Part Three

An Angry Decade

Chapter Five
Desert Shield/Desert Storm, 1990–1991

"Nothing short of spectacular!"

Gen. Norman Schwarzkopf on the performance of Army medical units in Operations DESERT SHIELD and STORM.[1]

Conflict in the Persian Gulf

The next challenge arose in the hot deserts of the Middle East, literally as the decade began. The soldiers who had returned from the short campaign in Panama did not get much of a break before they were needed in that arena. Subsequent events throughout the 10-year period dictated an almost continuous operations tempo. This and a new layer of joint doctrine lead to notable changes in Army MEDEVAC doctrine that reshaped the organization and utilization of MEDEVAC as the nation faced a "new world order."

Operations

Operation DESERT SHIELD/STORM/SABRE

On 2 August 1990, Saddam Hussein, the leader of Iraq, ordered his military forces to overrun Kuwait. The Hammurabi and Medina Armored Divisions and the Tawakalna Mechanized Division, which were built and equipped on the Soviet model, had hundreds of new T-72 tanks, were supported by three special operations forces brigades, and preceded by a short but violent aerial bombardment, overwhelmed the Kuwaiti defense forces and swept through the country to assume positions along the Saudi Arabian border. They were the vanguard of a million-man force built up in the 1980s, which was apparently intent on sweeping

through Saudi Arabia and then the rest of the Persian Gulf.[2]

The attack cut off the supply of oil from Kuwait. As the shocks to the world oil market swept around the globe, U.S. President George H.W. Bush, on 7 August, decided that this force could not be allowed to continue because the loss of Saudi oil production would be disastrous for the United States and the world. Entreaties were made to the Saudis to allow a coalition of forces led by the United States to enter their country and "draw a line in the sand." The Saudi leaders disregarded a long-held antipathy for foreign troops on their soil and agreed to allow American and allied forces to enter. On 8 August, the ready brigade of the 82d Airborne Division arrived, as the U.S. Central Command (CENTCOM), under the leadership of General Norman Schwarzkopf, prepared to defend Saudi Arabia and the Persian Gulf region.[3]

On 22 August, President Bush signed Executive Order 12727, authorizing a Presidential Select Reserve Call-up of up to 200,000 Guardsmen and Reservists for a period of 90 days and extendable for another 90 days. Already thousands of Guardsmen and Reservists had volunteered for active duty, and complete units were mobilized. The orders began to flow. Unlike Vietnam, the Reserve Components were fully utilized in this conflict. The "Total Force" doctrine was fully tested. Col. Jim Truscott, who was assigned back at Fort Sam Houston as the Assistant Commandant for Force Integration at the Army Medical Department (AMEDD) Center and School, began visiting Reserve Component units to prepare them for duty in the Persian Gulf region.[4]

Combat Units Deploy

Over the next two months, the XVIII Airborne Corps headquarters, the rest of the 82d Airborne Division, the 101st Airborne Division (Air Assault), the 24th Infantry Division (Mechanized), the 1st Cavalry Division, the 3d Armored Cavalry Regiment, and portions of the 2d Armored Division arrived in the Persian Gulf. They were joined by a division plus of U.S. Marines and strong U.S. naval and air forces, special operations forces, and allied ground, air, and naval forces. Hundreds of National Guard and Army Reserve units were activated, and this was the first time since World War II for some of them. Many immediately deployed to the Persian Gulf. Others backfilled active duty units as they departed their home bases. The aggregate ground force consisted of more than 150,000 troops, 700 tanks, 1,400 armored fighting vehicles, and 600 artillery pieces. The buildup was called Operation DESERT SHIELD.[5]

The mission objective of DESERT SHIELD was purely defensive, and the dispatched force was adequate for it. But President Bush had a larger objective. He wanted Iraqi forces out of Kuwait. By November, diplomatic and economic efforts and United Nations mandates had not forced Hussein to remove his forces. President Bush assigned CENTCOM a new mission: prepare to liberate Kuwait. Such offensive action required a much larger force. For this mission, Schwarzkopf requested significant reinforcements. The VII Corps, which was located in Germany, was ordered to deploy to the Gulf, and thousands more National Guard

and Reserve troops from all services were ordered to active duty.[6]

Within days, elements of the VII Corps were en route. Eventually, the 1st and 3d Armored Divisions, the 1st Infantry Division (Mechanized), and the 2d Armored Cavalry Regiment joined the forces already assembled. Another U.S. Marine Division was sent. Eventually, the allied forces from 24 nations exceeded 680,000 soldiers, sailors, marines, and airmen. The 415,000 American soldiers were equipped with 4,200 tanks, 2,800 infantry fighting vehicles, and 3,100 artillery pieces.[7]

The coalition faced an Iraqi force of 540,000 seasoned troops with 7,000 tanks and armored vehicles and 3,000 artillery pieces, and reinforced with excellent Special Forces units and a modern air defense system. Hussein was not impressed watching the buildup in Saudi Arabia. He believed that the United States had lost its will to fight in Vietnam. He scoffed at the gathering forces saying, "Yours is a nation that cannot afford to take 10,000 casualties in a single day."[8]

Medical Units

American commanders were worried about casualties. Hussein had chemical weapons and had used them against his own people and Iran during a bloody border war a few years prior. The U.S. Army sent a strong medical force of 65 hospitals and 198 individual medical units to the Persian Gulf region, more than half of which were from the National Guard and Army Reserve. Planners initially expected 3,200 casualties a day. They had enough beds for more than 13,000 patients and strategic airlift available to evacuate patients back to hospitals in Germany and the United States.[9]

The AMEDD was on the verge of implementing the new doctrine and organizational structure dictated by the Medical Force 2000 that stressed forward care in the combat zone to support the AirLand Battle concept. Some units had been restructured, but most had not.[10]

All deployed Army medical units were assigned to the 3d Medical Command (MEDCOM). Under it, the 173d Medical Group (U.S. Army Reserve [USAR]), the 202d Medical Group (Army National Guard [ARNG]), and the 244th Medical Group (ARNG) cared for those units assigned to Echelons Above Corps.

At the tactical level, the 332d Medical Brigade (USAR) directly supported the VII Corps with the 30th Medical Group (Active Duty), the 127th Medical Group (ARNG), and 341st Medical Group (USAR). The 39,000 Army Reservists and 37,000 Army National Guardsmen who were activated for the war by Presidential authority primarily manned these units.[11]

The XVIII Airborne Corps was directly supported by its 44th Medical Brigade, still commanded by Col. Jerome Foust, the Vietnam era MEDEVAC pilot who had taken the brigade to Panama the previous year. The 44th had assigned to it the 1st Medical Group (Active Duty), commanded by Col. Eldon Ideus, the MEDEVAC pilot who had been so instrumental in realigning MEDEVAC doctrine to support AirLand Battle, the 62d Medical Group, and the 56th Medical Battalion (Evacuation). MEDEVAC units, as they arrived, were assigned to the various medical headquarters as per evolving operational plans.[12]

The first MEDEVAC unit to deploy to the Persian Gulf region was Delta Company, 326th Medical Battalion, 101st Airborne Division (Air Assault). Maj. Scott Heintz, who had taken over just one month prior, was the commander. He and the first three aircraft and crews arrived on 20 August and immediately assumed MEDEVAC alert. The operations officer was Capt. Dave MacDonald, who had joined Delta Company the previous summer after returning from his tour in Korea. He and the rest of the unit arrived by early September. Initially, they provided general support to all forces flowing into the country until other MEDEVAC units arrived. Almost immediately, they dispatched crews to pick up solders hurt in training accidents or vehicular accidents as the combat and support units arrived and moved to their assigned areas. At all times, they also directly supported the 101st Airborne Division.[13]

When the 326th received its deployment orders, it had one Forward Surgical MEDEVAC Team (FSMT) of three aircraft on temporary duty with the Joint Task Force Bravo in Honduras. Heintz received permission to recall those aircraft. With operations still ongoing in Central America, the 571st Med Det (RA) at Fort Carson, Colorado, was directed to self-deploy three UH-1Vs to Honduras. 1st Lt. Brad Pecor, one of the 571st pilots who deployed, had entered the Army in 1984 in the aviation warrant officer program after graduating from Plattsburgh State University in New York. He flew AH-1s for four years and then took a direct commission into the Medical Service Corps (MSC) and became a MEDEVAC pilot with posting to the 571st. He flew his share of Military Assistance to Safety and Traffic (MAST) missions and became very proficient at mountain operations.

