Chapter Eleven

Warriors of Compassion

"This unit as it stands this day has been forged in the fire of compassion, in the adversity that faces every American soldier in the toil of war."

Charles Kelly Jr.[1]

The history of MEDEVAC is a long and fascinating tale. It sprang forth from initial incidental uses in World War II, inception in the minds of men like Chauncy Dovell and Spurgeon Neel, and then validation in the frozen fields of Korea. Its evolution continued in Vietnam, through the cold war and subsequent hot actions in Grenada, Panama, Kuwait, Afghanistan, and Iraq, plus its creative and continued use for all manner of domestic taskings. MEDEVAC has become a staple of overall Army operations in defense of the United States and its interests.

The Medical Versus Aviation Debate

This medical versus aviation debate has raged since the earliest days in Korea. The collected history clearly shows that MEDEVAC is not simply one or the other; it is both. It is the classic combination of two things for a larger and better good. Medicine gives it its moral imperative to move patients through the medical system rapidly to get the care that each uniquely needs. The ever improving helicopter provides the ability to overcome many traditional surface obstacles to facilitate that move. Again, it was Neel who understood this and said, "There is a very interesting togetherness between medicine and aviation with which I have been fascinated over the years." He saw them as great management tools that allowed the wounded soldier/casualty to be taken to the medical facility and the doctor best prepared to deal with that soldier's specific needs.[2]

However, helicopters are complicated vehicles with large logistical and administrative needs. They are constrained by the physics of flight, and their use must be overseen by soldiers who understand that there are places where helicopters cannot go for many reasons. Those commissioned and warrant officers and soldiers who have been most successful in MEDEVAC have been those who have developed themselves through a diversity of assignments in both fields. They have learned to focus on what is best for those soldiers or patients in the field who need their services. It is interesting that these same successful individuals—in most cases—served their first Army assignments in medical units seeing Army medicine at the "retail" level before becoming aviators. For most of them, this was a positive and foundational experience.

MEDEVAC *is* a child of those two parents: medicine and aviation. One MEDEVAC commander said, "The MSC officer is, in fact, a dual branch [medical and aviation] officer. He has to be proficient in both branches or he cannot effectively operate on the battlefield… The MEDEVAC officers are the marriage counselors who hold it all together."[3]

To those who had argued that "Aeromedical evacuation is an *aviation mission* that entails *the movement of patients*," the actions of men such as Charles Kelly, Patrick Brady, Mike Novosel, Louis Rocco, and so many others counterargued and proved through their actions that no, aeromedical evacuation was really "a *medical operation* that entails the *use of aircraft*." The long historical trail of this mission shows that the first definition is CASEVAC. The second is MEDEVAC. Additionally, the history shows that it should be favored as a medical vice aviation operation.[4]

Risk Assessment

As a corollary to the above, the commanders of MEDEVAC units have developed a keen ability to balance the needs of the two specialties through structured risk assessment procedures, while clearly placing the priority on the patient's medical concerns. It has been a common and powerful component of their effective mentoring, a ubiquitous virtue within the MEDEVAC community.

Vietnam veterans such as Maj. Gen. Patrick Brady and Brig. Gen. Jerry Foust also emphasized quick reaction times whenever a MEDEVAC request was received, and they optimized their launch procedures to do so. After Vietnam, they taught that methodology and sense of urgency to the younger troops. One of those was Bill Thresher, who remembered Brady telling him the following:

> "You can't train people to do unsafe things by avoiding them. You have to manage the risk with which you train people to do those dangerous things.… You have to train to do dangerous things . . . but you have got to be able to mitigate the risks …in a way that you are … approaching it professionally."[5]

In later years, Thresher mentored younger troops like Dave MacDonald and Pete Smart who then applied those principles when they were MEDEVAC commanders, learning how to carefully balance the medical risk to the patient with the operational risk of the mission. They and several other commanders described in

detail the procedures that they used with their aircrews to facilitate expeditious launch. They authorized their subordinate commanders and even pilots in command to launch under specified conditions, and then they established communications procedures so that they or even higher commanders were quickly reachable if launch conditions had significantly changed. It empowered the aircrews and kept launch times to a minimum.

