

The SPC Alfredo Story

An Army "Enterprise" Future Perspective

Act 1 – Mission Prep

August 15, 2012 - 1700 hours. "Ft. Apache" a forward operating base along the Afghanistan/Pakistan border in the Konar Province

SSG Santiago Dominguez of the 1-41 Infantry, 1st ID, is preparing for tomorrow's mission; recon of new entry routes by Taliban forces into Afghanistan. Eyes and ears and boots on the ground are still important even in a high tech SIGINT world where satellites and sensors can detect body movement day or night. He activates his handheld PDA that looks like a ruggedized iPod via voice commands and gains access to the DKO pocket portal using a secure wireless connection.

Principle(s) _____

Multinational Information Sharing (MNIS) improvements allow timely, trusted and accurate information to be passed among coalition partners. DKO has pushed the latest information on the Taliban movement to him.

Principle(s) _____

He couples that information with mission specific intelligence from his superiors. He wants to put the intelligence in context. He also downloads three 5-minute podcasts on IED/EFP's from his IED community of practice (KnIFE).

Principle(s) _____

One "cast" was produced a week ago by SPC Bruce Hansen who saved him in 2009 by providing a great IED "cast" showing close-up and panoramic views of a craftily placed IED in Helmand province.

Principle(s) _____

His search locates another "cast" provided by Marines stationed in Djibouti. It's based on operations in Somalia and other unnamed E. African countries.

Principle(s) _____

The third "cast" is from 10th Army Special Forces Group in Bogotá, Colombia. They have experience with the Revolutionary Forces of Colombia who, years ago, learned it from Irish Republican Army operatives. Dominguez inherently trusts the "just-in-time" knowledge in the "casts" since they are produced by operators in the field. Couple that with the fact that fellow Soldiers and Marines in the IED community have given these "casts" 4-star ratings using the DKO rating scheme.

Principle(s) _____

He bundles all the background information, intel, and podcasts and sends it to each squad member's handheld PDA's. He expects the troops to watch the podcasts with the same enthusiasm as they do the latest music video.

Principle(s) _____

August 15, 2012 - 1810 hours

In the dim light of their Spartan quarters, Dominguez calls his squad together to discuss Thursday's mission. The squad members know that the "fused" information may provide context-specific knowledge that may save their lives.

Principle(s) _____

Dominguez focuses the discussion on key elements of the podcasts re: location of IED's and new triggering mechanisms in mountain operations. He wants SPC Tony Alfredo to pay close attention since, at "0-dark thirty", Alfredo will be on point. They also talk about and share what they learned from the podcasts in language that their mothers would not approve of.

They also talk about producing their own podcast on IED/EFP's since they have six months of experience in-country and have new insight into how the bad guys from S. Waziristan are planting IED's.

Principle(s) _____

They are proud of their accomplishments to-date and have good ideas to share.

Principle(s) _____

Act 2 - Mission Execution

August 16, 2012 - 0530 hours

SSG Dominguez's squad pulls out of Ft. Apache. But things start going to hell in a hand basket before the squad arrives at their designated recon vantage point. The bad guys hit Dominguez's squad with RPG's and small arms fire. They even lob in a few mortar shots that land nearby. One lucky mortar shell explodes next to Alfredo and sends a burning piece of shrapnel into his neck. The shrapnel penetrates the left side of his neck in that vulnerable area between his flak vest and helmet. It lodges close to the spine. Alfredo's comrades let loose with suppressing fire while SPC Jackson, the medic, rushes to Alfredo's aid. He assures him he is OK but he cannot move his legs or arms.

Alfredo is raced back to Ft. Apache where he is fitted with a medical "bracelet" that is RFID/GPS encoded containing personal information, his initial diagnosis, and a medical priority indicator. He is MEDEVAC'd to Bagram where his condition is already displayed on computer screens before he arrives. Major Marie Cou, a USAF neurosurgeon, is on standby. Prior to Alfredo's arrival, she accesses "Spinal Tap," her community of neuro and spinal surgeon's, quickly refreshes her memory re: the steps she needs to go through since she is a head surgeon and not a neck specialist.

