

Chapter 13

ROLE OF THE SECURITY FORCE ASSISTANCE BRIGADE PHYSICIAN ASSISTANT

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Introduction

The US Army Security Force Assistance Brigades (SFABs) are the US Army's dedicated conventional organizations for conducting security force assistance (SFA) around the world. The SFABs support US security objectives and warfighting combatant commanders, while strengthening US ally security capacity and proficiency.¹

Security Force Assistance

SFA has played an essential role in US history since revolutionary times. One of the notable examples of SFA occurred in the early 1960s, when the US Army sent approximately 11,000 advisors to assist the pro-western government of Vietnam. More recently, the US Army has been engaged alongside foreign security forces in south central and southwest Asia for the greater part of two decades.

Due to an evolving worldwide threat, the need for a supporting, professionalized advisor force became necessary. The National Security Strategy redirected the brigade combat teams (BCTs) to prepare for conflict in multi-domain operations. SFABs enable the US Army to bolster the lethality of a foreign security force while freeing up BCTs.

Security Force Assistance Brigade

There are currently five active duty SFABs and one National Guard SFAB (Figure 13-1). Each SFAB has six battalions. Four PAs are

assigned to each SFAB, with one allocated to each of the two maneuver battalions, one to the cavalry squadron, and one to the brigade support battalion as the brigade senior PA. Each SFAB is filled to a slightly higher capacity than in a maneuver battalion in a conventional BCT.

Employment

SFABs are employed in teams of 12 soldiers. The brigade headquarters exercises mission command from the home station, with larger echelons deploying and controlling operations in-country, unless the entire brigade deploys into a theater.²

The 12-soldier SFAB advisor team is modeled with small team functionality in mind. The SFABs work with conventional partner security forces to improve their capabilities and capacity to provide security.

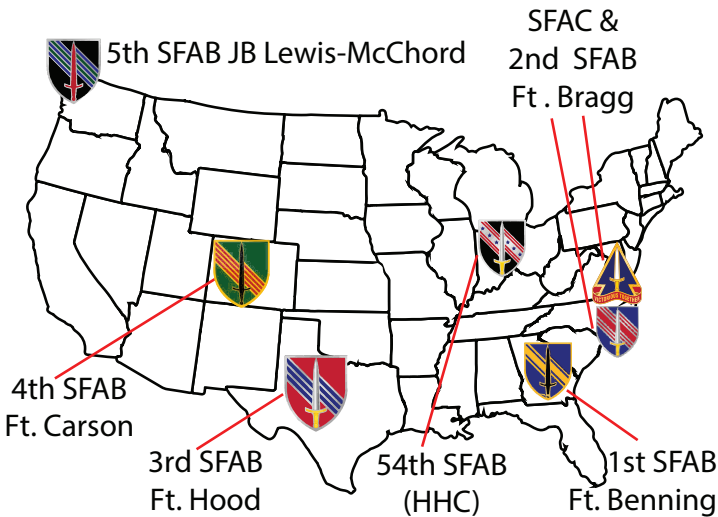


Figure 13-1. The security force assistance brigades are based in several locations around the United States, as depicted by their distinctive unit crests. The Army National Guard’s 54th SFAB has battalions in Illinois, Indiana, Ohio, Georgia, and Texas. The Security Force Assistance Command is based at Fort Bragg, North Carolina.

The first SFAB deployed in 2018. It supported Operation Resolute Support in Afghanistan. In early 2019, the second SFAB deployed to continue the “train, advise, and assist” mission in Afghanistan and Iraq. The second SFAB was replaced by the third SFAB in late 2019.

Command and Control

Each SFAB has a command group structure similar to that of a traditional BCT headquarters, with the addition of a deputy commander. Contrary to most conventional BCTs, soldiers within an SFAB are already sergeants (E-5/SGT) or above, giving the ability to advise partner forces two echelons higher.

In addition to SFAB command and control, there is a Security Force Assistance Command (SFAC) at Fort Bragg, North Carolina. This one-star command maintains training and resourcing authority and functionally coordinates the employment of the SFABs (see Figure 13-1).

Duties and Responsibilities

SFAB PAs are unlike most conventional BCT PAs and are expected to conduct numerous duties, some exceeding the traditional PA responsibilities. SFAB PAs must be versatile in a dynamic environment. In a garrison setting, maneuver PAs spend approximately 1 to 2 days in clinic when the brigade is fully staffed with providers. These relatively small clinical requirements are due in part to the roughly 0.25 full-time equivalent requirement, based on patient population size and increased health and physical standards of the SFAB.

While unit readiness is still a top priority, SFAB PAs spend a great deal of time training advisor medics. This training includes refining their basic medical skills, while also focusing on more advanced medical skill sets such as prolonged field care and whole blood transfusion.^{3,4} In addition to clinic responsibilities and medical training, the PAs also have a primary staff function as the senior medical advisor to the commander. SFAB PAs will work alongside the rest of the staff sections, attend meetings, and collaborate on product and plan development as prescribed by the battalion commander.

