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Abstract from the Literature

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Butler FK Jr, Hagmann JH, Richards DT. Tactical management of urban warfare casualties in special operations. Mil Med 2000; 165(4 Suppl): 1-48.

Comment: On 03 October 1993, approximately 170 soldiers of Task Force Ranger undertook an operation to remove two of Mohammed Farah Aideed's senior advisors from Mogadishu. What followed became known as the 'Battle of the Black Sea', resulting in 19 dead and 118 injured American soldiers. The number of Somali dead is presumed to be in the hundreds.

*Also in 1993, the US Special Operations Command Biomedical Research and Development Program began research into its pre-hospital trauma management. Crises facing special operations usually involve a medical **and** tactical problem (authors emphasis). Because of this additional complexity, a generic trauma management plan may not work in any given tactical context. Thus, for retrospective analysis, the special operations community has embraced a scenario-based approach in a Workshop environment.*

In 1998, as part of the Annual Special Operations Medical Association (SOMA) meeting, this workshop was convened, resulting in this supplement to Military Medicine. This is not the first workshop conducted for the Special Operation community. Previous discussions have included the management of radiation, chemical, biological, diving and "wilderness" casualties.

CAPT Bob Mabry, who participated in the battle, opens the workshop with a description of the engagement. Nine scenarios, all directly related to incidents in Mogadishu, are then discussed. Each incident is considered in depth using a structured process beginning with a dot point brief of the situation, followed by preliminary comments. A management plan is then developed considering such issues as care under fire, tactical field care, CASEVAC, equipment consideration, and other miscellaneous issues such as body armour, antibiotics dehydration and the rather unpalatable concept of casualty care in potential overrun situations. Finally, a panel of experts is convened who discuss the differing options and management issues facing the operators in each scenario.

Not all the ideas and opinions are new, and some reinforce civilian practice based on trauma research. However, it does provide a fascinating insight into the problems of casualty care in special operations and urban warfare, some of which does require unique solutions or different paradigms. Not many will have to consider options of head injury management under intense small arms fire, in extreme heat, outnumbered and surrounded, but if this were to happen some prior guidance would presumably help.

...or as General P Schoomaker (CIC US Special Operations Command) says, "we have to train people how to think, not just what to think." This supplement aids that process to the benefit of us all.