The 571st deployment took five days, with stops in San Antonio and Brownsville, Texas; Vera Cruz, Mexico; Belize City, Belize; and then into Soto Cano Air Base in Honduras. The crews flew at 90 knots and logged 26 flight hours en route. At Soto Cano, they assumed MEDEVAC duties for the next three months until replaced by another group of 571st pilots and then eventually crews from the 54th Med Det (RA) from Fort Lewis, Washington, and the 126th Med Co (AA) from the California ARNG.[14]

Lt. Col. Tom Mayes, another MEDEVAC pilot, commanded the 326th Medical Battalion. However, just before the hostilities began—in accordance with longstanding AMEDD policy—the Division Commander Maj. Gen. Binford Peay replaced him with a Medical Corps officer, and Mayes served as his executive officer. All of the company commanders within the battalion were also replaced. The policy directed that MSC officers could command medical units in peacetime, but when they were actively receiving patients, the units had to be under the command of a Medical Corps officer. All of the MSC ground company officers within the battalion were also replaced with Medical Corps officers. Heintz retained command of Delta Company. MSC officers in the battalion did not like this policy, and other divisions in the XVIII Airborne Corps did not act on it. Mayes made all operational decisions, and in a very awkward and challenging situation, he was an exceptional and inspirational leader. Mayes and his company commanders reassumed their command positions when the unit returned from the war.[15]

Another MEDEVAC unit identified to deploy immediately to Saudi Arabia was

Lt. Col. Tommy Mayes, Maj. Scott Heintz, and Capt. Dennis Doyle, with the 326th Medical Battalion in DESERT STORM.
Source: Scott Heintz.

the 45th Med Co (AA) in Germany. On 12 August, the commander, Maj. Richard Ellenberger, was called to the 421st Medical Battalion (Evacuation) headquarters. Lt. Col. Ray Keith told him that the company would self-deploy its helicopters, thus minimizing the amount of strategic airlift necessary to move it, a commodity then in very high demand as heavy cargo aircraft moved combat units into the Persian Gulf. The 159th and 236th Medical Companies provided augmentation of personnel as necessary. The Company First Sergeant Jeff Mankoff took charge of the packing and shipment of all unit gear for the deployment. He and his personnel prepared 13 pallets and three trucks that were loaded aboard C-141s for almost immediate movement to Saudi Arabia. They flew to the King Abdul Aziz Air Base near Dhahran and had their company tactical operations center and area set up just 17 days after the invasion of Kuwait and awaiting the arrival of their aircraft and crews. Mankoff was a trained and qualified flight medic and fully intended to fly his share of missions because—to him—that defined leadership.[16]

The self-deployment of the 45th was the fruition of the initial plan developed by then Maj. Art Hapner back at the 57th Med Det (RG) in 1982 to support the BRIGHT STAR deployments. That one had been cancelled. This one would go.

The plan called for the movement of 12 aircraft in sections of six aircraft each and a 20 August departure date. This provided for four three-aircraft FSMTs. The

selected aircraft were modified with tactical air navigation and global positioning systems and received extra maintenance support to clear all discrepancies. Two of the aircraft were also modified with External Stores Support System equipment that allowed for the carrying of external fuel tanks.

Deployment was delayed for one day because of problems acquiring the necessary diplomatic clearances. The first section was airborne on the morning of 21 August. They logged 7.5 hours of flight time before reaching Brindisi, Italy. On the next day, they flew to Athens, Greece, for an overnight rest, and onward with a refueling stop on the Island of Rhodes, Greece, and then to Paphos, Cyprus.

After another overnight stop and some maintenance, they took off on the long flight to Egypt. The intended destination was the Cairo West Airfield, but two of the non-External Stores Support System equipped aircraft barely made the Egyptian coastline before fuel exhaustion. The External Stores Support System aircraft landed next to them on the beach and transferred enough fuel to them so that they could continue on to Cairo West. After more problems with diplomatic clearances, the entire flight departed the next day for Tabuk, Saudi Arabia, where Saudi Army personnel greeted them. On the following day, the entire group took off and logged another 7 hours as they flew to Riyadh.

The scene was one of mass chaos as they arrived. They set up on one of the few unoccupied areas on the airfield and maintenance crews immediately attended to deferred write-ups. Two days later, they were ordered to proceed on to Dhahran, where they finally arrived on 27 August. Three hours after arriving, they launched a crew on a MEDEVAC mission to pick up a soldier in one of the combat units who had an inflamed appendix. Several of their pilots were qualified to land on ships, and they immediately began receiving taskings to deliver patients to the hospital ships now in the Persian Gulf.

The second element of six aircraft departed on 27 August. They modified their route of flight somewhat based on the first group's experience. They had significantly more maintenance problems, with one aircraft requiring a main rotor blade replacement. However, they arrived at Dhahran in early September, and immediately joined their predecessors who were already performing MEDEVAC missions in general support of arriving ground units.[17]

Capt. Pete Smart flew with the second element on that deployment. After he finished his tour with the 377th in Korea, he was assigned to the 159th Med Co in Germany as the maintenance platoon commander. He was selected to be one of the augmentees to make the long flight to Saudi Arabia and particularly remembered the long leg from Cyprus to Cairo as being the dividing point between two very different worlds.[18]

The next MEDEVAC unit to deploy was the 57th Med Det (RG) from Fort Bragg, North Carolina. Arriving on 9 September, it located at what later became the Medicine Warrior Heliport near King Khalid Military City (KKMC), and was initially under the control of the 56th Medical Battalion (Evacuation). The heliport eventually grew to a facility supporting 400 soldiers and 70 aircraft.

The 57th was joined a few days later by the 229th Med Det (RA) from Fort

Drum, New York, and the 431st Med Det (RA), from Fort Knox, Kentucky. Their six UH-1Vs each and personnel joined the growing fleet. The 229th was given the initial duty of establishing and building the heliport.

The 229th's unit helicopters were unique because they were the only ones equipped with LORAN-C long-range navigation systems. These systems worked so well in the hot desert environment that more were ordered for other MEDEVAC units.[19]

Serving with the 431st was 1st Lt. Jon Fristoe. Commissioned into the MSC in 1987, the 431st was his first assignment directly out of flight school. In addition to his flight duties, he was the unit movement officer and played a major part in getting his unit to Saudi Arabia.[20]

In early October, the 82d Med Det (RA) from Fort Riley, Kansas, deployed with its six UH-1Vs and crews. It was assigned to the 34th Medical Battalion, now commanded by Lt. Col. Frank Novier, with another MEDEVAC veteran, Maj. Johnny West, as the operations officer. Novier had taken command of the battalion a month before the invasion. The battalion provided direct support at different times to the 1st Cavalry Division, the 24th Infantry Division, and the 82d Airborne Division.[21]

The 82d Med Det was followed by the 498th Med Co (AA), from Fort Benning, Georgia, with 13 UH-60s and 12 UH-1V aircraft, spread over three different Army posts. The commander was Maj. Randy Maschek. A small detachment of its helicopters also supported the Army Ranger training camp near Dahlonega, Georgia. Capt. Vinny Carnazza worked there with the Rangers when Maschek told him to get the detachment back to Fort Benning. When he did he found the entire company preparing for deployment. They delivered their helicopters to Savannah, Georgia, for surface shipment in September and received them in Dhahran in October. The unit also located at Medicine Warrior Heliport.[22]

In early December, the remainder of the Germany-based 236th Med Co (AA) deployed to Saudi Arabia. At almost the same time, the 507th Med Co (AA) from Fort Hood, Texas, arrived with its 25 UH-1V helicopters. Commanded by Maj. Greg Griffin, this was the first time that the unit had been consolidated at one place since the Vietnam era. That was no small feat. Garrison commanders of the bases where the platoons were located were unhappy about losing their MEDEVAC assets, and they had to be directly ordered to release them.[23]

Reserve Component Units

As active duty units deployed into the theater, both USAR and ARNG units were rapidly activated to fill in at Army garrisons in the United States and Europe. The 126th Med Co (AA), California ARNG, was activated and sent to Fort Bliss, Texas, and Fort Sam Houston, Texas, assuming the home missions of the 507th. It also deployed three aircraft to Soto Cano Air Base in Honduras. On that deployment, a 126th crew was lost while flying a night rescue mission on 13 May 1991, and Capt. Sashai Dawn, 1st Lt. Vicki Boyd, and S.Sgt. Linda Simonds

were killed. The crewchief survived and was recovered by rescue forces the next morning. An extensive investigation determined that the crew inadvertently flew the aircraft into a cliff while traversing the mountains on a very dark night. The accident report recommended that a MEDEVAC unit should be permanently assigned to the base instead of relying on constantly rotating continental United States-based units.[24]

The 1133d Med Co (AA), Alabama ARNG, provided backfill at Fort Bragg. The 1159th Med Co (AA), New Hampshire ARNG, went to Fort Campbell, Kentucky. The 1187th Med Co (AA), Iowa ARNG, was posted to Fort Riley, Fort Sill, Fort Knox, and Fort Hood. At those bases, its crews flew 162 MEDEVAC missions and 71 missions in support of the MAST program. The 199th Med Co (AA), Florida ARNG, was called up and provided backfill at Fort Bragg; Fort Stewart, Georgia; Fort Pickett, Virginia; Charleston Air Force Base, South Carolina; and Cherry Point Marine Corps Air Station, North Carolina.

