

Chapter 52

ROLE OF THE SPECIAL OPERATIONS FORCES PHYSICIAN ASSISTANT

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Introduction

The US Army special operations forces (ARSOF) enterprise includes a variety of units and missions that require physician assistants (PAs) with varying prerequisites and skill sets. Special operations forces (SOF) performs nine doctrinal missions: unconventional warfare, foreign internal defense, special reconnaissance, direct action, combating terrorism, counter-proliferation, counter-insurgency, security assistance, and information operations.¹

ARSOF operates in all phases of military operations from peacetime engagement around the globe to declared theaters of conflict. ARSOF is usually present in areas of operations before conventional forces arrive and after conventional forces have left. The term “special forces” (SF) applies to the special forces groups (SFGs), commonly known as Green Berets, while “SOF” applies to other units that conduct portions of the doctrinal missions.

General Prerequisites and Selection Criteria

Prerequisites common to all SOF PA positions include 1 to 2 years of Army PA experience, willingness to attend both the Basic Airborne Course and Army Flight Surgeon Primary Course, and ability to obtain a security clearance. Regardless of prior experience, a previous PA

assignment is required to hone clinical skills and mature as an officer before joining SOF.

Most SOF PA assignments require some type of interview and selection process, which varies depending on the unit, ranging from interviews to multiple-day assessments. Like all SOF personnel, candidates should be mature professionals.

The US Army Special Operations Command (USASOC) Surgeon's Office oversees staffing and resourcing of its subordinate commands; however, each senior or regimental PA hires individuals in accordance with mission needs. PAs interested in special operations assignments should contact the USASOC PA for more information at (910) 432-3913.

US Army Special Operations Command

USASOC (Figure 52-1) is a three-star command at Fort Bragg, North Carolina, that generates and sustains Army SOF to conduct worldwide missions across the range of military operations in support of geographic combatant commanders, US ambassadors, and other agencies as directed.² The senior command PA serves as the direct liaison to the Human Resources Command 65D (the PA area of concentration) manager for all of ARSOF. They review, select, and coordinate assignments. The following are USASOC's subordinate commands.



Figure 52-1. US Army Special Operations Command insignia.



Figure 52-2. 1st Special Forces Command insignia.

US Army 1st Special Forces Command (Airborne)

The US Army 1st Special Forces Command (Airborne) (Figure 52-2) is a two-star command that oversees the seven SFGs, the 95th Civil Affairs Brigade, the 4th and 8th Psychological Operations Group (POG), and the 528th Sustainment Brigade, Special Operations (Airborne [A]). The mission of the command is to organize, equip, train, and validate forces to conduct full spectrum special operations in support of the unified combatant command, US Special Operations Command (USSOCOM); geographic combatant commanders; US ambassadors; and other governmental agencies. The command's regimental PA is the lead for hires of the 43 PA positions within the division-sized command.

Special Forces Groups

There are five active component SFGs, and two US Army National Guard groups (Figure 52-3). Each active SFG is regionally oriented to support one of the war-fighting geographic combatant commanders. The cornerstone of the SFG's capability is the Operational Detachment-Alpha (ODA), a highly trained team of 12 SF Green Berets. Cross-trained in weapons, communications, intelligence, medicine, and engineering, the ODA member also possesses specialized language and cultural training. The ODA is capable of conducting the full spectrum of special operations, from building indigenous security forces to identifying and targeting threats to US national interests. Each group contains five battalion PA positions and one group PA, located at the following duty stations:

- 1st SFG (A), based at Joint Base Lewis-McCord, WA, and Okinawa, Japan
- 3rd SFG (A), based at Fort Bragg, NC
- 5th SFG (A), based at Fort Campbell, KY
- 7th SFG (A), based at Eglin Air Force Base, FL
- 10th SFG (A), based at Fort Carson, CO, and Stuttgart, Germany
- 19th and 20th SFG (A), National Guard

Prerequisites for 65D assignments within an SFG are completion of at least one assignment as a battalion or brigade PA, proficiency in operational and clinical medicine, and a strong desire to teach ARSOF medics within an SFG battalion. Completion of the Army Flight Surgeon

course is required, either prior to the assignment, or soon after the PA arrives at the battalion. The opportunity to complete the Special Forces Diving Medical Technician Course, to qualify for the hyperbaric medical officer (HMO) designation,³ will be offered as the mission allows. PAs may also qualify for the diving medical officer (DMO) designation after passing the US Navy Diving Medical Officer Course.⁴

The SFG PA's role in SF is primarily as mentor and trainer for the SF medic (military occupational specialty 18D), and operational advisor to the battalion surgeon and command staff. PAs are also responsible for unit medical care and readiness for multiple rapid and short-notice deployments and exercises.

