campbell, Ky., and assess the experience of the TC3-trained medics in OIF, Rodriguez got his own practical demonstration of the effectiveness of the training under fire.

The IED

In late 2003, after six major firefights while serving with the 101st Airborne in northern Iraq, Rodriguez was badly wounded while riding in a Humvee that was part of a convoy. Having just exited their compound, his vehicle was hit by an improvised explosive device that shredded his right leg and the tips of two fingers. While under insurgent fire following the detonation, several of the medics he had personally trained in the test TC3 course saved his life. Using the tactics and techniques Rodriguez had taught them the previous year, they stabilized and evacuated him while under enemy

fire to a Combat Support Battalion hospital, where the remains of his right leg were amputated above the knee. It would be the first of 16 surgical procedures he would go through.

Within days, he had been evacuated to the Landstuhl Regional Medical Center, near Ramstein AFB in Germany. From there he was moved to Ward 57 at Walter Reed Army Medical Center in Washington, D.C. Ward 57, specially staffed and equipped to treat and rehabilitate combat amputee cases, was his home for the next three months while he recovered, was given physical therapy, and fitted for the prosthetic leg he wears today. It was here that he made the decision to stay in the Army, and to try and return to the 101st at Fort Campbell.

By the time that Rodriguez returned to Fort Campbell in 2004, he had spent plenty of time contemplating the value of the TC3 test course he had been part of in 2002. Realizing that the tactics and techniques that had saved his own life had been taught to the medics in the TC3 test course, he worked hard to

join the newly-forged TC3 schoolhouse that had been established when the 101st had returned home. And along the way, some good things happened to him. ABC television selected his home to be rebuilt on their *Extreme Makeover: Home Edition* show, giving his wife and family a new place to live. His own notoriety as a combat amputee who had stayed in the Army and was teaching advanced battlefield medical techniques also began to be noticed.

High-ranking officers and Army officials began to visit Rodriguez and the TC3 schoolhouse, and saw the merits of the ideas being presented. Among these was then-Lt. Gen. Richard Cody, himself a former commander and trooper of the 101st, and director of planning (G-3) for the Army. Cody was so impressed with what he saw that Rodriguez and the TC3 course were part of Cody's testimony before the Senate Armed Services Committee in early 2005. By then Cody had become Vice Chief of Staff of the Army and a full general, and had decided to move the TC3 course from a single test schoolhouse to an Army-wide program. Today, a total of 18 TC3 schoolhouses are being established at bases around the United States.

TC3: Combat Medicine Under Fire

What makes TC3 so special and successful? The reasons are many, but the main points are that the training builds upon the existing Army advanced infantry and medical training those medics receive, and ties it all together into a quick, week-long training program. There are, in fact, two separate courses: a four-day class for basic combat medics, and a five-day version for Pathfinders and Long-Range Reconnaissance personnel. In this course, the students are taught a series of tactics and techniques to help them protect the casualty under



PHOTO COURTESY OF LUIS RODRIGUEZ



Opposite: Rodriguez with Gen. Richard Cody. Cody was so impressed with the TC3 course that he decided to expand the training from a single test schoolhouse to an Army-wide program. **Above:** Master Sgt. Luis Rodriguez and his family react with joy and tears to the sight of their new home, which was constructed for the season premiere of *Extreme Makeover: Home Edition*, as host Ty Pennington looks on.

fire, stabilize them for as long as possible, and then get them moved up the casualty care ladder for treatment. Key among these are the following:

- **Stay in the Fight** – As Rodriguez says in his TC3 class, “It does the casualty no good if the medic is himself wounded, captured, or killed.” This is one of the key objectives of insurgents in an ambush situation, as it ties down a large number of American soldiers. So protection and defense of the medic and casualty become the key objectives until the engagement is concluded.

- **Extend the “Golden Hour”** – Once the casualty and medic are relatively safe, then priority is given to stabilizing the wounded soldier, and

doing everything possible to extend the golden hour trauma cases usually have to get to a primary care facility. The Black Hawk Down (Mogadishu in 1993) and Robert’s Ridge (during Operation Anaconda in Afghanistan in 2002) firefights demonstrated with tragic brutality the need to maximize the time a wounded soldier can be kept alive in the field under fire. Using a combination of techniques (controlling bleeding, maintaining an open airway, and sustaining breathing), the combat medic can extend the survival time available to a casualty before they are evacuated to a higher care facility. Rodriguez makes the point brutally simple when he says, “We’re there to save their lives, not the quality of that life. That’s not our job on the battlefield. If the

choice is saving a limb or a life, life is always our choice.” Interestingly, fluid replacement, a key feature of civilian emergency medical services, is considered secondary and is usually delayed until the evacuation phase.

- **Get the Casualty Out of the Fight** – Once the casualty is stabilized, the primary goal is to get them out of the fight and evacuated up the care chain. This means using any available transport that can safely approach the medic and casualty, and evacuate both out of the fight. Even if the transport is not ideal, the medic is encouraged to get the wounded soldier away from enemy fire, and even change transport vehicles and/or aircraft for the final delivery up the chain of medical care.

By teaching and using these ideas, the IO1st has accumulated one of the highest casualty survival rates in combat of any Army unit. Also helping are new medical tools and technology like improved tourniquets and battle dressings, and new clotting agents and fluid replacement formulas. But it is the TC3 techniques themselves that are making the difference. As Rodriguez is fond of saying, “just give me a basic field medical bag, with battle dressings, tourniquets, syringes, and I4-gauge needles, and I can probably keep a guy alive for an extended period under fire. And as long as I stay in the fight over him, he’s got a good chance of making it home alive.”

Today Rodriguez is at Fort Campbell, contemplating his next assignment while he continues to teach the TC3 course for the IO1st. His hope, of course, is to be part of the cadre that develops and teaches the training curriculum for the Army-wide TC3 program that is being planned for the entire Army. With 15 years of service already under his belt, Luis Rodriguez likes to say, “I’ll stay in the Army as long as they will have me.” It’s an inspiring statement from a soldier who lost so much in battle, but has given even more back in return.