The USAR's 145th Med Det (RA) from Atlanta, Georgia, and the 364th Med Det (RA) from Vicksburg, Mississippi, were sent to Fort Benning and Fort Polk, Louisiana, respectively. During its year of activation, the 145th flew 1,300 accident-free hours, carrying 232 patients on 221 medical missions, of which 94 were neonatal transfers, and nine were immediate response taskings under the MAST program.

The 989th Med Det (RA), USAR, from Des Moines, Iowa was activated and sent to Fort McCoy, Wisconsin, and Fort Riley. The 991st Med Det (RA), USAR, from Birmingham, Alabama, was posted to Fort Campbell. The 412th Med Det (RA), USAR, was initially dispatched to Fort Bragg for backfill before being recalled to augment other deploying USAR units. The 423d Med Det (RA) USAR, from Syracuse, New York, was called to active duty and performed backfill at Fort Bragg, Fort Drum, and Camp Atterbery, Indiana. The 112th Med Co (AA), Maine ARNG, was also activated in December and deployed to Germany to support the units and garrisons there when the 45th Med Co, the 236th Med Co, and the 159th Med Co elements were deployed to the Persian Gulf. The plan for the 112th was critical but simple. As casualties flowed into Germany from the Persian Gulf region, crews from the 112th picked up the patients at the Rhein-Main Air Base near Frankfurt and transported them to Landstuhl and other medical facilities throughout Germany. The 112th also supported training operations at the large maneuver areas at Hohenfels, Grafenwöhr, and Wildflecken, which significantly reduced ambulance reaction time at those facilities as they provided training for units designated to deploy to DESERT SHIELD/STORM. Gen. Crosby E. Saint, the United States Army Europe commander, specifically cited the 112th after the conflict: "The 112th Med Co has established an outstanding reputation providing MEDEVAC support for the theater. The staff at the Combat Maneuver Training Center has made several unsolicited compliments to the 112th because of their significant reduction of response time to maneuver units in a field environment as well as providing superior medical care."[25]

The 112th was also assisted in its MEDEVAC duties by helicopters from the military services of the Federal Republic of Germany. Under the North Atlantic Treaty Organization Status of Forces Agreement signed in 1951 and the Wartime Host Nation Support Agreement signed in 1982, Germany made available medical evacuation assets and medical facilities for casualties from the Persian Gulf War.[26]

Subsequently, many other units were also activated and dispatched to the combat theater. From the Army Reserve, the following units were called to active duty:

273d Med Det (RA)
316th Med Det (RA)
321st Med Det (RA)
336th Med Det (RA)
343d Med Det (RA)
347th Med Det (RA)
348th Med Det (RA)
374th Med Det (RA)
872d Med Det (RA) backfill to several locations, then to CENTCOM[27]

The various State National Guards provided the following units:

24th Med Co (AA) Nebraska
986th Med Co (AA) Virginia, backfill in the continental United States, then to CENTCOM
1267th Med Co (AA) Missouri
146th Med Det (RA) West Virginia
812th Med Det (RA) Louisiana, Backfill in continental United States, then to CENTCOM
1022d Med Det (RA) Wyoming

Arriving in theater, the MEDEVAC units fell in under the medical command structure as the various units organized and consolidated. Some units were transferred as necessary because of the changing tactical considerations. By the beginning of combat operations in January 1991, the structure was very robust.

Echelons Above Corps

3d MEDCOM Headquarters

173d Medical Group
- 120 Medical Battalion
  - 45th Med Co (AA) Active Duty
  - 348th Med Det (RA) USAR
  - 872d Med Det (RA) USAR

202d Medical Group
No MEDEVAC units assigned

244th Medical Group
- 92d Medical Battalion
  - 336th Med Det (RA) USAR

803d Medical Group
- 108th Medical Battalion
  - 812th Med Co (AA) Louisiana ARNG
  - 343d Med Det (RA) USAR
  - 986th Med Det (RA) Virginia ARNG

VII Corps

332d Medical Brigade
No MEDEVAC units directly assigned

30th Medical Group
No MEDEVAC units directly assigned

127th Medical Group
- 217th Medical Battalion
  - 273d Med Det (RA) USAR
- 429th Medical Battalion
  - 507th Med Co (AA) Active Duty

341st Medical Group
- 328th Medical Battalion
  - 146th Med Co (AA) West Virginia ARNG
  - 1267th Med Co (AA) Missouri ARNG
  - 316th Med Det (RA) USAR
  - 321st Med Det (RA) USAR
  - 1022d Med Co (AA) Wyoming ARNG
- 818th Medical Battalion
  Directly assigned
  - 236th Med Co (AA) Active Duty

XVIII Airborne Corps

44th Medical Brigade

1st Medical Group
- 34th Medical Battalion
  - 498th Med Co (AA) Active Duty
  - 36th Med Det (RG) Active Duty
  - 57th Med Det (RG) Active Duty
  - 82d Med Det (RG) Active Duty
  - 374th Med Det (RA) USAR

62d Medical Group
- 36th Medical Battalion
  - No MEDEVAC units
- 56th Medical Battalion (Evacuation)
  - 24th Med Co (AA) Nebraska ARNG
  - 229th Med Det (RA) Active Duty
  - 431st Med Det (RA) Active Duty
  - 347th Med Det (RA) USAR[28]

The 101st Airborne Division had its own Delta Company, 326th Medical Battalion, with its 12 UH-60s.[29] The 25 MEDEVAC units deployed possessed approximately 250 aircraft—predominantly still UH-1Vs—available to support the warfighters.

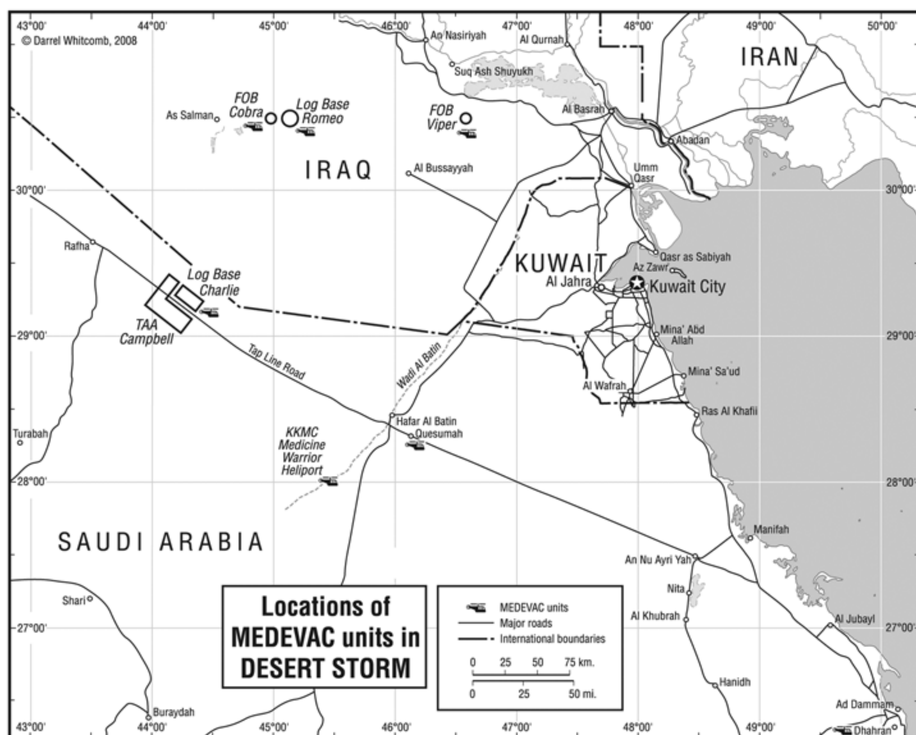
Combat Operations

After endless diplomatic efforts to force Hussein to remove his forces from Kuwait failed, combat operations designated Operation DESERT STORM commenced in the early hours of 17 January 1991. Hundreds of allied attack and bomber aircraft entered Iraq after U.S. Army Apache helicopters destroyed two Iraqi early warning radars, and dozens of decoy drones and specially equipped fighter aircraft destroyed many Iraqi air defense guns and missile batteries.[30]

