## Letter to the Editor, *Military Review*

Dear Sir,

I write regarding the article "Lessons Learned by the 75th Ranger Regiment during Twenty Years of Tactical Combat Casualty Care" (*Military Review,* March-April 2024).

I agree the Ranger Regiment has done excellent work during the counterinsurgency and counterterrorism operations in the War on Terrorism, and received excellent medical support. Leaders, medical and line, have focused on elements that have indeed meant the Rangers had zero preventable deaths. In one remarkable case, a Ranger received well over

## Lessons Learned by the 75th Ranger Regiment during Twenty Years of Tactical Combat Casualty Care

Col. Ryan M. Knight, U.S. Army Col. Russ S. Kotwal, U.S. Army, Retired Lt. Col. Charles H. Moore, U.S. Army\*

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To read "Lessons Learned by the 75th Ranger Regiment during Twenty Years of Tactical Combat Casualty Care," visit <u>https://www.armyupress.army.mil/Journals/</u> <u>Military-Review/English-Edition-Archives/March-April-2024/Lessons-Learned/</u>.

fifty units of whole blood, plus other blood products—bleeding out several times over—but through good tactical casualty care, prompt evacuation, and surgery, he survived.

However, I doubt whether this would be possible during large-scale combat operations. As Col. Matthew Fandre pointed out ("Medical Changes Needed for Large-Scale Combat Operations: Observations from Mission Command Training Program Warfighter Exercises," *Military Review*, May-June 2020, 36–45) casualty volumes during major operations would be substantial, and the Rangers' portion of those would likely be far larger than the casualties the Regiment suffered in the War on Terrorism. The past is not going to recur, but the two Ranger battalions at Pointe du Hoc suffered well over two hundred wounded in two days of action. It is hard to imagine achieving zero preventable deaths with that volume of casualties against an enemy that can—even intermittently—deny resupply and evacuation.

We should not stop trying to get better at casualty care, but we should consider what casualty care will be possible in a LSCO.

Yours sincerely, Sanders Marble, PhD Senior Historian, U.S. Army Medical Department Center of History and Heritage U.S. Army Medical Center of Excellence Fort Sam Houston, Texas



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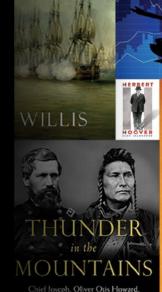
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