95th Civil Affairs Brigade (Airborne)

95th Civil Affairs Brigade (Figure 52-4) soldiers enable military commanders and US ambassadors to improve relationships with



Figure 52-3. Special Forces Group insignia.



Figure 52-4. 95th Civil Affairs Brigade (Airborne) insignia.

various stakeholders in a local area to meet the objectives of the US government. CA teams work with US Department of State country teams; government and nongovernmental organizations at all levels; and local populations in peaceful, contingency, and hostile environments. CA units can rapidly deploy to remote areas with small villages, as well as to larger population centers around the world. They help host nations assess the needs of an area, bring together local and non-local resources to ensure long-term stability, and ultimately degrade and defeat violent extremist organizations and their ideologies. They may be involved in disaster prevention, management, and recovery, and with human and civil infrastructure assistance programs.

The PA assigned to the 95th Civil Affairs Brigade is responsible for the medical care, readiness, and training for assigned soldiers and special operations medics, who are often deployed in austere conditions. During deployments and exercises, the PA's role expands to include forward casualty care and medical operations.

Requirements to serve in this position are 2 years' experience as a battalion PA and willingness to attend the Basic Airborne Course; survival, escape, resistance, and evasion (SERE) training; and the Army Flight Surgeon Primary Course. Interest and experience in preventive medicine and foreign languages are preferable. The 95th Civil Affairs Brigade and its five subordinate battalions (91st, 92nd, 96th, 97th, and 98th) are located at Fort Bragg. Each battalion is regionally aligned with a geographic command.

4th and 8th Psychological Operations Groups (Airborne)

The 4th and 8th Psychological Operations Groups (POGs) (Figure 52-5) provide military information support forces to combatant commanders, US ambassadors, and other agencies to synchronize plans and execute, inform, and influence activities across the range of military operations.⁵ Each POG is comprised of three regionally aligned battalions. Each POG has a PA assigned as the sole provider and medical staff officer. The PA's role involves medical care, readiness, and training for assigned soldiers and special operations medics, who are often deployed in austere conditions. The PA ensures that medical capabilities for the unit in the deployment setting are adequate for the specific area of operation. During deployments and exercises, the PA's role expands to include forward casualty care and medical operations.

Requirements for the PA position are 3 years' experience as an Army PA and willingness to attend the Basic Airborne Course, SERE training, and the Army Flight Surgeon Primary Course. Candidate PAs should be well rounded, with skills and experience in planning and executing medical operations. Interest and experience in foreign languages are preferable.

528th Sustainment Brigade (Special Operations) (Airborne)

The 528th Sustainment Brigade (Figure 52-6) provides operational command and control of logistics, medical, and signal operations in any environment, anywhere in the world. The brigade is capable of conducting full spectrum operations, but is chartered to provide mission command and sustainment management capability in support of early-entry and rapid-response ARSOF and joint SOF operations.⁶

The brigade provides ARSOF's only Role 2 medical capability. Forward resuscitative surgical teams can augment the Role 1 capability



Figure 52-5. 4th and 8th Military Information Support Group insignia.



Figure 52-6. 528th Sustainment Brigade insignia.

of other ARSOF units and integrate with conventional surgical assets. The 528th has five PA positions. The brigade PA's role involves medical care, readiness, and training for assigned soldiers and special operations medics, who are often deployed in austere conditions. During deployments and exercises, the PA's role expands to include forward casualty care and medical operations.