Principle(s) _____

Major Cou feels confident that she has the collective knowledge base of armed forces and trauma surgeon communities at her disposal.

Principle(s) _____

Act 3 - Mission Aftermath

August 16, 2012 – 0730 hours

Alfredo is wheeled into the station hospital. He is conscious but afraid because he can't move his limbs. Major Cou stabilizes SPC Alfredo and confirms the extent of the damage and accompanying paralysis. The initial medical assessment starts a cascading series of "electronic" events all triggered by information contained in Alfredo's medical bracelet. She prepares SPC Alfredo for transport to Landstuhl in Germany for delicate spine surgery and continuing treatment at DeWitt Army Hospital at Ft. Belvoir.

Landstuhl, Germany

Prior to surgery Col Anderson, chief of surgery at Landstuhl, posts a 30 second video request to his trauma surgeon CoP for the latest on less invasive surgical techniques in neck surgery.

Principle(s) _____

He's hoping something new will help him minimize the risk of permanent paralysis in Alfredo's case. He gets a quick response from Dr. Phillip Black, a head and neck surgeon at Georgetown Hospital.

Principle(s) _____

It's like a "Vulcan mind-meld" between the two of them as they video chat via DKO about the nuances of a new technique, each using plastic anatomically correct replicas of the neck to illustrate their key points.

Principle(s) _____

Col Anderson feels more confident with his new found knowledge and successfully removes the shrapnel from SPC Alfredo's neck. The extent of his paralysis is still unknown. Time will tell.

At the same time, SPC Alfredo's wife and parents are notified in person by LTC Harris of the extent of his injuries. He suggests that they may want to go to a DKO website so they can track his medical progress on a site custom tailored to his type of injury. The site tracks SPC Alfredo's whereabouts, much like FedEx tracks packages, but with all resources and links provided tailored to the extent and nature of his injuries. The site shows where he is in the hospital (radiology, surgery, recovery) and will also track his progress home via Andrews AFB to DeWitt Army Hospital.

Human Resource Command's Casualty and Mortuary Affairs Operations Center notifies SPC Alfredo's family about its services. A profile of SPC Alfredo and his family is compiled and used to inform the Wounded Warrior Comprehensive Recovery Team at DeWitt. No longer focused solely on the treatment and rehabilitation of wounded Soldiers, this team uses the profile information to quickly assess the types of services and support Mrs. Alfredo may need upon her arrival at the hospital. Concurrently, the Family Readiness Support Assistant back at Alfredo's home station, Ft. Riley, has been notified and started their FRG activities. In a short amount of time, SPC Alfredo's and his Family's support network has expanded to include his commander and unit, the FSG at Ft. Riley, and the Comprehensive Recovery Team at DeWitt. Based on their credentials, DKO grants appropriate levels of access to each so they can track the evacuation, treatment, and rehabilitation of SPC Alfredo.

Principle(s) _____

Benefits and entitlements are delivered to SPC and Mrs. Alfredo without unnecessary applications and bureaucracy that plagued the system in the past. Even the disposition of his field equipment back in Afghanistan is accounted for and inventoried.

SPC Alfredo's recovery and rehabilitation is slow at first but accelerates after he receives words of encouragement and videos from his buddies in theater. In the past, this would be a period of significant angst for the Soldier and his Family; a potential end to what was a promising career, loss of income, job security, and dealing with a possible lifelong disability.

Today, the Comprehensive Recovery Team using an automated disability process, web-based knowledge centers, interactive tools to track medical progress and accompanying services, serves as a virtual Soldier-Family Assistance Center. Much of the family angst has been eliminated. SPC Alfredo and his family can now make informed decisions about his future. Fortunately for him, he recovers from his injuries and is reunited with his buddies just as they redeploy home.

Principle(s) _____