The MEDEVAC pilots were aware that many commanders within the aviation community were uncomfortable with this authorization. The aviation commanders maintained launch authority firmly with battalion or even brigade commanders. However, their mission parameters were starkly different. In most cases, aviation missions were scheduled in advance, and the crews had plenty of time to plan their mission. MEDEVAC missions were not specifically planned. They were reactive to events in the field that then required MEDEVAC support. The crews had to be as prepared as possible and adaptive to changing situations. Smart saw this clearly. He remembered the following:

> I came from the aviation community myself and a lot of times I consider myself more from the aviation side. But those [aviation] guys ...the people who have never flown MEDEVAC out there don't realize the intricacies of the work that we do and the responsibilities that our [pilots in command] have out there by themselves. The assault guys... they've got 72 hours to plan the mission that's going to last for 45 minutes. We have 45 minutes to plan a mission that might last 72 hours.[6]

The MEDEVAC crews prided themselves on being responsive and chaffed at indecision. They remembered Neel's admonition uttered way back in Korea that, "Speed of evacuation is most important in the severely wounded.... A man dies in so many minutes, not over a distance of so many miles. Any measure that will reduce the time lag between wounding and treatment will reduce both the mortality and morbidity of war wounds."[7] They grew frustrated when they were under aviation command and suffered extensive launch delays. Consider this quote from an after-action report from Afghanistan:

> One specific incident involved a patient with a through-and-through gunshot wound [GSW] to the chest. The casualty was conscious, alert, and oriented, two and one half hours post injury under the care of a physician assistant and senior 18D at the area operations base....the CASEVAC arrived approximately three hours post injury with a physician and blood products. The casualty expired just prior to the arrival of the CASEVAC aircraft.[8]

To a MEDEVAC troop, this was absolute heresy. After this incident, an anonymous MEDEVAC soldier stated the following:

> How quickly should MEDEVAC respond? Simple. We should respond at the speed of blood, because if that soldier out there who needs our services bleeds out before we get there, we have failed, and it does not matter if this is for medical or aviation reasons.

However, no amount of medical imperative can override the immutable laws of physics. There are still places in this world where helicopters cannot go. MEDEVAC and aviation commanders must carefully weigh the medical risk and operational risk to do what is best for the soldiers.

Why Do They Do It?

It is a powerful and resonating question. Beyond the discussion of organization, operations, and doctrine, why do the soldiers do it? The answer seems simple, “It’s the right thing to do,” the soldiers say. (This was a common refrain among all interviewees.) Pfc. Ray Leopold, a medic with the 28th Infantry Division in World War II, gave it a more timeless dimension when he said, “It is never pleasant to do the work of a medic. But it’s one of the essentials of civilized behavior.”[9]

This history suggests, however, that there is more to it. The *logos* of MEDEVAC, the history of how it is done, is clear. But what is the *pathos* behind the propensity or—better yet—passion to execute MEDEVAC?

Losses in war are expected. All planners know when they plan military operations that soldiers will be wounded and some will die. Guidance for the calculation of projected casualties is replete in medical doctrine. As part of the overall plan, sub-plans are developed to handle the casualties.

All commanders wrestle with mission accomplishment versus cost. They know that in imposing America’s will in a war, campaign, or battle, there will be a “butcher’s bill” to be paid. That paradox or dilemma is ingrained in the Army creed, “I will always place the mission first,” and “I will never leave a fallen comrade.”[10]

Lt. Gen. David D. McKiernan, commander of V Corps in Operation IRAQI FREEDOM, addressed this when he wrote the following:

> As a commander, I have the responsibility of sending the sons and daughters of America into harm’s way knowing full well it can lead to their death or serious injury. I also have an unwavering moral obligation to do everything possible to … prevent the loss of the lives of those fine men and women who voluntarily serve their country…[11]

