



1st Sgt. Richard Russell, former operations NCO with the U.S. Army Africa Surgeon's Office, leads a course on Tactical Combat Casualty Care for soldiers in N'Djamena, Chad, in the spring of 2014. (U.S. Army photo)

# NCOs deliver medical training to anti-terrorism group in Chad, Africa

By Meghan Portillo — NCO Journal

**W**hen Sgt. Gerald Engel got off the plane for the second time in Chad, Africa, his driver ran up, delivering an enthusiastic greeting. The driver had volunteered to escort the group for a second time, thrilled that four American NCOs were returning to teach medical skills to his country's military.

Engel and two other medics from 2nd Armored Brigade Combat Team, 1st Infantry Division — the regionally aligned force based in Fort Riley, Kan. — deployed in the spring of 2014 with an operations noncommissioned officer from U.S. Army Africa to teach Tactical

Combat Casualty Care, or TCCC, to the Special Anti-terrorism Group in N'Djamena, Chad. The mission was one of many similar deployments throughout western Africa — including ongoing training missions in Nigeria and Burkina Faso.

“As an NCO, it is your job to train and to lead. So, just be prepared to do that at any time. When I joined the Army to be a medic, I joined in a time of war and in a time when we were going on missions to Iraq and Afghanistan,” Engel said. “This isn't a mission set I ever expected to be on — a small, four-man team in a third-

world country, training their military on medical skills. It just shows NCOs need to be confident in their skills and their jobs so that they can be prepared for anything.”

The team trained a group of about 10 Chadian NCOs and officers on the skills needed to deal with the preventable causes of death on the battlefield. From the evaluation of a casualty to hemorrhage control and airway management, the lessons the NCOs presented left the Chadian military better able to care for its soldiers.

“It makes you feel good, because now they have the skills and the knowledge to go forth without you and save lives,” said Sgt. 1st Class Albert Palmer, who was also on the team deployed to Chad. “As a medic, that’s what you want to do — save lives.”

## Sharing knowledge

The Chadian soldiers had just come back from an anti-terrorism mission in Mali, where many of their comrades had died because the group was not prepared to provide medical care on the battlefield, Palmer said.

The majority of the individuals participating in the training had never been exposed to basic medical principles and were not aware of even the most rudimentary measures necessary to avoid infection.

“We had to really stress sterilization and maintaining a clean environment when treating injuries,” Palmer said, recalling the dirt that covered everything in the hot classroom. “We could tell in the beginning that they had not really thought about those things before. But as we talked more in-depth about infection, they caught on and realized cleanliness and sterilization were necessary for them to be effective at their job and to prevent infection. It’s something so small that we take for granted that they didn’t really know about.”

Though treating real-life injuries was not part of the mission, one of the Chadian soldiers participating in the training sought help from the NCOs for a cut on his foot.

“It was so badly infected that it was actually going up to his bone,” said 1st Sgt. Richard Russell, a former operations NCO with USARAF’s Surgeon’s Office. “I’d never seen anything like that in the States, because we would have put you on antibiotics. But they just don’t have access to that. We cleaned it the best that we could and dressed it, but chances are he will have to amputate that part of his foot. The gangrene had been so bad for so long.”

The realization that this medical information would improve their lives made the Chadian soldiers even more grateful, Russell said.

“You would see them circled around, taking pictures, taking notes — motivated about the training,” he said. “You feel good as a trainer when you see that type of interaction. And you just feel like, hey, we are making a difference.”

The enthusiasm the NCOs encountered made an impression, Palmer said.

“I had never done a mission like this before. It was an honor representing the Army, going over there, partnering with African soldiers,” he said. “I’ve been teaching 23 years in the military now, but this experience has made me hold my Soldiers at home to a higher standard. The soldiers in Africa are so eager to learn, and I want my Soldiers here to have that same thirst for knowledge.”

## In-depth lessons

Teaching the group of Chadian soldiers was similar to teaching U.S. Soldiers with no medical experience, Engel said.

“I relied on my previous experience training infantrymen and other non-medical enlisted personnel who don’t understand the anatomy and physiology of the body,” Engel said. “I just applied a lot of those same techniques to teaching these guys, because they didn’t have that basic knowledge either.”

The goal of the course was to teach the basic principles of TCCC, in addition to training the group on the medical equipment available.

TCCC is divided into three phases: care under fire, given at the scene of an injury while under attack; tactical field care, given once the casualty is no longer under hostile fire but when medical equipment is still limited; and tactical evacuation care, given while the casualty is being moved to a safe location equipped to deliver a higher level of care.

The U.S. team used both classroom instruction — with an interpreter — and hands-on training to teach the African soldiers the basics of each phase. Skill stations were set up to test their knowledge of combat application tourniquets, chest seals and nasopharyngeal airways, and the soldiers practiced inserting IVs and saline locks into one another’s veins. Tactical lanes were then used to solidify the skills they had learned. Some of the soldiers acted as “casualties” in need of various medical interventions. The actors’ maladies included flesh abrasions, amputations, difficulty breathing and unconsciousness. The NCOs did not have access to smoke effects or other things you might expect to see used in testing lanes for U.S. Soldiers, but some of the actors demonstrated confusion and despair to increase the stress of the simulation.

“We were limited with the materials we had,” Palmer said. “But, we put them in lanes where they had to return fire, keep the casualty stable and move them to a safe spot, pull security and treat injuries.”

The hands-on practice was vital to ensuring the soldiers grasped the concepts and became comfortable using the equipment. The more practice they had, the quicker and more confident they became, Palmer said.

“Whenever we brought a hands-on task that they hadn’t seen before, we would challenge them,” Engel said. “The combat application tourniquets, for example — we

train to be able to put them on very fast as medics. We would have them race against each other, and then the winner would compete against us. They liked the challenge and were eager to work.”

The soldiers’ motivation allowed the NCOs to give more in-depth lessons than they had originally planned, Palmer said, and they wanted even more.

“I had brought some more advanced slideshows with me, and some of the African soldiers gave me their thumb drives to download the more advanced training,” Palmer said. “They wanted to learn more.”

By the end of the course, the NCOs had chosen four soldiers to be subject-matter experts on the use of tourniquets, nasopharyngeal airways, chest seals and arm splints. They encouraged these soldiers to take charge of

the last few classes, as the eventual goal is to develop a self-sustaining training program conducted monthly or quarterly, Russell said.

“Short term, ... the training will help them understand the causes of death on the battlefield and how to integrate the appropriate skill to the appropriate situation,” Russell said. “They will also have the confidence to take action when faced with these difficult battlefield situations.

“We are giving them some of that confidence to be able to take care of some of their own issues. If we can be their allies and help them out, and maybe send groups of personnel down there to train them, then we won’t run into anything like what we had in Iraq or Afghanistan where we have to take over everything. We are empowering them to take care of themselves.” ■



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