

TO: Whom it May Concern

30 April 2009

Subject: Trauma First Aide Training

1. Purpose: To provide a recommendation to implementation of Trauma First Aide Training in military units.
2. Background:
 - a. Why might my recommendation mean anything? I am a retired Army Colonel. I was a Medical Service Corps Officer with specialties in aviation, operations, and logistics. I commanded several times at the Company and Battalion level. My other assignments included multiple staff positions to include Brigade XO, Director of the AMEDD Officers Basic Course, Director of the Army Medical Departments Battle Lab, and the AMEDD representative to the XFORE Coordination Cell at Fort Hood. One of my most rewarding experiences was as a Medical Team leader at Readiness Group Fort Riley. This assignment gave me a great appreciation for the National Guard and Reserve and the need to provide these soldiers quality training opportunities. After retirement, I began work at the University of Texas at Austin as a research program manager and researcher. Over the last three years, I have been deeply involved in research which has the goal of being able to determine biomarkers for susceptibility to PTSD and diagnosis and differentiation between PTSD and mTBI. This research has informed me on the many aspects of the disease processes associated with PTSD. It has also made me keenly aware of the fact that most soldiers do not really understand PTSD or the reaction to stress which some experience but even worse there are no real tools available to the soldier or leader to mitigate these reactions. Trauma First Aid Training provides this capability.
 - b. I first became aware of this training through a conversation with Col Bob Tenhet, Commander of the 1st Medical Brigade at Fort Hood Texas. After researching the program and communicating with Dr. Everett, I determined this training could be a viable candidate for inclusion in the Army training regime. Subsequently, I observed the training as it was presented to a group of soldiers from the 1st Medical Brigade at Fort Hood. The training audience consisted of approximately 30 soldiers of multiple skills and from E-4 through O-5. After the training, I conducted an AAR with the E-4s and E-5s and observed the AAR with the more senior soldiers. The question I asked them was: If you had to pay for this course, understanding soldiers' time is the most valuable commodity the Army has, would you continue to teach this course? All said they would. When asked about shortening the course to one day, they said they would not, and all agreed that at least two days are required.
 - c. My personal assessment of the training is it provides soldiers (ALL) with a capability to deal with the involuntary physical and psychological reactions to traumatic events. The knowledge gained and techniques taught will enable them to take immediate action when these events occur. I equate this to preventive maintenance. It can be taught as *self-aid* and *buddy-aid* to be used when a traumatic events occur; whether in combat, during response

- to disaster or in day to day activities. In addition to its positive impact on the long term psychological health of the soldier, these techniques and the knowledge gained will help people deal with less traumatic events and to prepare themselves mentally when facing difficult situations.
3. The techniques taught in this training become tools which soldiers can use to maintain wellness. It will help them be resilient in stressful environments. It will also help leaders recognize soldiers who are having difficulty and provides a tool for them to render immediate assistance.
 4. I recommend you implement this training in your organizations. I am in the process of discussing how we can bring this training to the entire Army through a pilot program at Fort Hood. If you implement it and find it useful, your experience will strengthen the case for an Army wide program which will include refresher training. I was discussing the TFA training with a recently retired combat arms NCO and one of his first comments was “we needed to make certain the training has legs, so soldiers can be retrained on a regular basis until the techniques became second nature”. He recognizes, as do many of us, that our soldiers need these skills. The Trauma First Aid training is a beginning.



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“For the Soldier”