The noted author, Rick Atkinson, traveled with Maj. Gen. David Petraeus when he commanded the 101st Division in Operation IRAQI FREEDOM. He said of the man: “I never sensed that personal ambition eclipsed his visceral awareness that 17,000 lives were in his hands, and that no occasion could be more solemn or profound for a commander than ordering young soldiers to their deaths.”[12]

The American people know, too, that in war losses will occur. They are prepared to accept them, provided that the cause is worth fighting for. “As much as I don’t want my dad to fight, I am willing to give him to you,” wrote one young girl to President George W. Bush, just before he dispatched American troops to Afghanistan.[13]

Although casualties can be expected, America does not give easily or blithely of those losses. “The Army has long been the strength of the Nation,” wrote Army Chief of Staff Gen. George Casey. “Our soldiers and their families epitomize what is best about America.” Speaking about those who have been wounded, he stated, “We will also ensure that our wounded warriors receive the care and support they need to reintegrate effectively into the Army and society.”[14]

In parallel, the nation expects its wounded men and women to receive the best

care available as expeditiously as possible. “Our wounded soldiers deserve nothing less than the best health care this country can provide,” said Congresswoman Louise Slaughter at a congressional hearing.[15]

U.S. Marine Corps Gen. James Jones, the past commander of the U.S. European Command, gave a more focused reason when he said, “The military must have a ‘social contract’ with the troops, and must never see them as expendable.”[16]

The latest and best technology will be used to provide that care, and the MEDEVAC fleet is the hard physical representation of that “social contract.” That fleet is a combination of the best of aviation joined with soldiers who harbor a sympathetic consciousness of others’ distress together with a desire to alleviate it. There is a word for such an emotion. It is called compassion.[17]

The men and women of MEDEVAC are warriors of compassion. In Vietnam, one soldier wrote of them, “To the wounded soldier, DUSTOFF was his salvation in the form of an olive drab Huey emblazoned with bright red crosses. Whatever else might fail him—and in this brutal, unforgiving war, much did—DUSTOFF never would.”[18]

That bond is just as valid today. That is why the MEDEVAC crews want to respond at the “speed of blood.” Capt. Justin Avery of the 82d Med Co in Operation IRAQI FREEDOM said, “We were out there to support those ground soldiers and make sure they got back home alive if at all possible.”[19]

The thank-you notes arrive in many forms, like this email sent to CW2 Gerald McGowen, a MEDEVAC pilot recently assigned to the 50th Med Co (AA):

> “Hi, my name is S.Sgt. Olson. On 27th Oct of 03, you flew a MEDEVAC out of Tel A Far [sic]. I was wounded in an ambush there. I am at Walter Reed still, but I am recovering. Thanks to you and your dedication to your job I am still alive and I try to live every day to its fullest. Thanks again and God Bless all of you. Good Luck and God speed to whichever way life takes you. Yours in service, S.Sgt. Joshua Olson.[20]

Sometimes the simplest rewards are the sweetest.

Inactivation of the 57th Med Co (AA) “The Originals”

It was a cold crisp February morning when veterans and friends from far and wide gathered with the soldiers of the 57th Med Co (AA) at their hangar at Fort Bragg, North Carolina, for the inactivation of “The Originals,” as they proudly displayed on their unit patch. That company was the most blooded air ambulance unit. More than any other, it personified the spirit of MEDEVAC. Now, it would be inactivated and its colors retired as directed by the Aviation Transformation Initiative.

A dinner was held the previous evening at the NCO Club. Members of the unit from three different generations gathered and mixed easily. The stories from Vietnam, Military Assistance to Safety and Traffic duties, Grenada, Desert Storm, Bosnia, Iraqi Freedom, and so many stateside exercises and missions flowed. There were too many to capture.