Requirements to serve as the 528th PA are 3 years' experience as an Army PA and willingness to attend the Basic Airborne Course, SERE training, and the Army Flight Surgeon Primary Course. The other four PA positions serve within the forward resuscitative surgical teams. While in garrison, surgical PAs assigned to the surgical teams live in Charlotte, North Carolina, and work at the Atrium Health medical facilities along with their teammates. PAs assigned to these positions must be graduates of the Army (in association with a degree-granting institution) general surgery PA doctoral program (See Chapter 6 for the Army General Surgery Physician Assistant for details).

US Army John F. Kennedy Special Warfare Center and School

The John F. Kennedy Special Warfare Center and School is the Army's Special Operations Center of Excellence (Figure 52-7). Its mission is to train, educate, develop, and manage world class CA, psychological operations, and SF soldiers and leaders to provide the ARSOF regiments with professionally trained, highly educated, innovative, and adaptable operators.

The Center's subordinate units include the Special Warfare Medical Group (A), which educates and trains the full spectrum of USSOCOM combat medics through instruction based on educational goals and curriculum development synchronized with the requirements of the force. There are two PA assignments within the Special Warfare Medical Group:

1. The headquarters company commander position is the only special operations 65D command opportunity. Requirements are being a senior captain or major with an ARSOF background.
2. Special Forces Medical Sergeant Course director. Responsibilities are to supervise and improve the education and training for future 18D SF medics and special operations independent duty corpsmen based on input from the force. Prior 18D experience is preferred.

Army Special Operations Aviation Command

The mission of the Army Special Operations Aviation Command (ARSOAC) provides aviation oversight as well as service and component interface to ensure system integration, fleet modernization, material readiness, training, and doctrine development. ARSOAC is located at Fort Bragg. The major (O-4) 65D assigned to ARSOAC provides primary medical care and is a special staff liaison to general officer level staff. They are responsible for strategic planning and policy development for Army special operations aviation.

The ARSOAC Special Operations Aviation Training Battalion (SOATB) is the subordinate unit charged with training and producing operationally ready aviation crew members. The 65D assigned to the battalion provides oversight and instruction to special operations flight medics in clinical and operational medicine. They also oversee medical training for all soldiers assigned to the 160th Special Operations Aviation Regiment (Airborne). They manage a diverse flight medicine program that includes senior pilots, staff, and trainees.



Figure 52-7. John F. Kennedy Special Warfare Center and School insignia.



Figure 52-8. 160th Special Operations Aviation Regiment insignia.

160th Special Operations Aviation Regiment

The mission of the 160th Special Operations Aviation Regiment (SOAR) is to organize, equip, train, resource, and employ Army special operations aviation forces worldwide in support of contingency missions and combatant commanders (Figure 52-8). Known as Night Stalkers, these soldiers are recognized for their proficiency in nighttime operations. They are highly trained to accomplish the toughest missions in all environments, anywhere in the world, day or night, with unparalleled precision.⁸

The SOAR's regimental PA is the lead for 65D hires within the regiment. Requirements for 65Ds to serve as a SOAR PA are 2 years' experience as a PA and willingness to attend the Basic Airborne Course, SERE training, water survival training, Army Flight Surgeon Primary Course, and Special Operations Aviation Medical Indoctrination Course. Prior experience in airborne and infantry battalions is encouraged. Prior flight surgeon experience is also preferred, but the regiment is willing to train the right person for the job. Candidates are assessed and interviewed (like all SOAR volunteers). Once accepted, they attend a month of common core combat skills development, also known as Green Platoon. The training pipeline for medical officers in the 160th lasts 8 to 12 months before they are available for overseas contingency operations. The PA's role includes primary and aviation-specific medical care, readiness, and training for assigned soldiers and special operations flight medics. These soldiers perform flight duties under challenging conditions while deployed in austere settings. During deployments and exercises, the PA's role expands to include medical threat intelligence, contingency response planning, and in-flight casualty care and planning. The 160th SOAR PA positions are captain (O-3) billets with the exception of the major (O-4) billet for the deputy regiment surgeon. The positions are as follows (one PA is assigned to each):

- 160th Regimental Headquarters (Ft Campbell, KY)
 - deputy regiment surgeon (O-4)
 - regiment PA
- 1st Battalion (Ft Campbell, KY)
- 2nd Battalion (Ft Campbell, KY)
- 3rd Battalion (Hunter Army Airfield, Savannah, GA)