Day and night, for the next five weeks, the allied armada destroyed strategic targets across the country before focusing on Iraqi forces in Kuwait and southern Iraq, especially the elite Republican Guard divisions located between Kuwait City and Al Basrah. As the air campaign progressed, U.S. and allied ground forces prepared and positioned for the necessary ground campaign designed to destroy the Iraqi occupation forces and liberate Kuwait. The combat units deployed along the Saudi border with Kuwait and Iraq, and the support units moved up to a major highway called the "Tap Line Road." It was located on-average 15 miles south of and ran parallel to the borders.

That campaign, Operation DESERT SABRE, started at 0400 local time on 24 February. Across the broad front, soldiers and marines from 37 nations attacked the defending Iraqi force. The ground campaign only lasted four days as this massive force ground its way through the Iraqi force of 30+ divisions. Arab forces attacked along the coast into Kuwait. To their left, the 1st Marine Expeditionary Force with two divisions and a U.S. Army heavy brigade drove directly through Kuwait to cut off all eastern Iraqi forces, and forces from Egypt and Syria to their left assisted. Farther to the west the VII Corps with five heavy divisions and an armored cavalry regiment prepared to attack the forces of the Republican Guard by forcing them back to the sea and then destroying them.

Next to them, the XVIII Airborne Corps on the far western flank attacked north with the French 6th Light Division on the west flank and the 82d Airborne Division in reserve. The 101st Airborne Division (Air Assault) seized a forward operating base 100 kilometers inside Iraq from which it could then launch air assault



operations across a wide area. Also assigned to the corps was the 24th Infantry Division (Mechanized), which passed through the lines of the 101st and attacked east along a major highway south of the swamps along the Euphrates River toward Al Basrah.

Over the next four days, the combined force, with massive air support above, drove Iraqi forces out of Kuwait. The XVIII Airborne Corps drove 200 kilometers into Iraq before pivoting 90 degrees to the east and pushing almost to Basrah. The VII Corps attacked 100 kilometers into Iraq before also swinging to the east to maul the forces of the Republican Guard along the Iraq–Kuwait border. The U.S. Marine and Arab forces swept through Kuwait and liberated its people from the Iraqi forces. After 100 hours of ground combat, the coalition declared a ceasefire on 28 February. Considering the intensity of combat, the number of casualties was very low, at least for the coalition. Of the American forces, 145 were killed and 357 were injured. Iraqi losses were estimated in the tens of thousands.[31]

MEDEVAC Operations

XVIII Airborne Corps. The 44th Medical Brigade supported the XVIII Airborne Corps. Its attached 1st and 62d Medical Groups controlled the 34th Medical Battalion and the 56th Medical Battalion (Evacuation), respectively. Each controlled

several MEDEVAC units.

Deployed as a traditional medical battalion, the 34th Medical Battalion began to operate as an evacuation battalion under the evolving doctrine. It needed more personnel with MEDEVAC expertise for this mission. One of the units assigned to it was the 498th Med Co (AA). Because it owned two platoons that operated at other bases in the United States, the 498th had a surfeit of just the right type of individuals that the 34th needed. Lt. Col. Frank Novier, the 34th commander, did some serious wheeling and dealing to get them assigned to his battalion. At one point, the 34th had assigned to it five different MEDEVAC units with 49 aircraft and a collateral ground ambulance company. During combat, it located and moved with the support elements of the 24th Division.[32]

The 498th Med Co (AA) provided direct support to the 24th Infantry Division throughout DESERT SHIELD, and it dispatched MEDEVAC teams to all of the division medical companies to make sure that all were proficient at requesting MEDEVAC support. Duty was relatively routine, and the pilots responded to calls. However, the division had to reposition to the west, which was deeper into Saudi Arabia for DESERT STORM, and the 498th covered the move.

Capt. Vinny Carnazza recalled, "We did a lot of MEDEVAC missions on the roads from young soldiers falling asleep as they were bringing in all the logistics going west. Folks driving off that road which was very narrow…Over and over, it was the same casualty, different face." It reminded him of flying MAST missions in the United States. The company also dispatched a team of two helicopters and four crews out far to the west to support special operations forces, just as they did in Panama for JUST CAUSE.[33]

The crews did a lot of night flying and developed proficiency flying with night vision goggles (NVGs). This was a real challenge because the terrain was so different than in the United States. At night, the desert was almost featureless, so pilots had to trust in their radar altimeters.[34]

The 498th moved with the division into DESERT SABRE, crossing the line of departure on 25 February. The division's Aviation Brigade provided the 498th with necessary higher-level maintenance for its helicopters and air traffic, weather support, and intelligence data necessary for safe flight. The 34th Medical Battalion coordinated that support for the company. The 24th Division moved the farthest during the conflict, and the increasingly longer lines of communication challenged the 498th as it staged with the division through its engagements. Its crews picked up soldiers at battalion aid stations or even point of injury and generally delivered them back to Combat Support Hospitals that remained in Saudi Arabia along Tap Line Road. The 34th moved into Iraq and located with the 24th Infantry Division. Working with his medical and aviation units, the 24th Division Support Command commander integrated the 498th directly into his division support plan.[35]

Two days into DESERT SABRE, the 498th moved forward, away from the Aviation Brigade, and left behind its air traffic, weather, and intelligence support. However, the move was necessary because the 24th Infantry Division itself was rapidly moving forward. Carnazza discovered that all of the training,

planning, and pre-coordination that they had done with elements of the division now paid off. At one point, he brought his team forward and located with the medical company of one of the forward support battalions. He coordinated with 1st Lt. Scott Drennon, the executive officer of the medical company, for logistical support for his aircraft and crews. After DESERT STORM, Drennon would go to flight school, become a MEDEVAC pilot, and command a MEDEVAC unit in Operation IRAQI FREEDOM.[36]

For Carnazza and his team, the evacuation line from the combat battalion aid stations back to the hospitals on Tap Line Road stretched to 220 miles. Carnazza remembered, "The evacuation lines grew. We were taking those airframes away from the commanders for too long a time, the first night 30 miles, the second night, it's 80–90 miles; the third day, it's 120 miles. We were taking people to Tap Line Road and it cost us an hour and a half."[37]

One crew got trapped in a severe sandstorm and had to land, where they were discovered by a large group of Iraqi soldiers. The crew was armed only with their 9 mm pistols and immediately called for help. Instead of attacking the hapless helicopter crew, the Iraqis surrendered to them. The MEDEVAC crew was very relieved when a Military Police unit arrived to take charge of them.[38]

During the conflict, the 498th carried 668 patients. Many were Iraqi civilians and prisoners who were carried mostly after combat ceased. Carnazza had hauled wounded in JUST CAUSE, but noticed that the injuries in DESERT SABRE were different. In Panama, he had seen mostly small caliber injuries; in the desert, he saw soldiers injured by heavy caliber weapons that caused much more severe injuries, such as missing limbs or mangled shoulders, faces, etc.[39]

One mission in particular stood out for Carnazza. On the evening of 27 February, he flew to a casualty collection point south of Basrah. Since the 498th directly supported the field combat units, the commanders took the carousels out of their aircraft to make room for more patients if necessary because the emphasis at this level of care was to get them to a doctor as quickly as possible. The collection point was very close to the front lines, and this dictated that they needed to get in and out as quickly as possible. Carnazza had been told to expect three casualties. Just as they were about loaded, the ground unit medic indicated that they had three more. They loaded them in and then closed the helicopter door. The patients were not strapped down—only the doors protected them from falling out. As they flew to the evacuation hospital, the medic had to step over and around the patients to provide care to each, while trying not to slip on the "muck" of war. It was a dirty, grimy business. At the end of the day, the crews washed out their aircraft with soap, disinfectants, and lots of high pressure water if it was available.[40]

Carnazza was also very impressed with the way that the aircraft crew chiefs and medics learned to work together. On loads like this, the medic could quickly become overwhelmed, and the crew chief would assist. Most crew chiefs assisted and developed fairly good medical skills in their own right.