Tom "Egor" Johnson addressed the evening crowd. Johnson, a former crew chief with the unit with two tours in Vietnam, spoke of Maj. Charles Kelly and the battles that he and his troops fought to establish MEDEVAC and protect its unique status. He saw in those currently serving, the same dedication to mission that he and his contemporaries had experienced. In reflecting on conversations that he had had with them that evening, he said, "What I heard from [today's] crews is the same … desire to save the patient on the battlefield." He reminded them that the 57th—the "Original Dustoff"—had set the standard for MEDEVAC. It had never let its patients down. He saluted those still serving as the final 57th crews and finished by saying to them, "You have held the tradition and legacy to a very high standard. Major Kelly on high looks down and I guarantee is proud of each and every one of you. And I salute you."[21]

The inactivation ceremony was the next morning. Lt. Col. Scott Putzier, the commander of the parent 56th Multifunctional Medical Battalion, welcomed the XVIII Airborne Corps commander, Lt. Gen. Lloyd J. Austin III, and a large collection of veterans and family. After introductory remarks, Putzier was followed by a video historical presentation of the unit's stellar accomplishments, including being awarded a Presidential Unit Citation, six meritorious Unit Commendations, and the Vietnam Cross of Gallantry with Palm Device.

The next speakers were the members of the "last" 57th MEDEVAC crew. Each explained his or her duties.

The pilot in command, CW2 Kevin Moore said, "I am the pilot in command. My responsibility is the safety of the crew, patients, passengers, and the overall success of each mission. I understand that our mission is of the utmost importance to the combat readiness of any unit. I am an American soldier and I will not fail."

Pilot 1st Lt. Rebecca Joseph said, "I am the pilot. I act with the awareness that every second is critical to saving a life. To quote Kelly, 'No compromise, no rationalization, no hesitation, fly the mission.' I am an American soldier and I will not fail."

She was followed by the crew chief, Sgt. Josh Touchton, who said, "I am the crew chief. I will ensure that my aircraft is maintained and ready. I will provide security for my aircraft and the other members of my crew during missions and will provide support to the flight medic with any assistance necessary. I am an American soldier, and I will not fail."

Lastly, the flight medic, S.Sgt. Shawn McNabb, spoke. "I am the flight medic. My primary responsibility is the casualties on my helicopter. I will sacrifice everything for my patient's survival. I have to be the best medic on the battlefield. I will strive to provide the best care possible to those entrusted to my skills. I am an American soldier and I will not fail."

The company commander, Maj. Brady Rose, then called the unit to attention and called for the casing of the unit guidon. As it was being passed forward, the narrator, Capt. Pete Hudgins, said, "…Though today, we are seemingly ending an era by casing this unit guidon, it does not mean that the 57th Medical Company (AA) will simply go away, for its accomplishments, its soldiers, and its outstanding lineage and honors will be forever recorded in not only MEDEVAC history, but in military history."[22]

Mr. Charles Kelly Jr., and Maj. Brady Rose at the unit inactivation ceremony in 2007.
Source: Author.

Then, as the guidon was being slowly and carefully encased, he read the inactivation order, "By authority of Army Regulation 71-32 Paragraph 7-14: the 57th Medical Company (Air Ambulance) is hereby inactivated."[23]

Putzier returned to the podium to introduce Mr. Charles Kelly Jr., who paused momentarily and then began.

> Good morning. My father was Major Charles Kelly. I carry his name; I speak for him today. It's an honor to be here because in my opinion, you are the finest example of men and women who exist in the Army today. We are at war and you are operating at peak performance in a profession that few understand or appreciate outside the military community. You're cohesive, dedicated, selfless; you are the standard bearer for Army Air Medical Evacuation.
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> In the movie *Enter the Dragon* Bruce Lee's nemesis says, "We forge our bodies in the fire of our will." This unit as it stands this day has been *forged in the fire of compassion*, in the adversity that faces every American soldier in the toil of war. We are at war. Americans are dying almost daily. The 57th Medical [Company] becomes inactivated today. I guess somebody decided it was time to reinvent the wheel. With my apologies to anyone on the wrong side of that decision, I cannot agree. It is a bad idea, because it is too risky right now. "If it ain't broke, let's don't fix it." We are in the middle of a war. Now I understand we must reorganize and streamline this Army. Change is the only thing that is constant in this world and our armed forces will have to operate differently in the future.[24]

Kelly then went on to share some personal history about his father. He held few actual memories of him since he had been a young lad when his father left for war. However, in later years he had read all of his father's papers and records and came to know him well as a true hero of MEDEVAC.

