

APPENDIX M

HEALTH SERVICE SUPPORT OF SPECIAL OPERATIONS FORCES**M-1. Special Operations**

a. Special operations (SO) are military operations conducted by forces of the DOD in pursuit of US national goals and objectives. These forces are specially trained, equipped, and organized to accomplish strategic, operational, and tactical missions.

b. Special operations may be conducted during periods of peace or hostility. They may support conventional operations, or they may be prosecuted independently when the use of conventional forces is either infeasible or inappropriate.

M-2. Department of the Army Special Operations Forces

The five component elements of Army SOF are:

- Special forces (SF).
- Rangers.
- Psychological operations.
- Civil affairs.
- Special operations aviation (SOA).

M-3. The Threat to Special Operations Forces

The threat to SOF varies with the environment, geographic area, mission, and level of conflict. The specific threat to SOF encompasses the same threat facing conventional forces. Further, from the moment SOF are inserted in small groups into an area by land, sea, or air, they must be able to—

- Survive.
- Operate deep in opposing force-held areas without being detected.
- Work closely with friendly, indigenous personnel.

M-4. Special Operations Forces Missions

a. Special operations forces missions are normally conducted as joint or combined operations across the operational continuum. In accordance with Section 167, Title 10, United States Code, the following are the principal SOF missions:

- Direct action (DA).
- Special reconnaissance (SR).
- Unconventional warfare (refer to paragraph 5-7).
- Foreign internal defense.
- Civil affairs.
- Psychological operations.
- Counterterrorism.
- Humanitarian assistance.
- Special operations search and rescue (SOSAR).
- Other missions as directed by the NCA.

b. Special operations forces can provide an extra dimension to the battlefield through their unique and flexible capacity to affect operations in the deep, close, and rear battle areas.

M-5. Command and Control

a. Special operations forces are theater-level assets. Operational and tactical level commanders request SOF through the Unified Commander in Chief. The SOF command and control element is established at any headquarters, combined or US, employing SOF. This ensures that unique mission requirements and employment procedures are met.

b. The Commander in Chief directs theater SO and the employment of SOF through his

subordinate special operations command (SOC). The theater SOC is a joint command that controls Army, Navy, and Air Force SOF. As strategic assets, SOF elements are deployed to the theater of operations and placed under SOC operational control.

c. Special operations forces units do not have an organic combined arms capability and are not designed for sustained combat operations. Special operations forces require the support or attachment of other combat, CS, and CSS units. Special operations forces units are entirely dependent upon the resources of the theater army to support and sustain their operations.

M-6. Army Special Operations

a. The SF group is a unique combat arms organization capable of planning, conducting, and supporting SO activities in all operational environments and across the operational continuum. Special Forces units are characterized by the quality, motivation, training, and individual skill of their members. These characteristics produce units with superb collective skills, able to adapt well to dynamic, complex situations.

(1) The SF group consists of a group headquarters and headquarters company, a group support company, and three SF battalions. The group can operate as a single unit, but normally the battalions plan and conduct operations from widely separated locations.

(2) The SF company consists of a company headquarters ("B" detachment) and six operational detachments ("A" detachments or ODAs). The ODA (twelve-man team) is the basic SF unit and is specifically designed to conduct SO activities in remote areas. This unit can operate for extended periods with a minimum of external direction and support. The high-grade structure and experience level of the ODA is required to permit it to develop, organize, equip, train, and advise or direct indigenous military and paramilitary organizations of up to battalion size. For other SO activities that do not require its full capabilities, the ODA serves as a manpower pool from which SF commanders organize tailored SF teams to execute specific missions.

b. The Ranger regiment is a unique light infantry unit capable of planning, conducting, and supporting SO activities. The Ranger regiment provides the NCA with the capability to deploy a credible military force quickly to any region of the world. The primary Ranger mission in SO is to conduct DA operations best accomplished by conventional light infantry forces using special techniques. Ranger DA operations may support or may be supported by other SO activities, or they may be conducted independently or in conjunction with conventional military operations.

c. The SOA regiment is a unique Army aviation unit that provides dedicated combat aviation support to Army and other SOF. This support is provided in all operational environments and across the operational continuum. Because of current force structure and contingency requirements, the regiment does not operate as a single unit. Instead, it tailors SOA battalion or company task forces to perform specific missions. The primary mission of SOA assets is to clandestinely penetrate hostile and sensitive airspace to conduct and support SO activities.

d. The Civil Affairs, Foreign Internal Defense, and unconventional warfare (CA FID/UW) battalion is a specialized CA unit that plans and conducts civil-military operations in support of SOF. The CA FID/UW battalion employs specialized, regionally oriented, and language qualified CA teams. The teams train, advise, and assist US and indigenous forces in the conduct of civil-military operations that support both FID and UW missions.

e. Psychological operations are planned operations to convey selected information and indicators to foreign audiences to influence their emotions, motives, and objective reasoning. These operations ultimately influence the behavior of foreign governments, organizations, groups, and individuals. Army PSYOP units may be employed by the NCA in pursuit of national security objectives. These PSYOP may be designed to—

- Maintain the support of groups and nations friendly to the US.
- Gain support and cooperation of neutral countries.