- 4th Battalion (Joint Base Lewis-McChord, WA)
- Special Operations Aviation Training Battalion (Ft Campbell, KY)

75th Ranger Regiment

The 75th Ranger Regiment (Figure 52-9) is an agile and flexible force capable of executing myriad complex joint special operations missions in support of US policy and objectives. It is the Army's premier raid force. Each of the four geographically dispersed Ranger battalions is continuously combat ready, mentally and physically tough, and prepared to fight against terrorism. Their capabilities include air assault and direct action raids to seize key terrain such as airfields, destroy strategic facilities, and capture or kill enemies. Rangers are capable of conducting squad- through regiment-sized operations using various infiltration techniques, including airborne, air assault, and ground platforms. The regiment is an all-volunteer force with an intensive screening and selection process, followed by combat-focused training. Rangers have sufficient resources to maintain exceptional proficiency, experience, and readiness.⁹

Requirements for the 75th Ranger regimental PA are 2 to 3 years' experience as a PA, preferably with combat deployments. If not

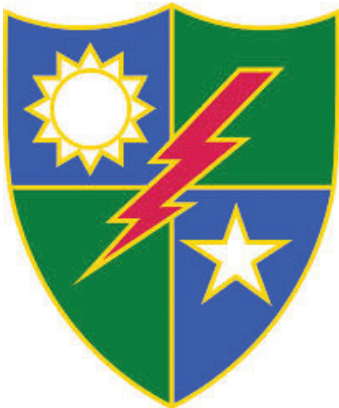


Figure 52-9. 75th Ranger Regiment insignia.



Figure 52-10. Ranger Training Brigade insignia.

already qualified, candidates must attend and successfully complete the Army Airborne and Ranger courses prior to assignment. Prior Ranger, airborne, or light infantry experience is a plus, although the regiment is willing to train promising candidates. The 3-week Ranger assessment and selection program (RASP 2) includes a 12-mile rucksack (45 lbs.) march (must be completed within 3 hours); a 5-mile run (completed within 40 minutes); the Army Physical Fitness Test (score must be at least 270 using criteria for the youngest age range); a complete psychological evaluation; and a formal board interview. As of publication, the requirements have not yet transitioned to the upcoming Army Combat Fitness Test.

The 75th Ranger regimental PA is the coordinator for 65D hires within the regiment. The PA's role is medical care, readiness, and training for assigned soldiers and medics, who are often deployed in austere conditions. During deployments and exercises, the PA's role expands to include forward casualty care and medical operations. One 65D is assigned to each of the regiment's units:

- 75th Regimental Headquarters (Ft Benning, GA)
- Regimental Special Troops Battalion (Ft Benning, GA)
- 1st Battalion (Hunter Army Airfield, Savannah, GA)
- 2nd Battalion (Joint Base Lewis-McChord, WA)
- 3rd Battalion (Ft Benning, GA)

Other Special Operations Physician Assistant Positions

The organizations described below are not subordinate to USASOC, but the USASOC PA serves as their point of contact.

Airborne and Ranger Training Brigade

The Airborne and Ranger Training Brigade (ARTB) (Figure 52-10) is responsible for training and delivering combat-ready Rangers, paratroopers, jumpmasters, pathfinders, and reconnaissance leaders to the US Army and the Department of Defense (DOD). It is part of the US Army Training and Doctrine Command (TRADOC) under the guidance of the Maneuver Center of Excellence's Infantry School at Fort Benning, Georgia. The brigade includes four battalions, the

4th, 5th, and 6th Ranger Training Battalions (RTBNs) as well as the 1st Battalion, 507th Parachute Infantry Regiment (1-507th PIR). Additionally, the 4th RTBN includes the Ranger Flight Company, comprised of an assault aviation detachment and an air ambulance detachment. It conducts some of the US military's most high-risk training on a daily basis. Of note, the ARTB is a TRADOC organization, but it maintains a working relationship with the 75th Ranger Regiment, a USASOC organization.

The ARTB is separated into two divisions. The Ranger branch administers programs of instruction (POIs) for the US Army Ranger School and the Reconnaissance and Surveillance Leader's Course (RSLC). The 1-507th PIR conducts POIs for the US Army Basic Airborne Course, Jumpmaster Course, and Pathfinder Course. The ARTB also conducts the annual Best Ranger Competition and has a freefall parachute demonstration team.

