Chapter 20

ROLE OF THE ARMY PHYSICIAN ASSISTANT IN THE AIRBORNE AND RANGER TRAINING BRIGADE

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Introduction

The Airborne and Ranger Training Brigade (ARTB), headquartered at Fort Benning, Georgia, conducts the majority of high-risk, advanced skills training for the US Army Infantry School. It consists of the 4th, 5th, and 6th Ranger Training Battalions (RTBs), as well as the 1-507th Parachute Infantry Regiment. The ARTB conducts training to create and deliver combat-ready Rangers, paratroopers, jumpmasters, pathfinders, and reconnaissance leaders to the US Army and the Department of Defense in order to increase the leadership ability, tactical skill, and technical competence of the fighting forces of the United States.¹

Ranger school is the Army's toughest course and the premier smallunit tactics and leadership school (Figure 20-1). The Ranger course is a mentally and physically challenging school that develops functional skills directly supporting units whose mission is to engage the enemy in close combat and direct fire battle. For 62 days, Ranger students train to exhaustion, pushing the limits of their minds and bodies. The course incorporates three phases (Benning, Mountain, and Swamp), each following the "crawl, walk, run" training methodology. After these three phases, Ranger students are proficient in leading squad and platoon dismounted operations around the clock in all climates and terrain. Rangers are trained to a higher level than most soldiers. Rangers are better trained, more capable, more resilient, and better prepared to serve and lead soldiers in their next duty position.²

The Reconnaissance and Surveillance Leaders Course (RSLC) is a 33-day program that teaches the fundamentals of dismounted



Figure 20-1. A Ranger student receives the coveted Ranger Tab during graduation at Hurley Hill, Fort Benning, Georgia. Photograph by Patrick Albright, Maneuver Center of Excellence, Fort Benning Public Affairs. Reproduced from: https://fortbenning.smugmug.com/Infantry-School/Airborne-Ranger-Training-Briga/Ranger-School/US-Army-Ranger-School/2019-08-30-Airborne-and-Ranger-Training-Brigade-Graduation/

reconnaissance, surveillance, and target acquisition to soldiers, noncommissioned officers, and officers. The RSLC physically and mentally challenges students, with each block of instruction building on previous blocks. It culminates in a multi-day, graded, field training exercise executed in both urban and woodland environments.³

The 1st Battalion, 507th Parachute Infantry Regiment, is responsible for training basic and advanced parachuting techniques, including pathfinder and jumpmaster training. These paratroopers from all services conduct airborne operations anywhere in support of the Department of Defense.⁴

Supervision

There are no authorizations for physicians within the ARTB, so there are no brigade or battalion surgeons. The medical director of the Department of Warrior Care at Fort Benning supervises PAs assigned to the ARTB. Battalion executive officers serve as raters for each Ranger Training Battalion (RTB) PA, battalion commanders serve as senior raters, and the medical director serves as intermediate rater. The brigade PA has a similar rating scheme, but is rated and senior-rated by the brigade executive officer and brigade commander.

Unit Structure

Each RTB is responsible for executing their respective phase of Ranger school in three geographic locations. The 4th RTB executes Benning Phase at Fort Benning. The 5th RTB executes Mountain Phase at Camp Merrill near Dahlonega, Georgia. The 6th RTB executes Swamp Phase at Camp Rudder, located on Eglin Air Force Base, Florida.



Figure 20-2. The 4th Ranger Training Battalion conducts hoist operations with an air ambulance detachment. Photograph by Patrick Albright, Maneuver Center of Excellence, Fort Benning Public Affairs.

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Each battalion has three line companies consisting of Ranger instructors who are responsible for all training and supervision of students. Each RTB has a Headquarters and Headquarters Company (HHC) element that executes normal staff functions, a medical platoon that provides 24/7 medical support, and an infantry platoon that acts as opposing forces during patrols. In addition to the standard task organization, the 4th RTB has an additional three companies. Echo Company, 4th RTB, executes RSLC. The air ambulance detachment provides medical evacuation coverage for the installation and surrounding areas, including Camp Merrill (Figure 20-2). Raven Flight Company conducts air movement, air assault, and other support to units on and around Fort Benning.