The “Last” 57th Med Co MEDEVAC crew: CW2 Kevin Moore, S.Sgt. Shawn McNabb, 1st Lt. Rebecca Joseph, Sgt. Josh Touchton.
Source: Author.

Kelly talked of his father’s travails in Korea and exposed many of his faults. “He was not a perfect man,” he said openly. He spoke of his father’s dogged determination, strict standards, and devotion to his men and the troops in the field. He spoke of the battles that his father fought to keep his helicopters under medical control when other commanders wanted them for other missions. He spoke of how his father agonized about caring for so many soldiers throughout a country the size of south Vietnam with just five aircraft. He spoke tenderly of a father that he deeply respected, loved, and still missed.

Then he continued:

> But to me, the 57th represents the father that I did not know. I know him now from those who served with him and from his writings and I see in your eyes, the dedication of professional soldiers that is born from history, compassion, personal courage, and discipline.
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> And today, I can say to you, …the men and women of the 57th, the last of the originals, that you are a shining example of that standard. You have upheld that tradition set by those who came before you. I daresay, even improved upon them. My father would be very, very proud of you. I thank you on behalf of him and my family.

> I encourage you to face the future as the excellent soldiers that you are. Let adversity and fear, if it exists in you, not weaken you but make you stronger. Let those things continue to forge you into a better soldier, a better aviator, with an even stronger mind and spirit than you already have.
>
> The 57th is inactivated today but you are the originals, the last of the best. Carry that with you wherever you go in whatever you do because one day, one of you may be seated at the table where these policy decisions will be made. I look forward to the reactivation ceremony then.
>
> And so here we are, tomorrow is a new day. The pages are blank. The next chapter is yours to write. If there is weakness in this new system, root it out. If you face adversity or frustration, let it make you stronger. When you feel fear, remember that fear is the furnace that can destroy you or forge you into a sword of steel with a razor's edge—a mighty weapon to overcome your enemy with. Your enemy is death itself. That's why you fly…You will not fail. You are the originals. You are the heart and soul of Dustoff. You are soldiers. Thank you and God bless you on your journey through this Army and through this life. Keep the faith.[25]

And with that, it was done. The festivities lasted for an hour or so.

Then the veterans and guests left, and commander and soldiers began disbursing the personnel and equipment to other units and jobs. The MEDEVAC units would now be known by other titles and designations. Their unit heritages would derive from another strain of warriors.

Regardless, the MEDEVAC spirit would be the same because the propensity to care for the men and women of America who volunteer to travel in harm's way to protect the nation and its interests is fundamental to the American way of war. American soldiers are the blood of the nation. Americans owe it to the soldiers to care for them when they fall with every tool available. It is the bond Americans have with them.

The men and women of MEDEVAC are the keepers of that bond, so clearly defined by Maj. Charles Kelly so long ago…

…when I have your wounded.

* * * *

From its humble beginnings in Burma through Korea and the bitter experience of Vietnam, the rebuilding years and Military Assistance to Safety and Traffic, through conflicts in places like Grenada, Panama, Kuwait, Iraq, Somalia, Bosnia, the horror of 9/11, Afghanistan, and Iraq again, the men and women of MEDEVAC took an unproven concept and developed it into a system that saves lives. The MEDEVAC community is a national treasure, and its men and women are the constant face of hope in so many scenes of chaos. They were and are the warriors of compassion.

Theirs is a monumental accomplishment and has generated a proud heritage—the kind that could attract a young lieutenant like Andrew Russ or Rebecca Joseph, an earnest warrant officer like Kevin Moore, a dedicated crew chief like Josh Touchton, or a focused medic like Shawn McNabb. (Note: S.Sgt. Shawn McNabb was killed in action in Afghanistan on 26 October 2009.) It will be their heritage too, for in their time and place, they will be called upon to add to it in their own measure and create that next chapter of this enduring legacy.