There are four 65D positions within the brigade. The senior brigade PA serves as the senior medical officer in the brigade. The other three PAs are assigned to the three individual RTBNs. An applicant does not have to be Ranger of Airborne qualified, but must be willing and able to attend the rigorous training. All PAs operate under the supervision of a physician assigned to Benning Martin Army Community Hospital. The 1-507th PIR does not currently have a battalion PA or any organic medical assets.

PAs assigned to the brigade and battalions must have extensive clinical experience. They are often the sole medical provider at isolated locations. Each RTBN PA supervises a medical platoon of combat medics responsible for field medical coverage and student sick call. Benning Martin Army Community Hospital operates two satellite troop medical clinics in support of Ranger training in Dahlongega, Georgia, and Eglin Air Force Base, Florida. Together, the RTBN medics and troop medical clinic staff attend to student injuries and illnesses that occur during this high-risk training. The PAs at the 4th and 6th RTBNs must be qualified as a dive medical officer or hyperbaric medical officer to support rescue divers. Flight surgeon qualification is also required to manage assigned or attached aviation assets.

Defense Prisoner of War/Missing in Action Accounting Agency

The Defense Prisoner of War/Missing in Action Accounting Agency (DPAA) (Figure 52-11) conducts global joint field activity search,

recovery, and laboratory operations to identify unaccounted-for American service members from past conflicts in support of the DOD's personnel accounting efforts. The agency is located on the island of Oahu in Hawaii and continues the search for the more than 83,000 American service members still missing from past conflicts. The PA assigned to DPAA develops joint health service support and force health protection plans for over 60 joint field activity missions annually in the US Pacific Command and US European Command areas of operation.

Additionally, the PA supervises and trains ten Army medics comprised of SF medical sergeants and special operations combat medics, eight Navy independent duty corpsmen, and five Air Force independent duty medical technicians who deploy in austere conditions throughout the world. The assigned PA should have an SOF background, preferably as a former 18D, with strong interest in tropical medicine.

US Special Operations Command

Located in Tampa, Florida, USSOCOM is the four-star combatant command headquarters for SOF from all services (Figure 52-12).



Figure 52-11. Defense Prisoner of War/Missing in Action Accounting Agency insignia.



Figure 52-12. Special Operations Command insignia.

The assigned PA must be a lieutenant colonel with an extensive SOF background, able to work within a joint staff and interagency environment.

Theater Special Operations Commands

Theater special operations commands (SOCs) are located at the geographic combatant commands to integrate and support USSOCOM forces. The assigned PA must be a senior captain or midgrade major with a strong SOF background, able to work within a joint staff environment. SOCs and their locations are as follows:

- SOC Europe (Stuttgart, Germany)
- SOC Africa (Stuttgart, Germany)
- SOC Central (Tampa, FL)
- SOC North (Peterson Air Force Base, CO)
- SOC Pacific (Camp Smith, HI)
- SOC South (Homestead Air Force Base, FL)

Joint Special Operations Command

The Joint Special Operations Command (JSOC) (Figure 52-13) is a subordinate unified command (established to assume a specific role or mission of a parent command) of USSOCOM. The Joint Medical Augmentation Unit (JMAU) provides highly mobile, far-forward,



Figure 52-13. Joint Special Operations Command insignia.

expeditionary damage-control surgery, resuscitation, and emergency critical care transport in support of JSOC mission requirements in order to achieve US national objectives. Additionally, the JMAU provides or coordinates integrated theater-level medical support such as medical planning, theater and strategic medical evacuation, medical logistics, blood support, and veterinary operations. The JMAU medical squadron commander or senior PA is the lead for 65D hires. Requirements are 2 years' experience as a PA, preferably with a combat deployment, strong SOF background, and demonstrated ability as a small-unit leader. Candidates are nominated, assessed, and interviewed.

