The fight 2nd Squadron, 13th Cavalry Regiment – the rotational cavalry squadron – anticipated and trained for was primarily focused on area security, and the main threat from the enemy was artillery. With an artillery threat, we quickly realized there would be no medical-evacuation (MEDEVAC) available, and the wounds our troopers could encounter would be loss of limbs and large shrapnel wounds. We had to figure out how to maintain readiness, keep combat power as far forward as possible and sustain life over 72 hours. The squadron medical team developed a program to fill this capability gap: Dakota First Responder. This became a combat multiplier for us and the entire 2nd Infantry Division. I would highly encourage commanders to develop or conduct this course. This capability gap is not unique to Korea; it exists in decisive-action environments as well. Having first responders embedded in your organizations is a game-changer that will save lives and keep combat power forward, ensuring we can keep fighting until we win. –LTC Greg McLean, commander, 2nd Squadron, 13th Cavalry Regiment, 3rd Armored Brigade Combat Team (ABCT), 1st Armored Division

Dakota First Responder

by CPT Raymond J. Oberle

For almost two decades of combat, U.S. armed forces have maintained air superiority. This achievement allowed swift MEDEVAC in both urban environments and mountainous terrain. However, what if we did not own the sky? How can we prepare for a situation in which MEDEVAC will be delayed for a day or will never come?

Developing the answer to these questions, Dakota First Responder (DFR) training, focused on two main concerns:

- How can we increase battlefield survivability in the absence of medical personnel when MEDEVAC is not guaranteed?
- Can we create a program that can be fielded at our organizational level and sustained for future operations?

The purpose of DFR is to close a critical gap between the lifesaving capabilities of combat medics and combat lifesavers (CLS) using the most up-to-date resources and data available from the Committee on Tactical Combat Casualty Care and the Joint Trauma System. DFR does not change anything taught in those courses, but rather is built on their foundation with a week of training that focuses on sustaining life in an austere environment.

Training

CLS certification is required to be a candidate for DFR. Senior line medics identified top CLS performers from their troops, and this list was then vetted by the troop command team to identify the strongest candidates for the program. Candidates are split into four-person teams at the beginning of the course, with a focus on evenly mixing military-occupation specialties so they could each learn from each other.

DFR is a five-day program combining didactics and hands-on learning, with testing on the fifth day. Each day is concluded with every candidate performing DFR battle drills involving a multi-trauma casualty. As the course progresses, the casualty becomes more complex, requiring advanced medical treatment – with the cornerstone of the treatment being to stabilize the casualty for up to 72 hours. This goal is achieved with the inclusion of intravenous access, administration of resuscitation fluids and medication, and the monitoring of casualty vital signs. Candidates are also trained on managing multiple casualties, to include operating as the senior medical person at a casualty collection point or ambulance exchange point with casualties requiring triage for evacuation.

Figure 1. Troopers with 2nd Squadron, 13th Cavalry Regiment "Dakota," 3rd ABCT, 1st Armored Division (Rotational, 2nd Infantry Division/Republic of Korea-U.S. Combined Division) react to a chemical environment during the DFR Course conducted at Camp Hovey, RoK, April 21-25, 2019. DFR provides week-long advanced CLS training to increase survivability and readiness. *(Adapted from DFR video, videographer SGT Alon Humphrey, 3rd ABCT, 1st Armored Division Public Affairs)*

Testing

Our squadron has been called the "Swiss army knife" for 210 Field Artillery Brigade because we provide a multitude of capabilities outside the brigade's modified table of organization and equipment, in addition to our reconnaissance and security specialties. We have adapted to meet a multitude of missions and earned the nickname, but we master the role of the cavalry scout. Every step of DFR incorporates the scout mindset of recon and security.

During testing, the DFR teams perform a recon mission to gather and report intelligence on a named area of interest. The operations order delivered on Day 4 outlines the parameters which include liaising with forward elements and transferring responsibility of casualties to a trailing security team. By controlling these aspects of the scenario, we create believable interactions with other U.S. forces and improve training. We also prevent delay-of-movement along the testing lane.

DFR candidates have said that having scenario-based testing vastly improved this program in relation to any other training they've received. It provides clear guidance and allowed them to perform the role of the DFR during an actual mission.

Validation for candidates is measured by completion of a 40-question written exam on Day 4 and practical testing on Day 5. The written test requires a score of at least 80 percent to pass. The practical test uses a standardized algorithm drawn from Training and Evaluation Outline medical individual-task-performance steps. Proficiency is tested on both day and simulated night (low-visibility) lanes using go/no-go criteria.