A PA, responsible for all medical functions within the battalion, is assigned to each RTB. The 4th RTB maintains two battalion aid stations that support the Benning Phase of Ranger school. Additionally, the 4th RTB PA and medical platoon cover all airborne operations conducted by the 1-507th Parachute Infantry Regiment. Both the 5th and 6th RTBs maintain a battalion aid station on their respective camps. Additionally, a troop medical clinic is located at both Camp Merrill and Camp Rudder. These serve RTB cadre and their families, as well as supplementing the medical care of Ranger students.

Roles and Responsibilities

PAs assigned to the ARTB are primarily responsible for the health and welfare of students attending Ranger school and RSLC. They conduct sick call and routine, urgent, and emergent care, as well as minor surgical procedures. PAs also provide recommendations to their commanders regarding the retention of ill or injured students. PAs are the only medical officers within the ARTB, so they shape all medical support and training within the unit. PAs also serve as advisors to their commanders on all student and cadre medical issues.

Each PA supervises a medical platoon that provides field medical support and maintains a battalion or forward aid station. Ranger students are subject to extreme physical conditions for 62 days, and generally present with more serious ailments than would be seen in a typical field or clinical setting. Therefore, PAs must have extensive clinical skills and be confident in an independent setting. Due to the austere settings, ARTB medics are also trained to a high level. RTB PAs must maintain a high-functioning training program, and empower medics through standing orders and medical standing operating procedures.

The ARTB frequently conducts aviation and diving operations. In order to support these operations, PAs should be flight surgeon and hyperbaric and dive medical officer qualified. PAs that do not hold these qualifications must meet all prerequisites and volunteer for these courses as soon as possible.

Qualifications and Training Opportunities

Due to the unique training environment, the following qualifications are required (exceptions may be made for exceptional applicants):

- rank of captain,
- Ranger qualified, and
- airborne qualified.

Additional recommended training that may be provided while stationed at the ARTB:

- Advanced Life Support
- Tactical Combat Medical Care
- Delayed Evacuation Combat Management
- Rough Terrain Evacuation (Figure 20-3)
- Swift Water Rescue
- Wildlife Medicine

Qualified PAs who are interested in joining the ARTB should contact the ARTB senior PA to be considered for the position.

Lessons Learned

The intense conditions imposed on Ranger students create a difficult operating environment for the ARTB PA. PAs must be capable of making rapid decisions that will directly influence a student's ability to complete the course. Ranger students are not generally afforded a physical profile, which severely limits the PA's ability to rehabilitate the sick or injured. Therefore, PAs in the ARTB often

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Figure 20-3. The 5th Ranger Training Battalion medical platoon moves a simulated casualty using a rope bridge in the Rough Terrain Evacuation Course. Photograph courtesy of Captain Andrew Nielsen, APA-C.

treat medical conditions more aggressively than is seen in a typical clinical setting for the purpose of returning students to training as rapidly as possible.

Reliable telemedicine is essential for an ARTB PA to be effective. ARTB PAs have limited diagnostic tools available due to the austere environment. Additionally, PAs will operate independently without direct support from other providers. In order to mitigate these limitations, PAs must maintain an extensive network of providers to call upon when assistance is needed.

The ARTB operates at a high operational tempo nearly year round. There is very little time available for training medics. PAs must maximize training opportunities during patient encounters as a means to ensure medics maintain both competence and confidence.

Conclusion

Serving as an ARTB PA is both extremely demanding and highly rewarding. PAs have a direct impact on the successful execution of the ARTB mission in many ways. In addition to providing expert medical care, PAs play a large role in shaping the methods used to train students, and in developing effective risk mitigation measures to protect students. In order to support the high-risk training, PAs will have multiple opportunities for additional training and certifications that are not commonly offered across the rest of the Army.

References

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