Skills and Attributes

Historically, SFAB PAs attended courses such as Tactical Combat Casualty Care, Prolonged Field Care, Mountain Medicine, Army Trauma Training, 70H (health services plans, operations, intelligence security and training), and numerous others that were applicable to their known deployment areas of operation. While there are no pipeline courses immediately required for SFAB PAs outside of Combat Advisor Training Course (CATC) and Tactical Combat Medical Care (TCMC), battalion PAs should communicate with their commander and brigade surgeon to ensure appropriate training is afforded when feasible.

PAs must also be comfortable supporting partner nation and subordinate medics through face-to-face and telemedicine encounters. While SFAB PAs have relatively little clinical time, they should expect significantly increased staff work. Unlike medical platoons in a BCT, SFAB battalions are not assigned an organic medical operations officer (MEDO) and the PA will fulfill these responsibilities.



Figure 13-2. Captain Christopher Torres (right) and Major Russ Burnham (left) discussing medical evacuation during combat operations in the multinational Train Advise Assist Command-East with an Afghan Army corps surgeon. Meetings like this would occur twice weekly at a minimum, based on current operations within the region.

Photograph courtesy of Captain Christopher Torres.

During deployments, field training, and live-fire exercises, SFAB PAs must maintain the medical integrity of their formation and also support foreign security force medical counterparts on all things medical. This means PAs need to be subject matter experts in medical logistics, operations, patient evacuation, preventive medicine, and field sanitation. All of these can be leveraged to enhance the medical readiness of the foreign security force. SFAB PAs must thoroughly comprehend the military decision-making process (MDMP). They are expected to create and review medical concepts of operation, medical common



Figure 13-3. Captain Christopher Torres (center) being back briefed by an Afghan Army medic (left) following an intravenous infusion train-the-trainer class. The Afghan senior medic will take the skills learned and train fellow medics within his battalion. Instead of teaching medics the basic skills of combat medicine, advisors now focus on enabling and empowering this current generation of Afghan medics to become more self-reliant and independent. Photograph courtesy of Captain Christopher Torres.

operation pictures, and estimates. They must effectively integrate medical intelligence to enable operations. Being able to develop and implement medical support that ties into operations is key to being a successful SFAB PA (Figures 13-2 to 13-4).

Training and Requirements

Requirements for SFAB battalion PAs include mandatory attendance of the Combat Advisor Training Course (CAT-C) and the ability to maintain a security clearance. SFAB PAs must be free of duty-limiting physical



Figure 13-4. Captain Christopher Torres (center) on site at a culminating training event held by a corps-level Afghan Army combat medic program. This training event is held three times per year, ultimately leading to the graduation of the participating Afghan combat medics. Captain Torres and his team worked to align the Afghan tactics, techniques, and procedures with tactical combat casualty care standards.

Photograph courtesy of Captain Christopher Torres.

profiles and able to score a minimum of 240 on the APFT, with at least 70 points in each event, and have a PULHES of at least 111221.¹ There is currently no requirement for the Army Combat Fitness Test.

The SFAB PA is a job for those with experience as a battalion PA who also have a comprehensive understanding of a battalion medical officer. The SFAB PA is one who has mastered the basics and can apply their knowledge and experience to ambiguous and complex problem sets.

SFAB PA candidates must complete a DA 4187, Personnel Action form, and volunteer via the Assignment Interactive Module 2.0 portal. It is best if PAs attended the Captains Career Course prior to selection to an SFAB to facilitate a shared understanding of the MDMP. Additionally, PAs can expect to interview with the SFAB commander and the brigade surgeon or brigade senior PA. The final hiring authority is the SFAB Commander.

Lessons Learned and Tips for Success

The following are lessons learned and tips for success for the SFAB PA:

- The SFAB PA must anticipate training all advisors across their formation in a more deliberate version of the Combat Lifesaver program,⁴ and be prepared to create a program if joining one of the newer SFABs.
- The SFAB PA must prioritize battlefield whole blood transfusion certification. They must learn to teach this critical skill. Medics in the first three SFABs are already being certified, and SFAB commanders expect their PAs to have this skill set.
- The SFAB PA must add medical occupational specialty 68W (combat medic) sustainment training to the long-range training calendar. This should be a top priority. Line medics are allocated under their line company, rather than under the headquarters company. This can make sustainment training difficult because the medics are pulled in many directions. If the PA captures this training on the calendar early, it will not be an issue later.
- The SFAB PA must canvass the installation (and other connections) for expired and excess Class VIII medical supplies to support rigorous training in the SFAB. This is especially important if assigned to one of the newer SFABs that have not yet been fitted with their sets, kits, and outfits.

Conclusion

While SFAB utilization is still a very new concept, the deployment of SFAB teams across Afghanistan and Iraq has shown great promise. The NCOs and officers in the SFAB are highly trained, mature self-starters who can operate independently. SFAB PAs work alongside other battalion staff and train medical advisors on the newest combat medical skills. If seeking a new career challenge like this, contact the Human Resources Command through the Assignment Interactive Module 2.0 portal for SFAB consideration.

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