Interview with Frank Butler

By Maarten Leeflang MD, Former SOF medic trainer and Ryan Woets, Former SOF medic

Captain (USN Ret) Frank Butler, MD.

What made you decide to write this book, together with the co-authors?

TCCC has been an unprecedented transformation in battlefield trauma care and has saved thousands of lives. How TCCC came about is a unique story that needed to be told and preserved.

Writing the book was also a great way to say "thank you" to the many people and organizations that helped to develop TCCC and have it become accepted as the U.S. military and NATO standard for caring for our wounded combatants.

What would be the number one reason you would give if someone asks you: "why should I read this book"?

The acceptable number of preventable prehospital deaths in combat is zero. We know that historically many combat fatalities could have been prevented with better battlefield trauma care. Tactical Combat Casualty Care has now been documented to help combat units like the 75th Ranger Regiment—ones that train every member of the unit in TCCC—to achieve that goal.

Would you say the book is only of interest for those concerned with combat medicine?

Absolutely not. Trauma is the number one cause of death in persons aged 44 and younger in the United States. The same is likely true of most other developed countries. Sadly, many of these civilian trauma deaths could have been prevented if prehospital medical personnel and other first responders were trained and equipped to manage trauma patients using TCCC concepts.

What would you say is required for TCCC to remain the backbone of combat Medicine and for TCCC to maintain the qualities so hard fought for?

Since the end of the conflicts in Iraq and Afghanistan, both the focus and funding for combat casualty care have decreased. The Committee on TCCC in the past had a full-time physician Chair to guide its activities. Beginning in 2019, that is no longer the case. There have been two outstanding Navy Emergency Medicine physicians (CAPT Brendon Drew and CAPT Travis Deaton) who volunteered to perform the duties of the CoTCCC Chair in addition to their assigned duties as the 1 Marine Expeditionary Force Surgeon. Both of these individuals are superb physicians and leaders, but they served in their CoTCCC role as volunteers in addition to their assigned roles in the Marine Corps. Each job inevitably takes time and attention away from the other. What is needed is the appropriate resourcing to provide for a civil service physician with TCCC experience to serve as the CoTCCC Chair.

For the CoTCCC to continue to achieve the unprecedented success that it has had over the past two decades requires the ongoing participation of trauma care experts and leaders from both the military and civilian sectors. The U.S. military needs to treat these tremendously talented individuals with a level of gratitude and appreciation that reflects the enormous gift of their time and expertise.

The Department of Defense also needs to preserve and optimize the methodology used by the Joint Trauma System and the Committee on TCCC in the past to identify needed advances in trauma care, evaluate their ability to enhance the lifesaving capabilities of combat medical personnel, and message these advances to all who could potentially use them to the advantage of their trauma patients.

Finally, military line commanders must realize that it is they who are truly responsible for the successful delivery of TCCC on the battlefield. Line commanders must value TCCC and the combat medics who deliver it as being just as important as their aircraft, tanks, and artillery. Otherwise the saying "Humans are more important than hardware" is just that - a saying.

What was your most poignant moment in the 25 years that you have been working with TCCC?

It's a battlefield tourniquet story—sadly, a tragic one. In 2006, I got a phone call from a long-time military medical friend. Normally an outgoing, relaxed person, the caller was deadly serious on this call. His message was that there could be absolutely no relenting on the pressure that the CoTCCC had been applying to promote tourniquet use in the military. He related a heartbreaking story about an individual in whose case he was involved. This woman was a 28-year-old Army Captain and the mother of two small children. But she was not coming home to her husband and kids. She had just died from a gunshot wound—to the knee. No tourniquet was applied and she bled to death. It was another entirely preventable death.

Tourniquets are a battle that America's military cannot afford to fight again."

Why is the history of TCCC so important to those combat medical providers new on the scene?

The U.S. military has a bad habit of forgetting about advances made in trauma care once the nation enters a peace interval. We absolutely cannot allow that to happen with TCCC. We

have to keep that flame burning in peacetime so that it will be ready if and when we find ourselves in another war.

You said in the TCCC book that advances in medicine and other areas are not inevitable. What did you mean by that?

Just reflect on that fact that the United States put a man on the moon before we figured out that it would be a good idea to put wheels on suitcases, so that you could roll them rather than having to carry the whole weight of the suitcase. It was a great idea—it just took a while for someone to think of it.

And even when an individual has a good idea that deserves to be implemented, there is definite risk to an innovator in pursuing his or her idea. Think of General Billy Mitchell and his prescient vision after WWI that airplanes would be the dominant strategic weapons system of the future. He was right on target about that, but his reward for conceiving and advocating for this vision was that he got court-martialed—and convicted—by a military bureaucracy that opposed it.

What do you think is necessary in training to maintain the quality that TCCC has reached?

The Committee on TCCC must continue to do a good job of ensuring that the TCCC Guidelines combine the best possible medicine with the best possible tactical awareness.

The Joint Trauma System must improve their ability to rapidly implement new changes in the TCCC Guidelines into TCCC training material.

TCCC must be taught within an educational infrastructure that has excellent quality control with respect to both curriculum content and instructor performance. It must also be able to accurately document the TCCC training that each individual in the military has received. The organization that has done that most successfully to date is the National Association of Emergency Medical Technicians.

Unit commanders must hold their medical and training staff directly responsible for ensuring that TCCC training is accomplished as required by current DoD instructions. In the words of the JTS Senior Enlisted Medical Advisor Sergeant Major Mike Remley: "Doers do what checkers check."

How do you see TCCC developing in the future?

- Improved capability to provide fluid resuscitation with either whole blood or dried plasma for all casualties who need it.
- Better technology or medications to stop or slow non-compressible torso hemorrhage for casualties with torso wounds.
- Better delivery of updated TCCC training materials for all who may need to care for combat casualties.
- Improved simulation techniques to better train medics on how to perform a surgical airway.
- Tactical innovations that assist medics in caring for casualties on battlefields where hostile First-Person View (FPV) drones are present.
- Optimized use of drone technology to assist in providing battlefield trauma care.

Any final words of advice to those who follow in your footsteps?

The men and women who serve in combat units do so with the expectation that their unit medical personnel and the military medical trauma care system will take the best possible care of them if they are wounded in combat. That is a sacred trust that we must live up to every day.

About the Authors

Captain (Ret) Frank Butler was a Navy SEAL platoon commander before he went to medical school. He was one of the founders of Tactical Combat Casualty Care (TCCC) for which he received an award from Admiral Bill McRaven. He was also awarded the "Lifetime Military Service Award" from the American College of Surgeons and recently received the "Presidential Citizens Medal" from President Joe Biden.

COL (Ret) Kevin O'Connor was Command Surgeon for DELTA force in Afghanistan (2002) and Iraq (2003) and returned to Afghanistan with the 75th Ranger Regiment in 2005. O'Connor served on the White House Medical Staff for 14 years and was the 16th Physician to the President of the United States.

Jeff Butler is a former Navy SEAL platoon commander turned CIA officer. He is currently the Battalion Chief of the Springfield, Missouri Fire Department.

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