MEDEVAC days were usually long ones, especially in combat. At the end of missions for the day, the crew chief usually had maintenance chores. In a turn-

about, many enlisted the help of their medic, and sometimes the pilots, too, to perform necessary chores. Carnazza saw this clearly in DESERT STORM. He recalled of his enlisted crewmembers:

> They are resilient. It's an interesting crew [relationship] that the aviation world will never know, the relationship of a medic and a crew chief. The crew chief almost becomes … like a combat life saver. [The medic] has oversight of the medical care. He is directing that crew chief what to do. A lot of times, that is being shared. It's the same thing when we are down. The crew chief has to pull a [aircraft inspection]…And the medic is assisting the crew chief. It is an absolute partnership.[41]

The 57th Med Det (RG), which was first assigned to the 56th Medical Battalion (Evacuation), was transferred to the 34th Medical Battalion to provide direct support to the 3d Armored Cavalry Regiment. That unit was one of the first to attack Iraq when DESERT SABRE started in the early morning hours of 24 February. Within just a few hours, the 57th had flown its first three missions. After the battle, the unit provided MEDEVAC support for the redeployment of the units out of Iraq and Kuwait.[42]

The 374th Med Det (RA), USAR, was activated and deployed in December. Initially under the 36th Medical Battalion, it moved over to the 34th for DESERT STORM and SABRE and worked with the 57th to support the 3d Armored Cavalry Regiment.[43]

The 82d Med Det (RA) was also under the 34th Battalion and directly supported the 1st Cavalry Division. During combat, it moved forward to support the 82d Airborne Division and also the French 6th Light Division. In one tactical move, the Detachment leapfrogged 70 miles to the east to stay linked up with the 307th Medical Battalion of the 82d Airborne Division.[44]

The 36th Med Det (RG) deployed from Fort Polk and provided direct support under the 56th Medical Battalion (Evacuation) to the 1st Cavalry Division. During DESERT STORM and SABRE, it moved over to the 34th Battalion and directly supported the 82d Airborne Division and the French 6th Light Armored Division, both of which provided medical liaison, logistical/maintenance, and air traffic control support. During the withdrawal from Iraq, they supported units on the move and evacuated Iraqi civilians wounded in the residual fighting. One of the unit's aircraft crashed on 12 March 1991, and 1st Lt. J.D. Maks, CW2 P.A. Donaldson, Sgt. M.S. Smith, and Spc. K.D. Phillips were killed. Ten aircraft crews from the 24th Med Co (AA) and the 229th and 347th Med Dets conducted a coordinated search that found their wreckage.[45]

Initially called to active duty to provide backfill at Fort Bragg, the 347th Med Det (RA), USAR, from Miami, Florida, deployed to Saudi Arabia in December. Initially locating at KKMC, south of Hafir Al-Batin, it was assigned to the 56th Battalion. One of the unit members was Capt. Randy Schwallie, an active duty officer previously assigned to the Flatiron Detachment at Fort Rucker, Alabama. As DESERT SHIELD began, he saw a message stating that the 347th needed an active duty advisor for their upcoming deployment, and he volunteered. He reported ASAP to Fort Stewart to ship out with the "Dolphin Dustoff," as they were

Capt. Randy Schwallie and the 347th Med Det (HA) USAR in DESERT STORM.
Source: Randy Schwallie.

known. Most Guard and Reserve units develop strong local identities. However, he was not told that the officer he replaced had recently been arrested for buying drugs in Miami, the unit's home.[46]

When Schwallie joined the unit, the first thing he learned was that he would be both the executive officer and flight operations officer. Then he noticed that the unit personnel were much older than the personnel normally found in an active duty unit. He remembered:

> My flight operations NCO was Wilhild Roessel.... Her daughter was older than me. We had twelve Vietnam veterans and seven of our warrant officers were Chief Warrant Officer Four's. Nowhere in the active Army would you find that kind of age, seniority, and experience in an operational unit.... My new commander was Maj. Russell Morris. He was an airline pilot on the Boeing 747 for United Airlines and had grown up professionally in the Georgia Army National Guard. ... I trusted him and I felt like he trusted me.[47]

The 347th aircraft and personnel were loaded aboard C-5s and delivered to Dhahran as scheduled. They moved the unit to the Medicine Warrior Heliport where they were assigned to the 56th Medical Battalion. They moved patients from division area Combat Support Hospitals back to Evacuation Hospitals located in the XVIII Airborne Corps rear area. The unit had been equipped with ANVS 6 NVGs, and all crews had trained in the United States with them.

However, Schwallie had a problem with his medics. All were reservists with many having limited medical proficiency. Only two had civilian jobs in the medical field. He scrambled to get them some refresher training.[48]

Two weeks later, the unit began flight operations. All pilots received orientation flights. His first impression of the area was stark. "Depth perception is a real problem around the dunes. ...Sand, sand, and more sand. It all looks the same and takes a while to get used to looking at the right things," he later noted.[49] The desert was also spotted with many towers, most of which were not marked on the outdated maps they were given for navigation.

Schwallie also arranged for the unit to receive a class on stress management. He was concerned that so few of them had actually seen a lot of "blood and guts lately" and wanted to prepare them for the inevitable shock of serious casualties.

As the aircraft accumulated flight hours in the desert, they began to break. Schwallie soon realized that getting required parts was a real challenge and that the supply system had not caught up with the flow of units into the theater. At one point, a colonel told them that they would have to find a way to fix their own aircraft. Schwallie was concerned because his unit was not organized or equipped to support itself, and it was not getting the support from above that was needed.

On 12 January the unit moved north to a spot in the desert preparatory to combat operations. They did not have maintenance kits, and there was no maintenance unit located with them. Fortunately, several of the unit personnel were masters at improvisation. They were collocated with the 24th Med Co (AA) from the Nebraska ARNG, which had a more robust maintenance capability and shared it with the 347th.[50]

All personnel were briefed on projected war plans. They received shots for anthrax and started taking pyridostigmine bromide tablets for possible exposure to chemical weapon nerve agents. All troops had full chemical suits and were required to wear them. They were awakened in the early hours of 17 January by the sound of allied aircraft overhead flying north, and a few minutes later, the sound of explosions. DESERT SHIELD had become DESERT STORM.[51]

On 26 January the unit moved to Log Base Charlie, next to tactical assembly area Campbell, and along the Tap Line Road about halfway between Hafir Al-Batin and Rafha. As the unit settled into its new location, Schwallie had some lingering concerns about its mission and organization. While immensely impressed with the magnitude of the medical force of which his units was just a small part, he recorded in his personal log the following excerpt:

> I am becoming increasingly aware of the lack of aviation support that we are receiving through our chain of command. We have not been able to get good weather reports, tactical locations of the refueling points, or information about the aviation intermediate maintenance unit that supports us. I am starting to understand the saying that "medical aviation is a step-child that no one wants to own." Our [higher headquarters] are not set up to provide the kind of support that we need. It seems odd to me that there is only one [MEDEVAC] captain on the group staff and one major on the brigade staff. Our battalion headquarters only has one aviator, the Battalion Operations Officer (S2/3). He is an excellent officer and he understands both the medical side and the aviation requirements that we need. Unfortunately, he is only one guy and has a lot more responsibilities than taking care of the aviation units. We serve two masters; the medical and aviation communities, but we don't seem to serve either one very well.[52]

Using personal connections within the aviation community, Schwallie was able to get his troops some briefings on aviation operations, airspace control, and the enemy forces arrayed to the north of them. He was not getting any of that data through the medical chain.

