John Parson
Program Manager, Medical

Stephanie Elder
Deputy Program Manager, SSES

Program Focused “Deep Dive”
PM Medical Mission

Provide rapid and focused acquisition of SOF-unique MEDICAL capabilities to USSOCOM operators conducting decisive ground SOF activities and global operations against terrorist networks.
Medical Acquisition Philosophy

SOF Unique Medical Considerations:

- Lightest Weight Possible
- Modular, Mission Selectable
- Longest Battery Life, Minimum Power Consumption
- Minimize Power and Recharging Configurations
- Multifunctional

Constraints:

Size, Bulk, Weight
Reliability and Durability
Integrated Use
Limited Resources

Availability
Performance
Cost
Medical Technology Development

• Medical Research and Development
• Unique Singular Opportunities (FDP)
• Miniaturization
• Ruggedization
• Combining existing unique capabilities
Technical Initiatives/Interests

- HAMMERHEAD: Underwater Medical Monitoring (FY12-13)
- SEAL SKIN: Hemorrhage Control Dressing (FY12-13)
- CREST: NSWCC Peak Health And Performance (FY12-14)
- Canine Hydration Optimization (FY12-13)
- Blood Donor Pathogen Kit (FY12-13)
- Respiratory Muscle Training for Performance at Altitude (FY12-13)
SOF Tactical Combat Casualty Care (TCCCP)

• SOF Tactical Combat Casualty Care (TCCCP) provides the capability for far-forward austere trauma care to sustain wounded personnel until they can reach forward surgical care. This includes enhanced self-aid or buddy-aid, SOF medic aid on the battlefield, and casualty management and extended care during Casualty Evacuation (CASEVAC).

• Operator Kit: Self-aid, Buddy-aid
• Medic Kit: Team Care
• CASEVAC: Extraction, Mobility, Transport and Sustainment
Casualty Evacuation Set (CASEVAC)

The TCCC Casualty Evacuation (CASEVAC) system provides organic unit level advanced materiel capabilities required to rescue, recover, sustain and transport trauma casualties from point of wounding through all phases of CASEVAC until transfer to definitive care facility. The CASEVAC Set is comprised of 4 kits and 13 modules capable of being used independently based on mission requirements necessary to stabilize and sustain casualties in the event of a delayed or difficult CASEVAC.
<table>
<thead>
<tr>
<th>FY</th>
<th>12</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>QTR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>TCCC Operator and Medic Kits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Configuration Control Consistent with TCCC Guidelines, BISC, CoTCCC, SGO and Components**

**Operator Kits**
- **SOF Operator Kit**
  - Sustainment / Modernization Through Sustainment
  - Product Improvements

**Medic Kits**
- **SOF Medic Kit**
  - Sustainment / Modernization Through Sustainment
  - Product Improvements

**Possible Medic Kit Insertions**
- **Field Donor Pathogen Kit**
  - Field Donor Pathogen Kit Development
- **Blood Type Match Kit**
  - Blood Type Match Kit Development
- **Hemmorage Control (SEAL)**
  - Hemmorage Control (SEAL) Development

**Legend:**
- **Sw PofR (based on P&R Docs)**
- **S&T, DARPA, Lab Efforts**
- **Services Efforts**

- **Milestone (Reqt Doc, Contract Award/Re-compete)**
- **DT/OT, Production and Fielding**
  - # Project not yet started.
  - x TCC and Tactical Medical IPT/CCB
Questions?