

# 160th SOAR (A) Flight Medic Specialized Training: The Special Operations Aviation Medical Indoctrination Course

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As with any aspect of medicine, change is a necessary part of growth and development in order to adapt to an ever evolving world. This is even truer in the Special Operations medical community, as we are the developers of tactics, techniques, and procedures (TTPs) that are adopted by conventional forces and later the civilian medical community. Just as the Joint Special Operations Medical Training Center (JSOMTC) has changed its program of instruction (POI) to adapt to the Overseas Contingency Operations so has the 160th Special Operations Aviation Regiment (Airborne) (SOAR(A)) medical section. This has been accomplished through the gathering of lessons learned, the most recent analysis of wound pattern data, and evaluating trends seen during the over 700 casualty evacuation (CASEVAC) missions flown in support of Special Operations Forces (SOF). These casualties include Special Operations Soldiers, conventional forces working in support of SOF, Afghan/Iraqi SOF, local nationals injured during offensive operations, and military working dogs.

For many years the only POI offered in a schoolhouse environment that teaches aviation medicine has been the Flight Medic Course at Ft Rucker, AL. Although this course has produced some of the finest flight medics in the Army, it focuses on teaching medical evacuation (MEDEVAC) using the UH-60 platform. MEDEVAC doctrine allows conventional and non-conventional forces to have a 24/7, on-call evacuation that is capable of providing en-route care rendered by a National Registry Emergency Medical Technician - Basic (NREMT-B) with Advanced Cardiac Life Support (ACLS) training. Although there are some paramedics on these aircraft, they are exceptions to the rule. This platform is also unarmed and does not have the ability to infiltrate reinforcements to the objective in accordance with the Geneva Convention's Laws of War. In Afghanistan, the average turnaround time from MEDEVAC call to arrival for surgical care is 37 minutes, and is greatly limited by the tactical situation (i.e. troops in contact). Due to the inherent nature of assault operations, an Army Special Operations Aviation (ARSOA) aircraft is nearby either in the air or on the ground awaiting call for exfil. Although flight times

vary greatly due to mission sets, the 160th averages 34 minutes total evacuation time (the longest unit casualty evacuation (CASEVAC) was flown by the author in OEF I, which took 4.5 hours round trip). The 160th SOAR (A) CASEVAC mission solely utilizes the Special Operations Combat Medic Advanced Tactical Practitioners (SOCM-ATP) assigned to the Regiment who have undergone rigorous training and preparation to receive the wounded Special Operator and provide life-saving care while in flight.

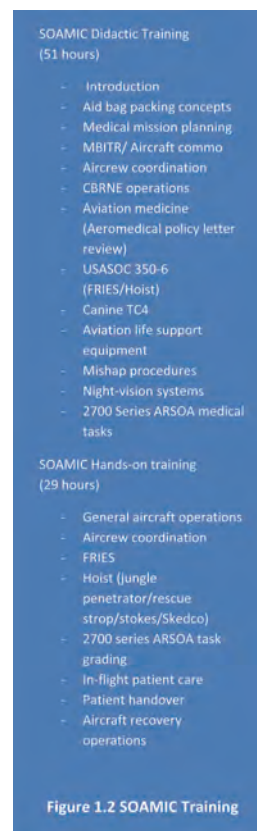
**Fig 1.1**  
**BMQ**  
**Progression**



The CASEVAC mission flown by the 160th SOAR (A) has the unique capability of providing on call CASEVAC from an armed platform (either MH-47 or MH-60), and as such do not fly under the red cross of the Geneva Convention. On the aircraft is a Special Operations flight medic (SOFM) or medical officer assigned to the Regiment and is at a minimum “Basic Mission Qualified” (See Fig 1.1). SOFMs are graduates of Airborne School, the Special Operations Combat Medic (SOCM) Course, Green Platoon, Survival, Evasion, Resistance, and Escape-Level C (SERE-C), Dunker-Helicopter Emergency Egress Devise System (HEEDS) Water Survival, fastrope qualified, has successfully completed Combat Trauma Management training events, and the Special Operations Aviation Medicine Indoctrination Course (SOAMIC). As an organization we are also currently undergoing training and testing to become Flight Paramedic-Certified (FP-C) by the Board of Critical Care Transport. This certification has become a requirement along with becoming certified as a Nationally Registered Paramedic (NREMT-P) for progression to becoming “fully mission qualified,” a process that takes two to three years after graduation from SOCM. The medic of the 160th is the premier provider of in-flight trauma/resuscitative care, not because of their specialized kit or SOF-specific helicopters; it is because they are specifically selected and trained for this, along with being adaptive, resourceful, and completely dedicated to ensuring the survival of the wounded Special Operations warrior.