The 347th was located not far from the 44th Medical Brigade. Occasionally, Col. Jerome Foust, the Brigade commander, flew with the 347th. He knew some of the senior warrant officers and enjoyed sharing Vietnam Dustoff stories with them.

The members of the 347th watched as the massed formations of helicopters from the 101st, 82d, and 24th Divisions flew north into Iraq. Then they were alerted to prepare to move north to a planned Log Base Romeo, where several hospitals and medical facilities were scheduled to be moved. While most of the equipment was moved by vehicle, the helicopters and crews flew forward on the evening of the 26th, 110 miles to Log Base Romeo. It was a long flight into what had been enemy territory using NVGs through a very dark sky. The next morning, MEDEVAC helicopters from the companies and detachments assigned in direct support to the combat units began bringing in casualties. Six helicopters—both Hueys and Black Hawks—landed almost simultaneously at Romeo. They drew a crowd of helpers to unload. The scene was shocking. Several of the wounded had died in the aircraft, and several more were suffering horrific wounds.

Schwallie remembered that, "I could see one of the dead men and the horror of war suddenly became very real to me. …One of his legs was missing and there

were numbers written in big black letters across his forehead from the triage done at the aid station."[53]

A short while later, the 347th crews started receiving missions. The first carried an American soldier with two badly damaged legs and an Iraqi soldier with a broken arm and back. They flew them back to an Evacuation Hospital in Saudi Arabia. The missions steadily flowed.

A ceasefire was declared at 0800 on 28 January. After the ceasefire, most missions were to carry wounded Iraqi prisoners and civilian casualties being collected at several locations. From there they evacuated them to facilities in Saudi Arabia. Schwallie had trouble with one of the wounded Iraqi prisoners that he carried. Inflight, the man started grabbing at the medic, a young female specialist. Schwallie drew his pistol and made it very clear to the Iraqi that he had to desist.[54]

Schwallie also saw the impact of the war on the Iraqi people. He wrote:

> In the emergency tent, I saw no men among the injured. These were innocent women and children that were gunned down in cold blood during an Iraqi military raid on a town. I think it was An Nasiriyah along the Euphrates River, about 30–40 miles from our base.…The Iraqi Army was retreating and went through the town on their way back to Baghdad. Since the men from that town surrendered, the Iraqis took retribution against their families…
>
> There were two women with gunshot wounds—one in the left front rib cage and one in the right thigh hip area. Also, there were many children, both at our facility and the 307th Medical Battalion. We flew one load and three other aircraft from the 24th Medical Company flew a load before the weather got really bad. It was certainly the most stressful flight I've had in a while.[55]

The 24th Med Co (AA), Nebraska ARNG, was activated and deployed to Saudi Arabia in November, where it was assigned to the 56th Medical Battalion (Evacuation). During combat, it picked up patients evacuated to the field hospitals by the front line units and moved them to theater hospitals or sites for airlift out of the theater by Air Force cargo aircraft. It evacuated 251 patients during the conflict.[56]

In addition to running the Medicine Warrior Heliport, the 229th Med Det (RA), at various times, directly supported the 82d, 101st, and 24th divisions, and evacuated 320 patients.[57]

The 431st Med Det (RA) worked closely with the 229th at Medicine Warrior. During DESERT SHIELD, it acted in general support for the 82d Airborne Division. During DESERT STORM, it moved to Logistics Base Charlie near the Iraqi border. Directly under 44th Medical Brigade's control, it provided general support to the 24th Infantry Division and backhauled 115 patients. During the ground campaign, 1st Lt. Jon Fristoe was a team leader for the 431st. At one point, Maj. Gen. Barry McCaffrey, the 24th Division commander, put his arm around Fristoe and asked him directly if there were going to be any problems with the 431st helicopters hauling out the dead. Evacuation of human remains was not a MEDEVAC task. However, Fristoe assured the division commander that it would not be a problem. Fortunately, there were few to carry, but they did haul out several dozen Iraqi bodies.[58]

As designed, Delta Company, 326th Medical Battalion, 101st Airborne Division supported the divisional brigades as they moved forward. The company flew myriad missions. Besides providing MEDEVAC capability to the division, it also served as the primary means of travel for two battalion organic surgical teams, their equipment, and medical supply. Its pilots were pushed to become proficient in NVG operations, and several qualified to land aboard ships.

During the two operations, Delta Company flew more than 400 missions and evacuated 375 patients, many of whom were Iraqi prisoners of war. It flew more than 1,900 hours with no accidents. Each infantry brigade of the division had assigned to it an FSMT of three MEDEVAC helicopters and crews. 1st Lt. Neal David led the 1st Brigade FSMT, 1st Lt. Greg Fix led the 2d Brigade FSMT, and 1st Lt. Mike Avila led the 3d Brigade FSMT. They were very effectively integrated into the operations of their combat units and collocated with their associated ground medical companies. Maj. Heintz had his crews use the "Dustoff" call sign for operations. He found it to be very effective because all soldiers knew what it meant and could expedite its approval, routing, and coordination.[59]

Before the start of the ground war, Delta Company was located just south of Tap Line Road, about midway between the 101st Division Aviation Brigade headquarters and the 326th Medical Battalion headquarters. Every day Heintz and MacDonald split up—Heintz headed to the battalion headquarters and MacDonald went to the aviation headquarters to collect intelligence from the respective sites. Once the ground war commenced, his flight sections were located forward with the combat brigades, and Heintz located the company headquarters and the support elements in close proximity to the Division Support Command headquarters and the 1st Brigade Combat Team. He accessed intelligence, A2C2, weather, and limited aviation maintenance support from the aviation element of the 1st Brigade.

There were times during Operation DESERT SHIELD where Eagle Dustoff provided MEDEVAC support to a Marine regiment in addition to the FSMTs with each of the maneuver brigades. Doctrinally, this would have required 15 aircraft but support was provided utilizing two and sometimes one-ship coverage.

This operational tempo coupled with the extremely harsh weather conditions made scheduled and unscheduled aircraft maintenance a challenge. However, the company maintenance platoon, led by Capt. Kent Brewer and CW3 Bill Rudd, kept the unit aircraft operationally ready. Heintz believed that he and his unit needed more maintenance and refueling personnel and equipment if they were to deploy forward with the medical companies supporting the maneuver brigades. Overall, Heintz felt that the unit's modified table of organization and equipment should be increased to support 15 aircraft like the Medical Force 2000 companies so that it could directly support more than three brigades or operate as an independent unit if required.[60]

VII Corps

The 332d Medical Brigade supported the VII Corps. It had assigned to it the 30th, 127th, and 341st Medical Groups. They controlled the 217th, 429th, 328th and 818th Medical Battalions that directed several MEDEVAC units.

The 507th Med Co (AA) deployed as a unit to the Persian Gulf in December as part of the buildup for offensive operations. Once assembled, it was assigned to the 429th Medical Battalion and located along the Tap Line Road, just east of Wadi Al-Batin. Upon settling in and literally building their own camp and bunkers, the crews flew night missions with NVGs and found it very challenging in the open desert.

The unit provided direct support to the 1st Infantry Division and the British 1st Armored Division. Maj. Greg Griffin, the company commander, met with the Aviation Brigade commander from the 1st Infantry Division for some pre-coordination. The first thing that the brigade commander asked was whether it was possible for his unit to have the 82d Med Det (RG) assigned versus the 507th because it was based with his unit back at Fort Riley. Griffin explained that the 82d had already been assigned and was well integrated into the XVIII Airborne Corps. Then the brigade commander wanted to assign the 507th to his general support aviation battalion. Griffin had to explain that, doctrinally, his unit could not be assigned to his unit, but would operate in direct support. As such, his division and the British unit would get the MEDEVAC support that they needed from his soldiers. Griffin then proactively integrated his operations into the operations of those units. He met with the commander of the general support aviation battalion and integrated into its operations so that his unit could have the maintenance, weather, traffic control, and operational support to operate on a modern battlefield.