NATO Special Operations Headquarters

Located in Belgium, North Atlantic Treaty Organization (NATO) Special Operations Headquarters is the single point of direction and coordination for all NATO special operations-related activities. Its mission is to optimize SOF employment, including an operational command capability. The headquarters is the proponent for NATO SOF policy, standards, doctrine, training, education, and assessments. It maintains and develops a robust operational command, control, communication, computers, and intelligence (C4I) capability equipped with organic SOF enablers to ensure interoperability and enhance employment of NATO SOF.¹⁰

A SOF enabler is a specialist attached to the assault force (SF ODA, SEAL team, or Ranger platoon) to perform roles that are not organic to the SOF assault team, such as military intelligence, advanced medical, explosive ordinance disposal, cultural support, and linguist. The assigned PA must be a senior captain or major and have a strong SOF background. This job is not a permanent US Army billet and may rotate between services.

Integrating the Force

Historically, after graduation from PA school, men could be assigned to specialized units, whereas women served in support battalions. Many of these types of support units included brigade support battalions, sustainment brigades, and aviation units. However, many missions required women and they were often requested to support the maneuver units.



Figure 52-14. Female special operations forces physician assistants at the Flight Surgeon course graduation, April 2018, Ft Rucker, AL. From left to right: Captain Kayla Holtz, 3rd Special Forces Group, Ft Bragg, NC; Captain Leah Bucholz, 5th Special Forces Group, Ft Campbell, KY; and Captain Kati Monti, 1st Special Forces Group, Ft Lewis, WA. Photograph courtesy of Elizabeth Hays.

Opening Military Occupations to Women

In December 2015, Secretary of Defense Ash Carter announced that all military training, occupations, and units would be open to women, including those found within the special operations.¹¹ Since this change in policy allowed female Army PAs to be assigned to combat units, women officially provided medical care on the front lines starting in 2016 (Figure 52-14). Captain Leah Bucholz was the first female PA assigned to an SFG (5th SFG), followed by Major Kati Monti to the 1st FSG, Captain Kayla Holtz to the 3rd FSG, and Captain Jamie Mueller to the 10th FSG. In 2018, Major Monti filled the first SFG senior PA position. Today, the role of female Army PAs is that same as their male counterparts: maintaining the health

and welfare of the soldiers organic to the individual units, while simultaneously meeting mission requirements of the organization in both clinical and tactical settings.

Since all positions were opened to women, the first female PAs placed in traditionally male-dominated units were effectively able to assist those commands by advising on new female-related policies and women's health issues. Pregnancy, contraception, breastfeeding, menstrual cycles, field conditions, and even elective abortion have been hot topics that continue to challenge readiness and unit fitness. Since the initial inception of the directive from Secretary Carter, having a female provider in these units provided an asset to the commander to address these types of concerns during the integration of female soldiers into their ranks.

Women's Roles in Shaping Operations

In the past, female medical providers, including combat medics, were often requested by infantry and SOF units to accompany them on missions to assist with shaping operations and to gain access to specific areas by providing medical care to the local female populations. Assigning female providers to these units allows more flexible mission support when required. Often, having a female health care asset eases tensions across cultures in the medical care of local nationals.

Lessons Learned

These are lessons learned for SOF PAs:

- PAs should do everything possible to obtain solid clinical skills and expertise while in a conventional assignment prior to assessing for a SOF PA assignment.
- Strong physical fitness is always a distinguishing factor, both for application purposes and while assigned as a SOF PA.

Tips for Success

These are tips for success for SOF PAs:

- PAs must be able to operate autonomously. During overseas and training operations, PAs will potentially operate far from organic

military medical support and must utilize any combination of civilian, contractor, or partner nation medical assets to care for their patients.

- PAs must understand that they are a part of SOF support, not “operators.” Whether a PA has prior SOF experience or not, the primary role is to provide superior care and training as a clinical and tactical battlefield medicine expert.
- PAs should constantly focus on innovation. SOF units are known for constantly developing newer techniques and technologies, continuously evolving to stay ahead of US adversaries. SOF medical officers must be no different.

Conclusion

The men and women of ARSOF are the tip of the spear in the current fight against enemies of the United States throughout the world. The medical support PAs provide is extremely important to the success of the mission now and in the near-peer battlefields of the future. The SOF community focuses on recruiting the best possible talent from the pool of exceptional PAs in the Army ranks. As the Army makes an effort to become more inclusive on who serves in these slots, all interested 65D officers are encouraged to apply.

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