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18D: THE LIFELINE

The Importance of the 18 Delta in SOCFWD-NWA.

BY SERGEANT BENJAMIN NORTHCUTT

Think back to a time when a loved one was injured and needed immediate medical treatment. Emergency Medical Technicians were the first personnel to respond and react to the situation. With a call to 911, the help arrived within minutes and the person transported to the nearest hospital in the city. They had an ambulance fully stocked with tools and medicine needed to provide care until they arrived at the emergency room. What would have happened if the ambulance did not have everything needed, there was only one EMT and the nearest place to receive immediate care was hundreds of miles away?

The 18 Delta has a more vital role as the primary prolonged field care provider in the AFRICOM area of responsibility.

For 3rd Special Forces Group (Airborne), Africa is now the main area of responsibility. The continent is 11,668,599 square miles. With such a massive area of responsibility, one of the focuses of 3rd SFG(A) is medical care and the complications that come from such a vast and harsh environment.

In CENTCOM we tried to apply the "golden hour," which means from the time of injury to the receipt of the nine-line MEDEVAC request the injured will be at the surgeon within one hour, said Lt. Col. David A. Baker, the 3rd SFG(A) surgeon.

There is a very limited patient hold capability in the AFRICOM AOR and instead of getting the patient to a surgeon within that hour, it now takes multiple hours, said Baker.

"To paint a picture, imagine being injured in Miami, and the nearest surgical asset is in New York City for stabilization followed by higher-level care in Los Angeles," said Baker.

To go along with the problems of distance and the amount of time the patient has to wait for higher levels of care comes the wide variety of diseases present throughout the AOR.

"When we do the tropical medicine course with our guys, you can open the thick tropical med book and go to any page, and those diseases are present within our AOR," said Master Sergeant Rick Hines, 3rd SFG(A) senior enlisted medical advisor.

Due to having so many diseases present the 18 Delta has to shift from being primarily trauma-oriented to a clinical aspect. The 18 Delta gets to see some diseases that doctors in the U.S. do not even get to see, said Hines.

"It is imperative to get those guys and their mindset back toward clinical medicine and still keeping their trauma skills," said Hines.

To help mitigate some of the risks and issues involved with providing higher level care in remote areas, the 3rd SFG(A) medics had to change their mindset from trauma care to prolonged field-care training.

"What we require our 18 Deltas to do is the key tenants of prolonged field care," said Baker. "Including resuscitation, performing minimum surgeries to save a life, protecting the airway and maintaining ventilation, keeping the patient comfortable through normal analgesia and monitoring along with trending the patient's vital signs to determine if they are getting better or are about to get worse and crash."



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"Normally in CENTCOM there was a team of medical staff to do this, however, in AFRICOM we are expecting our 18 Deltas to accomplish all of these tasks by themselves," said Baker.

Prolonged field care incorporates an entire ODA team through cross training and teaching everyone how to assist the 18 Delta, explained Baker.

Partnerships with some organizations in the U.S. also assist in cross training and helping to teach the 18 Delta's skills needed to sustain prolonged field care.

"Duke University and the University of Alabama at Birmingham are key training partners in the 18 Delta's medical proficiency training," said Baker.

One useful tool that 18 Deltas trained on through the partnerships is the use of ultrasound machines and how to identify bleeding in the abdomen, collapsed lungs, broken bones and foreign objects, he said.

The use of ultrasound machines was limited to a doctor, but now with the training from partners, the 18 Delta has a new method of helping to make critical decisions about a patient.

The weight of an ultrasound machine is so much smaller and more portable than an x-ray machine, and the x-ray can only take x-rays.

"By modifying our non-trauma logic, we can focus on what nonspecific field care we need for AFRICOM," said Hines. "All of the training they get is in preparation for the prolonged field care exercise for their PMT before deployment."

Another component of the switch in AORs for the 18 Delta is the gear shift from primarily another person for combat power to having to focus on being the expert on preventative medicine and being a medic for the team.

"We don't have enough doctors to push out to each ODA team and each location," said Hines. "That's why we train 18 Deltas the way we do. It is because they are part doctor, part nurse, part preventative medicine guy, part mad scientist and are able to improvise and create things they wish they had."

The 18 Delta still does more than just medicine, they are part of a team and still have an essential job to do before being a medic. The biggest challenge the 18 Delta is going to face is complacency and getting into a mindset of, well nothing happened last time so let's skip this training or that, said Hines.

With the shift in areas of responsibility and the focus on tactical field care, the 18 Delta has become more vital to the health and safety of an ODA team. The 18 Delta is now the doctor, nurse and sole caregiver for any team member who gets sick. They must provide that lifesaving care in a prolonged environment, hundreds of miles across Africa, and keep the patient stable and alive until they reach that next level of care or do what is necessary when that next level of care is not available.

"I believe that we are on the right path," said Col. Sterling. "We still have a significant distance to go to where I think that we are truly exploiting the potential that special operations forces bring. Even though 3rd SFG(A) is the one-unit solution to the command and control and mission command of SOCFWD-NWA, we have our joint partners with us Marine Special Operations Command, Naval Special Warfare Command and the Air Force Special Operations Command. The critical-thinking and problem-solving skills that are resident in United States SOF is significantly put to use here. This is not an easy problem set. There are some different factors notwithstanding the cliché tyranny of distance. In our small footprint, I think that we are exponentially successful proportioned to our footprints on the ground." 

ABOUT THE AUTHOR

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THEY MUST PROVIDE THAT LIFESAVING CARE IN A PROLONGED ENVIRONMENT, HUNDREDS OF MILES ACROSS AFRICA, AND KEEP THE PATIENT STABLE AND ALIVE

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A 3rd SFG(A) 18D conducts medical training during Flintlock 2016. U.S. ARMY PHOTO BY SPC. ZAYID BALLESTEROS

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Small teams operating in austere environments with limited supplies, far from medical assistance is the norm for ARSOF in Africa. U.S. ARMY PHOTO COURTESY OF 3RD SFG(A) PAO