Global Event Summary

The first anniversary of the Boston Marathon bombings reminds us of the critical importance of multiagency operational plans for high-threat civilian trauma response. Through the commitment of the many national and local leaders, we are more prepared than we were in 2013. Still, we must remain vigilant and continue to drive forward. The Department of Homeland Security, Department of Health and Human Services, and Federal Emergency Management Agency continue to lead the development of federal standards for response to active shooter/IED mass casualty incidents. CoTECC leadership is appreciative of the opportunity to help shape these conversations and provide “feedback from the field”.

Administration

CoTECC is a best practice development group dedicated to advancing the science and practice of trauma care in high-threat civilian settings. The TECC guidelines are open source and can be used by any entity to produce a training program. However, it is important that organizations claiming to train TECC provide a high-quality product that accurately reflects the principles and language detailed in the TECC Guidelines. In order to protect recipient agencies, the CoTECC is currently finalizing a method to recognize educational entities that adhere to an Ethical Use Agreement, committing to train TECC in a manner consistent with the CoTECC-approved guidelines. The Ethical Use Agreement will be voted on at the June 2014 meeting and posted on the CoTECC website for interested parties.

Training

Multiple federal, regional, and international organizations continue to integrate TECC into their TTPs. The Department of Health and Human Services continues to fund the prominent ALLERT Active Shooter program that incorporates TECC for law enforcement officers. The ALLERT program is officially partnered with the FBI to conduct best-in-class active shooter education for law enforcement. The Joint Counterterrorism Awareness Workshop (JCTAWS) also recently completed an integrated TECC program in Miami, Florida. On the international front, TECC training was conducted for the London Fire Brigade, London Metro Police, and London Ambulance service. Early-stage TECC program development is under way in Mexico and Argentina. Mr. J Payo and Dr. Baez have produced a Spanish version of TECC and can be contacted through the TECC website.

Conclusion

The 2014 Spring/Summer CoTECC meeting will be hosted by the Johns Hopkins Division of Special Operations Medicine, Department of Emergency Medicine, on 9–10 June in Baltimore, Maryland. The meeting will focus on follow-up actions from the Department of Health and Human Services–sponsored Active Shooter/IED Response Stakeholder meeting in January, review of the TECC Pediatric Guidelines, approval of the Ethical Use Statement, and review of 2014 partnership agreements. The 9 June 2014 meeting is open to the public; please e-mail us through the “Contact us” link at www.c-tecc.org for additional details.

More information on TECC is available at www.c-tecc.org.
The *Journal of Special Operations Medicine* (JSOM) is the only peer-reviewed medical journal that specifically addresses the work of Special Operations medical professionals.

The JSOM provides readers current information that saves lives on the battlefield, whether the battlefield is overseas or right in our own backyard. The articles relate real-world information that medical personnel can implement in real time to provide expert trauma care and treatment to those in immediate need. The JSOM transcends the boundary between military and civilian operational medicine by bringing forth practical and sensible ideas and techniques.

The JSOM is invaluable to the professional development of Special Operations professionals worldwide. SOF and TEMS are inseparable: they operate in environments that are fluid and unpredictable, value evidence that is experience-driven, and depend on militaristic doctrine. Those leading the TEMS evolution have already constructed vital partnerships among themselves and with the SOF medical community.

The continued escalation of violent events targeting vulnerable populations on our homefront reinforces the relevance of the JSOM to everyone working in emergency trauma, medicine. Because the JSOM addresses high-threat prehospital care, the content is relevant to all medical specialties, especially those in austere environments.

*Special Operations* medicine continues to generate the best-practice evidence to date, a fortuitous product of unfortunate conflicts. SOF Operators are uniquely positioned to generate evidence from providing medical care delivered under active threat. The most applicable peer-reviewed evidence is found in SOF medical evidence, which is published primarily in the *Journal of Special Operations Medicine*.

The JSOM is the primary publication in which SOF and TEMS can identify, propose, and debate issues through professional writing. Prolific SOF medics, physicians, physician assistants, nurses, clinical educators, and researchers choose the JSOM to publish their evidence. The JSOM is unique in that it not only publishes evidence-based medicine; it is also the only peer-reviewed journal to publish the specific operational and practice-driven medicine of tactical medicine and combat casualty care specialties. No other publication can grasp the gestalt of the specific specialty area.

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SOF medical assets in Afghanistan conducting a humanitarian civil assistance (HCA) mission due to the cold weather impacts on local inhabitants. Local girl’s injured/deformed foot being examined.

