



Paratroopers with 508th Parachute Infantry Regiment, 3rd Brigade Combat Team, 82nd Airborne Division, provide emergency medical care to a simulated casualty during a live-fire exercise alongside British paratroopers, Nov. 16, 2018, in Kenya, Africa, as part of Operation Askari Storm. (U.S. Army photo by Spc. John Lytle)

68W Combat Medic OSUT Model

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Today's Army focuses on readiness, to include physical fitness, discipline, and medical proficiency. This has led to significant changes throughout the Army to include testing and implementing new ways to measure and improve physical requirements throughout the force. According to Todd South in his *Army Times* article (2018), these new developments will lead to "mitigating injury and interventions to increase resilience and longevity of the soldier and squad" (para. 6).

As a result, the Army has implemented both the Occupational Physical Assessment for recruits (Kimmons, 2018), and the Army Combat Fitness Test for Soldiers (Army Combat Fitness Test, n.d.). Drill sergeants are back at Advanced Individual Training (AIT)(Arden, 2018) and the Army is establishing a "standardized combat casualty care instruction for all service members" (Department of Defense, 2018, p. 1) in order to improve the emergency

care medical capabilities of every service member. With the Army's focus on streamlining training, it raises a suggestion to improve the 68W Combat Medic course and transform it into a One Station Unit Training (OSUT) style Program of Instruction (POI).

Maj. Gen. Gary M. Brito, commander, U.S. Army Maneuver Center of Excellence and Fort Benning, said "If you want to get really good at something, you've got to practice it a lot, whether it be sports or training for combat" (Vergun, 2018, para. 1). Brito's remarks apply to Army infantrymen, but can also apply to Army medics. The 68W Combat Medic Military Occupational Specialty (MOS) is the second largest in the Army. It has a rich history of combat operations with medics being awarded many medals of valor for bravery under fire (Congressional Medal of Honor Society, n.d.). And because of the medic's intimate relationship with combat, and because



Paratroopers with 1st Squadron, 40th Cavalry Regiment (Airborne), 4th Infantry Brigade Combat Team (Airborne), 25th Infantry Division, U.S. Army Alaska, wait for a UH-60 medical-evacuation helicopter to land during training at Joint Base Elmendorf-Richardson, Alaska, Feb. 20, 2019. The paratroopers rehearsed medical evacuation procedures including using the helicopter's hoist system. (U.S. Army photo by Sgt. Alex Skripnichuk)

current 68Ws are not currently trained to provide care to patients beyond just their initial transport to a medical facility (Gallagher, 2018), a shift to an OSUT POI would improve the training and provide better care to patients and Soldiers in operational environments.

Benefits

A benefit of using the OSUT method is that the drill sergeants, also 68Ws, would be able to spend more time on teaching the necessary basic life-saving skills as well as physical fitness and discipline on top of Warrior Tasks and Battle Drills that are learned at Initial Entry Training. They can focus on building new Soldiers' strength, endurance, and MOS-specific skills right from the beginning, ensuring that everything taught will guide the new Soldiers towards not only graduating, but also being proficient at their job once they arrive to their unit. Bryan Gatchell claims in his 2018 *Army.mil* article, that OSUT training "bolsters readiness, lethality, and proficiency..." (para. 3).



Spc. Jakari Ford, with 1-229 Attack Reconnaissance Battalion, 16th Combat Aviation Brigade, competes for the Regional Health Command-Pacific Best Medic competition at Joint Base Lewis-McChord, Wash., August 7, 2018. The competition brought the best medics across the Pacific Region - Washington, Hawaii, Alaska, Japan, and Korea. (U.S. Army photo by Staff Sgt. Maricris C. McLane)

Current Training

Currently, 68W AIT is held at Fort Sam Houston, Texas, with the first seven weeks dedicated to mastering the skills to pass the National Registry of Emergency Medical Technicians (NREMT) written exam and skills test to become an Emergency Medical Technician (EMT) (Pennsylvania National Guard, n.d.). While the medical information learned in this portion of training is important, oversight from more noncommissioned officers (NCOs) would be beneficial. Soldiers in this environment need to be prepared to deploy immediately upon arriving at their unit. An OSUT can easily be taught with a mixture of civilian and military instructors in order to keep the academic level high enough to consistently pass the NREMT, and also sharpen the Soldiers in other important areas such as leadership and advanced combat skills.

The second phase of schooling is called the "whiskey phase" and is currently eight weeks long. This is where they learn to treat injuries that are prevalent during war time and wraps up into an Individual Skills Validation. One of the skills tested is making and using an improvised chest seal that is seen on puncture



U.S. and Turkish Soldiers carry a simulated casualty to a helicopter during rehearsals at Gaziantep, Turkey, Oct. 13, 2018. The rehearsal allowed the two countries to strengthen joint tactics before engaging in combined joint patrols outside Manbij, Syria. In accordance with the Manbij Roadmap and Manbij Security Principles, U.S. and Turkish military forces continue to work together to ensure security and stability in the region. (U.S. Army photo by Staff Sgt. Timothy R. Koster)

injuries to the upper torso. However, due to modern body armor, the amount of puncture injuries to the upper torso has been reduced. Stopping hemorrhaging (bleeding) using tourniquets is the number one preventable death on the battlefield (Meenach, 2015). And with a limited number of tourniquets per Soldier in combat, training to improvise a tourniquet, rather than a chest seal, is a much more necessary testable skill. In an OSUT, with a heavy NCO instructor force, changing the curriculum to meet the needs of the modern battlefield would take priority over injuries seen more in the civilian sector.

The final phase of training takes place at a Soldier Medic Training Site (SMTS) and is two weeks long. It involves a simulated combat environment that induces stress, much like an actual combat scenario. They learn how to operate in a team and work on mass casualty scenarios. They learn how to patrol in military operations in urban terrain training and how to transport multiple casualties hundreds of meters over different terrain using litters. The culmination of their AIT training ends with a final assessment (Newman, 2013). An argument against this process is that the initial phase's seven week block of civilian medicine doesn't prepare them properly for the final phase as some struggle to handle the added stress. The graduation percentage might hypothetically increase if an OSUT model was used. This would more adequately prepare them for the urgency and rigor of the final phase.

Solutions

1. A location that could potentially house the training school as well as the ranges, rappel tower, obstacle course, desired training areas, as well as the infrastructure needed for a 68W overhaul is Camp Bullis in San Antonio, Texas. It has everything needed and is why the Best Medic Competition is held there every year (Williamson, 2018).
2. Currently, Army medic students receive instruction from three different groups of instructional staff: Civilian EMTs, whiskey phase instructors, and SMTS phase instructors with little continuity throughout the phases beyond a digital gradebook and academic student packet. As an OSUT, each company of trainees could be assigned their own drill sergeant and instructor cadre that take the company throughout the entire training process from beginning to end, thereby ensuring continuous standards and expectations of Soldiers, who need a steady amount of discipline over a long period of time to prepare themselves for their unit (Tan, 2016).

Conclusion

With future conflicts on the horizon, the U.S. Army's combat medics will need to be sharper than ever. An OSUT POI could really streamline the training process and ensure an extremely high post-school house product

so that medics are at the top of their game before arriving to their unit or a battlefield. The more lives Army medics save, the more Soldiers they can keep in the fight during future near-peer conflicts. ■

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