- Strengthen or alter alliances.
- Deter a nation from aggression.
- Induce the surrender of hostile forces.

M-7. Organic Health Service Support Capability

The organic HSS capability of SOF units is extremely austere. Consequently, SOF are dependent upon the conventional HSS structure for medical support in theater. Special operations forces missions require organic assets to perform Echelon I (unit level) and Echelon II (division level) medical care. Echelon III (corps level) and Echelon IV (communications zone [COMMZ] level) medical care must be provided to the force.

a. Special Forces.

- The SF group has the capability to perform Echelon I and Echelon II medical care. Individual care consists of self-aid and buddy aid, combat lifesaver, and aidman (SF medic) care. There are two SF medics assigned to each ODA. The SF medic is often the sole source of medical care for his ODA and the indigenous personnel (and their families) with whom his ODA interfaces. Medical assets within the SF group can provide limited support in the following areas:

- Preventive medicine.
- Medical intelligence.
- Veterinary and dental medicine.
- Laboratory support for clinical diagnosis.
- Minor surgery.
- Short-term trauma management.

- A flight surgeon and physician assistant are assigned to each SF battalion. At the forward operating base, the flight surgeon and physician assistant can perform advanced trauma

management procedures and provide limited resuscitative care. However, medical evacuation to the forward operating base is unlikely due to the considerable distances that may separate the ODAs from this base. Further, the forward operating base has a PVNTMED noncommissioned officer capable of providing medical threat evaluation and limited direct PVNTMED support.

- The SF operating base has a flight surgeon, dental officer, veterinary officer, medical operations officer, medical logistics officer, and an environmental science officer assigned. At this level, the medical officers perform primarily as staff advisors to the group commander and provide medical staff assistance to the deployed SF battalions.

b. Rangers.

- The Ranger regiment has the capability to perform Echelon I and limited Echelon II care. Echelon III care must be provided to the force.

- Rangers have organic HSS similar to conventional light infantry battalions; however, they do not have an aid station (treatment squad) capability.

- A general medical officer and physician assistant are assigned to each Ranger battalion. The Ranger companies are assigned military occupational specialty (MOS) 91A and 91B medical specialists.

c. Special Operations Aviation.

- Special operations aviation has a flight surgeon and a psychiatrist assigned at group level.

- Special operations aviation is dependent on area HSS from units it is supporting (typically the SF operating base).

- Special operations aviation units do not have specifically designated medical aircraft with a primary mission of medical evacuation.

d. Civil Affairs and Psychological Operations.

- Civil affairs and PSYOP units have no organic HSS. They are dependent on area HSS from the theater medical command.

- Psychological operations units also require timely and accurate information on all public health and host nation support initiatives to accomplish their mission.

M-8. Planning for Health Service Support of Special Operations Forces

Special operations forces units require HSS similar to other combat, CS, and CSS units. They also need timely and accurate medical intelligence to counter the medical threat. The support should include but not be limited to patient evacuation and medical regulating hospitalization; combat stress control; PVNTMED services; veterinary services; laboratory services; health service logistics; blood management; and dental services.

M-9. Patient Evacuation and Medical Regulating

Aeromedical evacuation of SOF is indicated only when it will not compromise the mission. Health service support planners must ensure there is adequate medical evacuation capability both intertheater and intratheater. If SOF assets are used, as will probably be the case in intratheater evacuation, medical assets must be on board to provide medical care en route. Health service support planners must ensure that SOF has its own evacuation policy to allow return of critical SOF MOSS to their units instead of being evacuated out of theater. Early coordination must be made with in-theater Air Force assets or supporting SOF Air Force assets to ensure timely intertheater evacuation capability.

M-10. Hospitalization

Special operations forces do not have an organic Echelon III surgical capability. They rely on the standard medical command hospitalization system for its patients in the combat zone and at echelons above corps. When the sensitivity of a particular mission dictates strict operations security, the SOC must coordinate with the medical command to

establish facilities capable of handling patients on a classified basis.

M-11. Combat Stress Control

a. Combat fatigue cases should be managed as far forward as possible to—

- Preclude unnecessary loss of personnel.
- Hasten return to duty.
- Prevent overburdening the medical evacuation system.

b. Army SOF do not have organic medical combat stress teams and support is required from the theater.

M-12. Preventive Medicine

A major shortfall of SOF HSS is the lack of PVNTMED assets. The nature of SOF operations places its personnel at serious risk to disease and environmental injury. Education and thorough indoctrination to the medical threat in the AO is required. Surveillance procedures and personal protective measures to be taken must be continuously reinforced. These PVNTMED measures will enhance the health and operational readiness of the SF elements. The SF group has limited PVNTMED assets and capabilities to plan, coordinate, and supervise PVNTMED programs. The SF PVNTMED NCO provides technical assistance to the unit field sanitation teams and advises the commander on the control measures required to protect the force. Theater PVNTMED assets are required to provide area support (such as aerial spraying and larviciding and to support other SOF units).