Photo courtesy of MAJ Mike (Eric) McCown

A Special Operations Medical Officer conducts a primary trauma assessment on a simulated casualty as a part of predeployment training for overseas operations.

Photo courtesy of CPT Kyle Faudree, APA-C, NREMT-P, FP-C

Special Operations forces conduct emergency water extraction training from an MH-6 Little Bird helicopter.

Photo courtesy of CPT Kyle Faudree, APA-C, NREMT-P, FP-C

A Special Operations Combat Medic from the 160th SOAR (A) prepares to engage a target with his weapon as a part of routine training.

Photo courtesy of CPT Kyle Faudree, APA-C, NREMT-P, FP-C

During a training mission Soldiers from Bravo Company, 1-186 Infantry Regiment Oregon National Guard provide security for their casualty collection point while preparing for MEDEVAC transport using the battle tested Skedco rapid evacuation litter.

Photo courtesy of SSG April Davis, Oregon National Guard Public Affairs Office

A Special Operations Medical Officer conducts a primary trauma assessment on a simulated casualty as a part of predeployment training for overseas operations.

Photo courtesy of CPT Kyle Faudree, APA-C, NREMT-P, FP-C
Ottawa Paramedic Tactical Unit in training with Royal Canadian Mounted Police Emergency Response Team.

Ottawa Paramedic Tactical Unit members applying tourniquet to patient during January 2014 training exercise that took them outside of Ottawa Paramedic Headquarters.

Ottawa Paramedic Tactical Unit performing patient assessment and treatment during a CBRNE exercise at in fall of 2013.


PHOTOS COMPLIMENTS OF ROBERT DAVIDSON, CMDR SPECIAL OPERATIONS

Ottawa Tactical Paramedic calling in update on patient’s condition during January 2014 training exercise that took them outside of Ottawa Paramedic Headquarters.


(photo right) Ottawa Paramedic Tactical Unit in training with Royal Canadian Mounted Police Emergency Response Team.
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The JSOM is the most practical and popular journal in tactical, operational, and clinical medicine. It provides information that saves lives and transcends the boundary between military and civilian Special Operations medicine, presenting the best-practice evidence from care delivered under active threat. It is the primary publication in which SOF and TEMS can identify, propose, and debate issues, making it invaluable to their professional development.

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**Special Forces Aidman’s Pledge**

As a Special Forces Aidman of the United States Army, I pledge my honor and my conscience to the service of my country and the art of medicine. I recognize the responsibility, which may be placed upon me for the health, and even lives, of others. I confess the limitation of my skill and knowledge in the caring for the sick and injured. I promise to follow the maxim “Primum non-nocere” (“First, thou shalt do no harm”), and to seek the assistance of more competent medical authority whenever it is available. These confidences, which come to me in my attendance on the sick, I will treat as secret. I recognize my responsibility to impart to others who seek the service of medicine such knowledge of its art and practice as I possess, and I resolve to continue to improve my capability to this purpose. As an American Soldier, I have determined ultimately to place above all considerations of self the mission of my team and the cause of my nation.

**Pararescue Creed**

I was that which others did not want to be. I went where others feared to go, and did what others failed to do. I asked nothing from those who gave nothing, And reluctantly accepted the thought of eternal loneliness . . . should I fail. I have seen the face of terror; felt the stinging cold of fear, and enjoyed the sweet taste of a moment's love. I have cried, pained, and hoped . . . but most of all, I have lived times others would say best forgotten. Always I will be able to say, that I was proud of what I was: a PJ. It is my duty as a Pararescueman to save a life and to aid the injured. I will perform my assigned duties quickly and efficiently, placing these duties before personal desires and comforts. These things I do, “That Others May Live.”

**A Navy Poem**

I’m the one called “doc” . . . I shall not walk in your footsteps, but I will walk by your side. I shall not walk in your image, I’ve earned my own title of pride. We’ve answered the call together, on sea and foreign land. When the cry for help was given, I’ve been there right at hand. Whether I am on the ocean or in the jungle wearing greens, Giving aid to my fellow man, be it Sailors or Marines. So the next time you see a corpsman and you think of calling him “squid,” think of the job he’s doing as those before him did. And if you ever have to go out there and your life is on the block, Look at the one right next to you . . . I’m the one called “doc.”

—Harry D. Penny, Jr. USN Copyright 1975