Griffin later explained his rationale:

> The Oplan for Operation DESERT SABRE … began to unfold. I made the decision to co-locate the 507th with the 4th Aviation Brigade in order to better support the Operation. There was no definitive doctrine at the time that specified command and control relationships. In fact, a number of DUSTOFF units aligned themselves with hospitals and never caught up with the war. Our relationship with the 4th Brigade, [Aviation], 1st Infantry Division proved to be invaluable in keeping pace with the fast moving offensive operation and evacuating wounded soldiers from the battlefield.[61]

In early February, the 507th was ordered to move to a forward assembly area 70 miles to the northwest. While they were setting up, one of their crews was dispatched to recover wounded from a Bradley Fighting Vehicle and an M-113 damaged by friendly fire in a cross border probing action. It was a dark night, and the crew flew with NVGs, a first for the unit.[62]

A few days before the initiation of the ground battle, the MEDEVAC medical detachment assigned to support the 2d Armored Cavalry Regiment was reassigned to another unit. To fill the void, the 2d Platoon of the 507th was assigned to support them. With practically no support from the company, the 2d Platoon attached itself to the regiment and operated flawlessly with them throughout the battle.[63]

On 22 February, the remainder of the 507th moved into position with the Aviation Brigade of the 1st Infantry Division. They had also established close coordination with the 1st British Armored Division and had assigned to them a liaison team and six Puma and six Lynx helicopters, if needed, as additional evacuation assets. For operations during the breeching phase, the 236th Med Co (AA) also augmented them with three UH-60s.

Once ground combat operations started on 24 February, the 507th moved forward with the Aviation Brigade. When it was established at a forward operating base 70 miles inside Iraq, the 507th began getting steady calls for MEDEVAC.

The next day, the unit was ordered, again with the Aviation Brigade, to move 90 miles farther east. This would have extended the 507th evacuation lines beyond its fuel range. Griffin met with the operations officer from the 236th Med Co (AA) and set up an ambulance exchange point so his UH-1s could transfer their patients to the longer-range UH-60s of the 236th for recovery to the proper medical facilities in the rear areas. The ambulance exchange point—really just a designated set of coordinates in the desert—was provisioned with a fuel truck and a security team and operated throughout the rest of the campaign.

In the early morning hours of 27 February, a call came in for a MEDEVAC for a rapidly increasing number of wounded in an ongoing night battle. One of the Lonestar Dustoff birds launched but was shot down en route. More unit aircraft launched to cover the MEDEVAC request while another launched to search for any survivors. The crew chief, Spc. Nick Wright, was still alive. However, 1st Lt. Daniel Graybeal, S.Sgt. Michael Robson, WO1 Kerry Heine, and a doctor onboard, Maj. Mark Connelly, were all killed.[64]

The 507th continued to fly missions throughout the day. On one mission, several of their aircraft were assigned to assist at a rally point designated for the collection of enemy prisoners of war. Arriving at the point before infantry units from the 1st Division, the crews accepted the surrender of the enemy soldiers and "guarded" them until more heavily armed units arrived.[65]

By the afternoon, the area was blanketed with thick fog and black smoke from burning oil wells. With visibility below 50 meters, all flight operations stopped. Several calls for MEDEVAC were denied because of the unsafe conditions. However, this respite in operations did allow some of the crewmembers to grab some desperately needed rest.

When the visibility at least partially improved, the 507th helicopters resumed answering calls for MEDEVAC increasingly farther to the east as the heavy units of the VII Corps mauled their way through the Republican Guard formations. The scene was almost surreal as the crews flew between the now raging oil fires as their orange flames mixed with the hanging smoke to cast an eerie glow over the entire area. Below, the crews saw the flotsam and jetsam of battle, the burning and broken enemy equipment, and abandoned fighting positions. The ceasefire went into effect at 0800 on the next day. MEDEVAC calls still came in, mostly for soldiers involved in accidents or doing stupid things like picking up "souvenirs." There was now a steady call to transport wounded Iraqi soldiers and civilians.[66]

The 273d Med Det (RA), a USAR unit from Conroe, Texas, was called up and also deployed in December as part of the offensive buildup. It was the most highly qualified MEDEVAC unit—active or reserve—in the AMEDD. Most of its pilots were commercial aviators by trade and ***averaged*** 5,735 hours per pilot! After mobilization and deployment, the 273d was moved to an airfield at Qaisumah. Under the control of the 217th Medical Battalion, it provided general

support to VII Corps units as they arrived in the theater. The unit was assigned primarily to night duties because of the skill level of the high-time Reserve pilots and their training to use NVGs. The Reservists took a certain amount of pride in this, noticing that most other units required all of their pilots to land not later than 30 minutes after sunset.

The 273d crews shuttled patients from the units to the 12th and 13th Evacuation Hospitals. During DESERT SABRE, the unit was assigned in direct support of the 1st Cavalry Division as that unit mounted a feint operation into the Wadi Al-Batin and then supported the VII Corps in the main attack. Throughout its deployment, the unit flew 160 MEDEVAC missions carrying more than 240 patients, many of whom were enemy prisoners of war.[67]

The 316th Med Det (RA) was another USAR unit activated for the war. Deploying in late November from its base in Elyria, Ohio, it initially was under the control of the 328th Medical Battalion and supported the 3d Armored Division as it arrived from Germany. Transferring over to the 217th Medical Battalion in January, it found that little thought had been given to the proper support of the helicopter medical detachments in terms of the reliable provision of maintenance, logistics, intelligence support, traffic control, and weather data. It attached itself to an aviation unit to get what it needed to operate. During combat, it supported the 2d Armored Cavalry Regiment before again being assigned to the 1st Cavalry Division where it worked with the 273d Med Det (RA).[68]

Also activated for the buildup was the 321st Med Det (RA), a USAR unit from Salt Lake City, Utah. It was one of the last units to arrive in theater, not reaching Saudi Arabia until mid-January, just as the air campaign began. Upon arrival, it was assigned to the 217th Medical Battalion in direct support of the 2d Armored Cavalry Regiment as it led the 1st and 3d Armored Divisions into Iraq and Kuwait. Supporting this fast moving unit, its lines of evacuation continuously lengthened until it had to transport its patients back almost 100 miles. Missions did not end with the ceasefire. The 2d Armored Cavalry Regiment stayed forward, continuing to provide screening for the entire force, and the 321st remained in support. The 321st was directed to transport wounded Iraqi civilians when fighting broke out between anti-Hussein forces and residual Republican Guard units near Basrah. The 321st returned home in late May after transporting 424 casualties.[69]

The 1022d Med Co (AA), Wyoming ARNG, was called to active duty in late November. Its equipment was shipped by sea and was joined by unit personnel as it arrived at Dhahran in January. Initially under the control of the 429th Medical Battalion, it was transferred to the 328th for DESERT STORM and SABRE. With that battalion, it directly supported the 3d Armored Division and located with their general support aviation battalion. After the heavy battles to liberate Kuwait, it was assigned to Task Force Care and assisted in the evacuation of Iraqi civilians caught in the internecine warfare that continued near An Nasiriyah and along the Euphrates River before being shipped home in May.[70]

Another ARNG unit, the 146th Med Co (AA) from West Virginia, was activated and arrived in theater in January. It was also under the command of the 328th

Medical Battalion and was placed in direct support of the 1st Armored Division. It evacuated 439 patients, including Iraqi prisoners of war and civilians, and was sent home in May.[71]

The 1267th Med Co (AA) was a consolidated ARNG unit consisting of detachments from both Missouri and Nebraska. It was ordered to active duty in late November and arrived in Saudi Arabia in early February. It was also assigned to the 328th Medical Battalion, and it provided rear area support to VII Corps and had its aircraft disbursed among several different hospitals. The unit evacuated 375 casualties.[72]

The 236th Med Co (AA) deployed with its UH-60s as part of VII Corps. It was assigned to the 818th Medical Battalion and flew more than 900 missions, evacuating 650 patients. A medic, S.Sgt. G. Hailey, was killed in an aircraft accident on 19 January.[73]

Echelons Above Corps

Above the two Corps, the 3d MEDCOM had at its disposal several more MEDEVAC units assigned to its 108th, 92d, and 120th Medical Battalions.