M-13. Veterinary Services

Special Forces groups have limited veterinary services. When veterinary services are required in more than one location or when the SOF is larger than two deployed forward operating bases (FOBs), veterinary support must be augmented. Theater assets must perform the majority of the food inspection missions.

M-14. Medical Laboratory Services

The SF group ODA is the only SOF unit with a limited laboratory capability. The SO medical sergeant (MOS 18D) is trained to provide basic clinical laboratory tests and procedures in support of UW or FID missions. Echelon III laboratory support is required from the theater.

M-15. Health Service Logistics and Blood Management

The medical sections of all SOF units maintain a Class VIII (medical supply) basic load to support initial operations. The SF group and battalion medical sections are the only SOF elements with organic medical supply personnel. No SOF unit has an organic medical equipment maintenance capability. These units receive routine health service logistics through their supporting area support medical battalion. This support includes Class VIII supplies, oxygen, resuscitative fluids production, optical fabrication, medical equipment maintenance support, and blood storage and distribution. To fill operational requirements in support of a UW or FID, SF medical supply personnel at the Special Forces Operational Base (SFOB) and FOB requisition bulk Class VIII supplies directly from the supporting medical

base or guerrilla medical facility. As the operational area develops, more seriously injured or diseased personnel are evacuated to friendly areas. Clandestine evacuation nets are established if security does not permit using aeromedical evacuation.

e. Medical requirements within the UWOA differ from those posed by conventional forces. Battle casualties are normally fewer and the incidence of disease and malnutrition is often higher.

M-19. Foreign Internal Defense

a. Foreign Internal Defense the participation by civilian and military agencies of a government in any of the action programs taken by another government to free and protect its society from subversion, lawlessness, and insurgency. These operations are US efforts to support a friendly government facing a threat to its internal stability and security. The purpose of these operations is to protect internal development efforts that focus on the economic and social aspects of the nation's structure. Foreign internal defense is not exclusively a SOF mission. It is a joint and interagency activity in which SOF participate. The primary SOF mission in this interagency activity is to organize, train, advise, and assist host nation military and paramilitary forces.

b. Civil-military operations that focus on the relationship between US military forces and the indigenous population are critical for FID operations. Medical services have proven to be one of the most effective ways to gain support for the host nation government. Medical assistance is constructive in nature and is generally welcomed, rather than feared. Medical assistance programs are requested by the host government. They are aimed at —

- Improving basic standards of living and health.
- Involving the local population.
- Enhancing the prestige of local authorities.

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c. Medical support may include providing medical treatment, education in basic sanitary procedures, hygiene and preventive medicine, providing sanitary facilities, waste disposal and controls, improving drinking water, and conducting immunization programs.

M-20. Counterterrorism

a. Counterterrorism operations are offensive measures taken by civilian and military agencies of a government to prevent, deter, and respond to terrorism. The primary mission of SOF in this interagency activity is to apply specialized capabilities to preclude, preempt, and resolve terrorist incidents abroad.

b. Counterterrorism operations are either overt or covert in nature. They are characterized, in contrast to unconventional warfare, as being of short duration and specifically targeted. During counterterrorism operations, tailoring of units and equipment is required. Medics are needed at all levels of the operation, and medical equipment is selectively chosen for the operation.

c. Health service support planning involves studying the mission and the area of operations to determine medical requirements. Equipment is kept to a minimum to support emergencies and routine illnesses. Special packing of the equipment is considered, especially for raid-type missions, to make essential items immediately accessible. Pre-mission medical training concentrates on emergency medical treatment, advanced trauma management, and treatment of mass casualties.

M-21. Direct Action

a. Special operations forces DA missions are combat operations conducted or directed primarily by SOF in hostile or denied areas beyond the operational capability of tactical weapon systems and conventional maneuver forces. Direct action operations are normally limited in scope and duration, but they may include long-term stay-behind operations. These operations typically involve the interdiction of critical lines of communications or other target systems and the

abduction, rescue, or recovery of selected personnel or sensitive items of material.

b. Medical support of SOF DA operations is generally directed toward provision of evacuation and hospitalization. Since the majority of SOF DA missions are conducted beyond the forward line of own troops (FLOT), aerial medical evacuation is required to remove casualties from the field. Echelon III HSS is required on an area support basis from the theater medical command.

M-22. Special Reconnaissance

a. Special reconnaissance is an intelligence collection activity conducted beyond the operational capabilities of tactical collection systems to obtain or verify information about the activities and resources of a target, organization, or group. Special

operations forces SR missions are generally of short duration and involve small elements (squads, teams, split-teams). SR missions are “deep” operations conducted beyond the FLOT primarily in support of intelligence requirements of strategic importance.

b. Since SR missions are conducted deep in hostile or denied territory, medical support is austere. Since aerial medical evacuation of SOF casualties would compromise the mission, the units rely on Echelon I (self-aid and buddy aid, combat lifesaver, and medical sergeant [MOS 18 D]) until the mission is accomplished and the team is extracted.

c. Comprehensive medical intelligence is critical for SOF SR missions. The medical threat requires evaluation of preventive medicine and counter threat measures to protect SR elements from exposure to disease and injury.