

# 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 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

## 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\*

Since the late 1990s, the 75th Ranger Regiment has been a leader and strong advocate for advancing tactical combat casualty care (TCCC). As a result, alongside the Ranger Regiment, TCCC has become a standard of care for all U.S. Army units. The organization was awarded ownership of the casualty response system, a significant milestone in the history of TCCC. The medical and anatomical literature provides a model of emergency medicine and trauma care practices. Combat casualty care was a team effort. The goal was to reduce battlefield mortality and morbidity, and ultimately to eliminate preventable deaths.

Among U.S. military facilities intermingled during the initial two years of conflict in Afghanistan and Iraq, approximately 21 percent had facilities that were deemed to be potentially survivable. Many were built by contractors on a case-by-case basis, and their construction was based on local circumstances, instantaneous knowledge of all injuries, and immediate availability of medical and trauma capabilities. Trends in injury survivability can help clinicians and diagnosticians and therapists, both for the suboptimal and optimal environments.

Among facilities located by the Ranger Regiment over twenty years of combat operations, the regiment maintained one prehospital portable facility. These prehospital facilities were based on a model of the environment and enemy, and other variables that improve survivability. These facilities were optimized and timely care. Trends in death preventability can help medical and anatomical personnel identify opportunities for improvement in tactics, techniques, and procedures (TTPs), personal protective equipment, and evacuation and care of casualties.

The mission of the 75th Ranger Regiment is to execute joint special operations, missions in support of USA, policy and objectives. The regiment is also committed



A US Army Ranger combat medic from the 75th Ranger Regiment takes part in a tactical medical training exercise at Fort Bragg, North Carolina, in August 2019. The 75th Ranger Regiment has been a leader in and strong advocate for advancing tactical combat casualty care across the Army. Photo by James Dugan, US Army.

to be the Army's premier and elite "C" capabilities of the regiment include airborne, air assault, and other elite units used to win key events, destroy enemy facilities, and capture and destroy enemy forces. Rangers are trained to conduct assaults, ambushes, and other missions at all levels, from squad- to regimental-size operations.

The table of organization and equipment for the 75th Ranger Regiment is similar to that of a standard light infantry brigade, and the battalions within the Ranger Regiment are comparable to light infantry battalions. As such, lessons learned and best practices from the Ranger Regiment can be applied to similar organizations across the US Army and US Marine Corps. Additionally, beyond these organizations, the philosophy and principles of the regiment are pertinent to all US Department of Defense (DOD) units preparing for and conducting combat operations.

The 75th Ranger Regiment is comprised of a regiment of headquarters, a special forces battalion, a utility intelligence battalion, and three rifle battalions. The Ranger Regiment currently has a total of six physicians, five physician assistants, and 122 medics to support medical care for the regiment's assigned personnel. The regiment of headquarters has four physicians, physician assistants, and medics. The utility intelligence battalion has one physician and one nurse practitioner. The regiment of headquarters has four medics and a medical personnel aide and support battalion operations and training. The special forces battalion has twenty-seven medics, and each rifle battalion has thirty medics. Medical personnel within the regiment have a generalist medical support to personnel within the headquarters and also employment throughout as directed by the mission. Medical personnel within the special forces

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

# Military Review

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