To meet the unique training needs not offered elsewhere, the Regiment has developed the Special Operations Aviation Medical Indoctrination Course (ATTRS course number 6A-F23/300-F41, Special Ops Aviation Medic Indoctrination), which is a dedicated aerial casualty evacuation course with two weeks of aviation specific instruction. This course is primarily taught at Ft Campbell, KY; however, it has been performed at other locations including 3/160th SOAR (A) at Hunter Army Airfield, GA and 4/160th SOAR (A) at Ft Lewis, WA. There are three dedicated personnel at Ft Campbell to teach the course with overall supervision and product development performed by the Regiment Physician Assistant (PA). In addition to a dedicated staff, all outlying battalion senior medics are qualified to supervise and instruct the course with ancillary support and training materials provided by Regiment medical personnel. This is done to maintain consistency and to remain in compliance with the approved POI.

When the initial concept was developed by our section, it was decided that there should not be only a focus on the mission in the aircraft and should include teaching of routine aviation healthcare. The course begins, as with most U.S. military courses, with an introduction of staff and familiarization with the course outlines, objectives, and testing procedures. It provides 51 hours of lecture, and 29 hours of hands-on training



during flight operations. (See Fig 1.2). When developing the course content, senior medics and medical providers were asked to focus on their areas of expertise and produce a learning tool that conveyed their lessons learned and their institutional knowledge. All aspects of training have been carefully reviewed and are constantly updated to line up with the long-term objectives of the Regiment Medical Section. Due to the very restrictive parameters set on aviators and subsequent consequences of providing care outside of these guidelines, in-depth classes on aviation medicine are taught. The emphasis is not on memorizing all the flight surgeon tasks, rather on developing an increased body of knowledge and awareness of the unique medical aspects of the aviation medicine environment.

Aircraft operations are at the heart of the course, with an emphasis on providing in-flight trauma/resuscitative care in the unforgiving environment of rotary wing aircraft. It is in this situation that the SOFM/medical officer often finds himself unable to use the senses that normally are critical to patient assessment such as auscultating breath sounds, difficult visualization while evaluating patients using NVGs, and difficulty in communicating with your patient. Due to the inherent nature of unit operations, the ability to operate under hours of limited visibility is paramount. This is accomplished by constant rehearsals and training on the CASEVAC equipment until it becomes automatic. There is also great emphasis placed on maximizing efficiency and economy of motion. One way that this is emphasized is

through blindfold drills, utilizing CASEVAC equipment, prior to flight training. Due to limited medical personnel on board ARSOA aircraft, the individual medical operator must be extremely proficient at his tasks and be able to adapt quickly during difficult situations. During the intense training of SOAMIC these concepts and tactics are constantly ingrained in the 160th Special Operations Flight ATP, helping make him the world's finest provider of in-flight resuscitative care to the wounded Special Operations warrior.

As our nation continues the fight against terrorism, and in its relentless pursuit of the enemy, we as Soldiers and healthcare providers will find ourselves in remote locations with little or no ancillary support. During these times some TTPs will work and some will not. Some equipment will be invaluable while others will prove themselves useless. It is the keen intellect and sharp mind of the Special Operations medical provider that will make the mission a success along with critical training, such as SOAMIC. It is our responsibility to give the SOCM ATP the tools in his armamentarium to provide the care that will save the lives of America's sons and daughters, both now and during the next initial entry mission. These SOFMs are truly saving lives at "The Tip of the Spear!"

### Night Stalkers Don't Quit!



*Patient transfer to CASEVAC platform with awaiting 160th Flight Medic.*



*Reinforcement of ground force medical skills prior to flight training.*



*Patient assessment being performed in a MH-47G during SOAMIC.*



*Hoist operations from a MH-47G.*



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