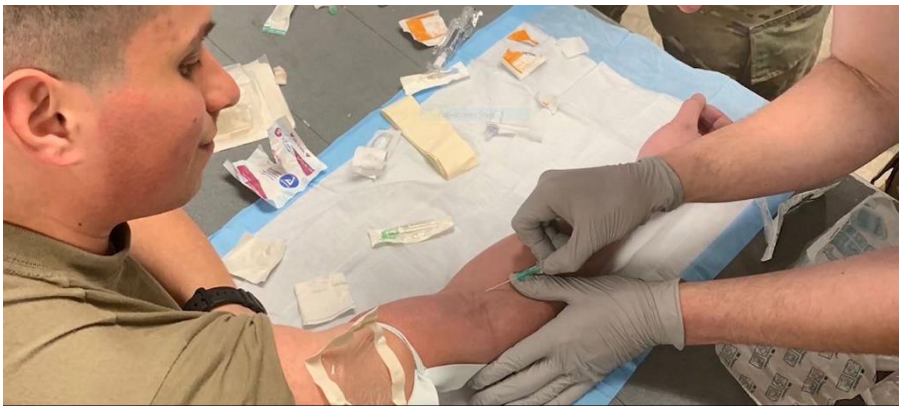

Figure 2. Troopers with 2-13 Cavalry learn how to insert an intravenous line during the DFR course conducted at Camp Hovey, RoK, April 21-25, 2019. *(Adapted from DFR video, videographer SGT Alon Humphrey, 3rd ABCT, 1st Armored Division Public Affairs)*

Sustaining skills

Sustainment training for DFR is designed to emulate continuing medical education for medics, physician assistants and doctors. We developed a monthly DFR training schedule aimed at building on skills learned in the course. As a perishable skillset, it is important to maintain the validity of the certification.

We have also identified being absent from sustainment training as cause for losing DFR status. To maintain status, a Soldier must be present for at least nine of 12 sustainment-training opportunities in a year. Alibis are available for Soldiers who have these legitimate training absences:

- Ranger School;
- Noncommissioned Officer Education System schooling;
- Temporary-duty tasking; or
- Individual-augmentee deployment.

These are just a few reasons a Soldier may miss the nine mandated training events. For an additional alibi, the medical team has developed a hands-on and written refresher test that will allow a Soldier to maintain his or her certification based on performance.

Sustainment training has also been identified as the best way to add information that pertains to a changing mission. Our current focus may not be the focus six months from now; we can use the sustainment time to key in on new areas such as wildlife or environmental hazards.

Conclusion

DFR is the innovative scenario-based training that successfully bridges the capability gap between combat medics and CLSs. DFRs maintain lethality by increasing survivability in the harshest and most remote environments where U.S. armed forces wage war. They specialize in interventions relatable to the unit's current mission and increase the medical web of support. This program is essential for your unit toolbox and ready to be fielded on predicted near-peer battlefields.

CPT Raymond Oberle is the squadron physician assistant, 2nd Squadron, 13th Cavalry Regiment, 3rd ABCT, 1st Armored Division, Fort Bliss, TX. Previous assignments include battalion physician assistant, 25th Brigade Support Battalion, 1st Stryker Brigade Combat Team (SBCT), 25th Infantry Division, Fort Wainwright, AK; and battalion physician assistant, 3-21 Infantry Regiment, 1st SBCT, 25th Infantry Division, Fort Wainwright. CPT Oberle's military schooling includes Basic Noncommissioned Officer Course Phase I, Drill Sergeant School, Interservice Physician Assistant Program and Basic Officer Leader's Course. CPT Oberle holds a bachelor's of science degree in physician-assistant studies from the University of Nebraska and a master's of science degree in physician-assistant studies, also from the University of Nebraska. His awards and honors include Armed Forces Reserve Medal with M device and the Military Outstanding Volunteer Service Medal.

Acronym Quick-Scan

ABCT – armored brigade combat team
CFTF – counterfire task force
CLS – combat lifesaver
DFR – Dakota First Responder
RoK – Republic of Korea
MEDEVAC – medical evacuation
SBCT – Stryker brigade combat team

Figure 3. Figure 3. Troopers from 2-13 Cavalry learn how to insert a nasogastric intubation to prevent choking during the DFR course conducted at Camp Hovey April 21-25. *(Adapted from DFR video, videographer SGT Alon Humphrey, 3rd ABCT, 1st Armored Division Public Affairs)*