The 812th Med Co (AA), Louisiana ARNG, with a detachment from the New Mexico ARNG, mobilized in November and deployed in February. It was assigned to the 108th Medical Battalion. Located at the KKMC and later, Log Base Charlie, it moved patients to and from the many hospitals in the rear area, both day and night. After hostilities ceased, it recovered soldiers wounded in vehicle accidents as the units withdrew from Iraq. In one particular incident, crews picked up several Egyptian soldiers wounded when their bus was broadsided by a large truck.[74]

The 986th Med Det (RA), Virginia ARNG, was initially called to active duty to replace the deploying 57th Med Det (RG) at Fort Bragg and the 498th Med Co (AA) detachment at Fort Stewart. It subsequently deployed to Saudi Arabia in February and reinforced the 812th at KKMC, under the 108th Medical Battalion. During the conflict, it evacuated 216 patients.[75]

Activated at its home station of Moffett Field, California, in late November, the 343d Med Det (RA), USAR, deployed to Saudi Arabia aboard C-5 aircraft. It initially located at the KKMC Airfield near the Iraqi border, also under the 108th. As soon as Kuwait City was liberated, the unit moved there and provided area general support for forces in the vicinity. It evacuated 300 patients before returning home in April.[76]

The 108th Medical Battalion was not an evacuation battalion and discovered that the command and control of MEDEVAC units was challenging. In after-action reports, it was noted that for such duty the unit needed an assistant S-3 for air operations assigned to it, a noncommissioned officer to handle air to ground communications, and an intelligence noncommissioned officer to handle the specific enemy threat data needed by the aircrews. They also suggested that on numerous occasions blowing sand and dust grounded helicopters yet ground evacuation vehicles still operated. They proposed that a unit of ambulance buses be assigned for such duty.[77]

Another subordinate 3d MEDCOM unit was the 92d Medical Battalion. The USAR 336th Med Det (RA) from New Windsor, New York, was activated in November and almost immediately deployed. Upon arrival, it was assigned to the battalion and stationed near Riyadh to provide direct support to the U.S. Air Force Mobile Aeromedical Staging Facility at King Khalid International Airport near Riyadh, Saudi Arabia. It shuttled patients from many other facilities to the Mobile Aeromedical Staging Facility, including civilians and enemy prisoners, and provided MEDEVAC training for Saudi medical units before returning home in May.[78]

The 348th Med Det (RA) from Orlando, Florida, was initially ordered to active duty to replace a deploying active duty unit. In December, the 348th was deployed to Saudi Arabia and assigned to the 120th Medical Battalion.

Capt. Pete Webb was the 348th's active duty advisor. He initially enlisted as an infantryman in 1977 and served in Hawaii with the 25th Infantry Division. After his tour, he acquired a college degree and in 1983, reenlisted in the Army National Guard of Maine who sponsored him for a commission in the Corps of Engineers, sent him to flight school, and then assigned him to an engineer unit as a UH-1 and OH-58 pilot. Maine also had a 25-aircraft MEDEVAC unit, the 112th Med Co (AA). He transferred to it and also branch transferred to the MSC. While attending a course at Fort Sam Houston, he heard that the active duty needed MSC aviators so he applied for active duty. His package was accepted, and he was assigned to the 498th Med Co (AA), at Fort Benning. After two years with that unit, he received orders to the 348th Med Det (RA), USAR, to serve as the active duty advisor. Joining the six-aircraft unit at Orlando, Florida, in the spring of 1990, like Schwallie, he found a unit with a strong local identity (it was known as "Mickey Mouse DUSTOFF" because it was located near Disney World, just outside Orlando) and full of highly experienced personnel, more than half of whom had served in Vietnam.[79]

Arriving in Saudi Arabia, the 348th aircraft were equipped with global positioning system receivers and provided general area support for the theater. They relocated several times and primarily shuttled patients between hospitals. They carried many of the 99 casualties caused by the explosion of an Iraqi Scud missile that struck a troop barracks in Dhahran on 25 February. While deployed, the unit carried more than 1,000 patients, many of whom were Iraqi prisoners of war. Webb noticed that they were always apprehensive when they were loaded aboard helicopters, but would invariably smile when they saw the unit "Mickey Mouse" patch unofficially affixed on the side of the aircraft. The 348th redeployed to the United States and demobilized in May.[80]

The 872d Med Det (RA) USAR, from New Iberia, Louisiana, was also activated early to backfill for active duty deploying units. In January, it deployed to Saudi Arabia and provided area general support under the 120th Medical Battalion before coming home in April.[81]

After its self-deployment to Saudi Arabia, the 45th Med Co (AA) initially supported the 24th Infantry Division and the 82d Airborne Division. Then it was assigned directly to the 3d MEDCOM and provided general support to all units

arriving in Saudi Arabia with its FSMTs, which moved around as necessary. Several of its crews had become landing qualified aboard ships because the Navy would allow only helicopters with landing gear, like the UH-60, as opposed to aircraft with landing skids, like the UH-1, to land aboard ships. On December 15, as the buildup for offensive operations continued, the 45th was assigned as an Echelons Above Corps asset, specifically to do shore-to-ship transfers to the U.S. Naval Ships *Comfort* and *Mercy*. It then dispatched aircraft to several locations and provided hospital-to-hospital support. When DESERT SABRE commenced, the unit provided some direct support to special operations units in the west and then carried a large number of enemy prisoners of war. Capt. Pete Smart and his maintenance team were kept very busy moving aircraft around for the now well-dispersed unit and fixing aircraft damaged by the harsh desert and the heavy operations tempo.[82]

The 45th responded to the Scud missile attack in Dhahran and carried out 130 casualties. Flight medic and 1st Sgt. Jeff Mankoff was on the flying schedule that night and flew several sorties as the horribly wounded soldiers were moved to several hospitals. After casualties ceased, the 45th remained in theater and covered the withdrawal of units to Saudi Arabia for return to their home stations. In July, it responded to a mass casualty disaster when a massive fire engulfed an ammunition storage area belonging to the 11th Armored Cavalry Regiment. The 45th finally returned to Germany in August, claiming 356 days in theater, during which it had carried 1,403 patients.[83]

Return Home

With the cessation of hostilities, American forces rapidly left the theater. The mobilized Guard and Reserve units returned to their home bases and demobilized. Rotations for both active and Reserve units resumed to Central America and Africa, and units once again provided local and domestic support to natural disasters such as floods and forest fires.

Many units reassumed their MAST taskings, and soon enough the calls for assistance were received. The 3d Platoon of the 507th Med Co (AA) at Fort Hood was called out in October 1991 to support medical operations at a Libby's Restaurant in Killen, Texas, when a gunman went on a rampage and killed several patrons.[84]

Arriving back at Fort Campbell in late April, Heintz and Delta Company, 326th Medical Battalion, spent the next few months slowly receiving their equipment back from the Persian Gulf. As soon as they were again operational, they dispatched an FSMT with three aircraft back down to duty in Central America. They also reassumed alert duty to cover all of the training ranges and for MAST.

Heintz and his operations officer, MacDonald, co-authored a collection of lessons learned and tactics, techniques, and procedures based on the unit's operations in the conflict. It included the operation of an FSMT. These findings were submitted to the division and ultimately encapsulated as chapter 9 of the 101st

Airborne Division's *Gold Book,* which is the ever-evolving manual of standard procedures still used by the division.[85]

Heintz gave up command in the summer of 1992 and proceeded to Falls Church, Virginia, to serve as a mobilization plans officer for the Office of The Surgeon General staff. MacDonald left the company too, and moved up to serve as the 326th Medical Battalion operations officer, and subsequently as chief of the Division Medical Operations Center.[86]

Returning from his duty in the desert with the 45th, Smart resumed his duties as the maintenance platoon commander and also helped relocate the unit from Darmstadt to Wiesbaden. He remained in Wiesbaden as the rear detachment commander when the 159th deployed to Saudi Arabia to replace the 45th.[87]

Mission Totals

For the conflict, 25 MEDEVAC units (companies/detachments) deployed with an estimated 250 helicopters. While MEDEVAC records for DESERT SHIELD/STORM/SABRE are incomplete, available records from the individual units show that the units all totaled reported flying 19,596+ hours on 3,282+ missions and carrying 8,447+ patients. Those patients were allied soldiers, sailors, airmen, and marines, and also enemy prisoners and Iraqi civilians. In addition, the units that backfilled to posts in the United States and Europe reported flying 7,039+ hours on 1,133+ missions to transport 578+ patients. The MEDEVAC force deployed to the Persian Gulf was double the size of the MEDEVAC force sent to Vietnam. However, its length of deployment was much shorter. However, the soldiers of MEDEVAC squarely faced the unique and harsh challenges of war in the desert with the same determination and professionalism of their mentors from that earlier war. They were certainly included in Gen. Schwarzkopf's laudatory comments about the performance of the Army Medical units in the desert conflict.[88]