



DEPARTMENT OF THE NAVY
NAVAL SPECIAL WARFARE COMMAND
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From: Commander, Naval Special Warfare
To: Chief, Bureau of Medicine and Surgery (Code 02)
Subj: TACTICAL COMBAT CASUALTY CARE

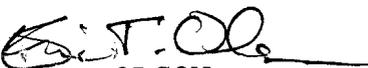
1. Prior to 1993, trauma training for SEAL corpsmen was based on civilian trauma courses that did not take into account the unique challenges of the battlefield. In order to address this shortfall, Naval Special Warfare Command funded the development of trauma management strategies appropriate for the tactical combat environment. The Tactical Combat Casualty Care (TCCC) guidelines published in 1996 as a supplement to the journal *Military Medicine* were the result of this research effort. The TCCC guidelines are now the standard of care in Naval Special Warfare for managing trauma in the prehospital combat environment. They are also taught to Marine Corps corpsmen at the Field Medical Service Schools. They are the only set of combat trauma guidelines to have been endorsed by the American College of Surgeons and the National Registry of EMTs.
2. Much progress was made in this area, but the management strategies contained in the TCCC guidelines are now five years old and in need of review and updating. Further, Naval Special Warfare's tactical injuries and management issues are similar in nature to those that would be encountered by the Marine Corps.
3. I request that the Bureau of Medicine and Surgery establish mechanisms to provide this critical support to our forces. I foresee two facets to this support. One would be a group or committee that is chartered to monitor new developments in prehospital trauma care and use this information to periodically update the TCCC guidelines. This approach is similar to that employed by the American College of Surgeons Committee on Trauma to update the Advanced Trauma Life Support guidelines. The Editor of the Manual, Dr. Norman McSwain, is supportive of this concept and would like to establish a working arrangement that would allow the product of this effort to be a primary source of input for the combat trauma section of the PHTLS Manual.

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4. The second facet would be an organization dedicated to teaching tactical medicine to the operational medicine personnel who will provide support to Naval expeditionary forces. The SEAL community recognizes the importance of having our mission commanders and senior enlisted personnel trained in tactical medicine. All new SEALs now receive training in this area. Tactical medicine training may have a great deal of applicability to other communities in the Navy/Marine Corps family as well. To accomplish this training throughout the warfare communities served by BUMED would require a dedicated cadre of training staff and support personnel.

5. Much of the care that is provided to our service members can be patterned after the standards of medicine as it is practiced in the civilian world. The management of trauma in the tactical combat environment, however, is one area in which we cannot look to civilian medicine to provide the answers. We must depend on the experience and insights of military medicine to ensure that all of the unique aspects of the combat environment have been taken into account. If BUMED is able to meet this challenge, it will assuredly help save lives and contribute to mission success.

6. COMNAVSPECWARCOM POC is CAPT Frank Butler, DSN 534-6754 or commercial (850) 505-6754.


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