

Chapter Nine

Again, Into Battle, 2001–2003

I want beans. I am not going to tell you how I want them cooked. I just want beans.

Lt. Col. Bryant Harp,
36th Medical Battalion¹

Afghanistan

Intelligence reports quickly linked the 9/11 attacks to elements of an extremist organization called al Qaeda (meaning literally “the base”) led by a shadowy Saudi named Osama bin Laden. As calls mounted for retaliation, intense diplomatic efforts began to isolate his influence, pinpoint him and his organization, and hold them accountable. Anticipating the President’s actions, on 14 September the U.S. Congress passed a joint resolution that authorized “the use of United States armed forces against those responsible for the recent attacks launched against the United States.” The Secretary of Defense, Donald Rumsfeld, immediately signed orders calling thousands of Guardsmen and Reservists to active duty. Bin Laden and a subordinate bevy of his group leaders were reported to be in Afghanistan as “guests” of its brutal Taliban regime. All signs indicated a winter combat campaign in the high terrain of that distant and little-understood nation. After reviewing options, President Bush directed the United States Central Command, commanded by Gen. Tommy Franks, to initiate a joint and combined air-ground effort that relied primarily on airpower, and—initially at least—special forces elements.²

Operations

Operation ENDURING FREEDOM (OEF)

Initial Engagements. Air and missile strikes began on the evening of 7 October, destroying key Taliban facilities and locations. Concurrently, Air Force C-17 heavy transports began air dropping tons of rations, signaling that the war was against the Taliban and those they harbored, not the Afghani people or nation. Twelve days later, Army Special Forces Operational Detachment Alpha teams were inserted into the northern mountains of the country, and in conjunction with teams from other U.S. governmental agencies, linked up with forces allied against the Taliban regime.³

The teams were an immediate conduit for the flow of direct logistical support for the allied forces. They were also authorized to direct airstrikes for the Afghans. Equipped with sophisticated communications gear, Global Positioning System receivers and LASER (light amplification by stimulated emission of radiation) precision designators, they immediately linked with B-1s, B-52s, and a steady flow of fighter aircraft overhead systematically to demolish enemy forces. In use since the Vietnam War, these precision weapons became a staple of the American way of war. Mass production made them extremely cheap, and an almost endless supply ensued. What could be seen could be hit—and destroyed.⁴

Although the actual number of Americans fighting in Afghanistan was very small, American presence in the theater grew. A task force of about 2,000 soldiers from the 10th Mountain Division deployed to the large Karshi-Khanabad Air Base in southern Uzbekistan to provide base support and security. This task force was the first significant conventional ground force into the area.⁵

The indigenous forces in conjunction with their American advisors consistently destroyed or defeated the Taliban units that either surrendered or slipped into the high mountains along the Pakistan border. As the main cities were recaptured, more special and conventional U.S. forces moved in. United States Special Forces elements began operating also in southern Afghanistan. They were joined by a Marine Corps task force that seized a remote forward base and then the airfield near Kandahar, which they immediately began building into a main base. A company of infantry from the 10th Mountain Division task force in Uzbekistan secured a prison at Quali Jangi when prisoners there revolted. As the large former Soviet airfield at Bagram was captured, another task force of military police and engineers occupied the base, secured it, and began preparing it for follow-on operations. Effectively, the Taliban collapsed and the capital, Kabul, was captured, allowing for the formation of a new government. The enemy remnants fled to the Tora Bora region of southeast Afghanistan. Apparently, Osama bin Laden was with them.⁶

On 11 December, exactly three months after the horrible events in the United States, Hamid Karzai was sworn in as the president of the interim government of Afghanistan. Within weeks a United Nations International Security Assistance Force, ultimately consisting of 5,000 soldiers from 18 nations, began to fan out from Kabul to stabilize the nation.

MEDEVAC Units

In early 2002, the 3d Brigade, 101st Airborne Division was deployed to Kandahar to replace the Marine task force there. Its support package included one of the air assault battalions and the attached 50th Med Co (AA) Forward Support MEDEVAC Team (FSMT) consisting of 18 soldiers and three UH-60s, under the command of Capt. James Stanley. Arriving in Kandahar, the team was the first and only MEDEVAC asset in country, and it garnered high-level attention. For higher risk missions launch authority had to be obtained from a general officer, which significantly slowed down launch times. Due to limited assets, the team also performed traditional lift missions. The long-distance missions in Afghanistan caused the team to operate with long-range tanks on all flights and generally with a support UH-60 and AH-64 Apache.

The accompanying medical support slice package consisted of Task Force 261, a 40-soldier detachment from the 44th Medical Command (MEDCOM) based at Fort Bragg, North Carolina. It had attached to it several smaller medical detachments from subordinate units. The FSMT from the 50th Med Co (AA) worked directly with Task Force 261.⁷

In March 2002, a strong force consisting of indigenous and special forces and troops from the 3d Brigade, 101st Airborne Division, and recently arrived elements from the 10th Mountain Division mounted Operation ANACONDA. This effort was designed to capture or destroy enemy elements in the high terrain near the Pakistan border between the small towns of Gardez and Khowst. From 2 through 19 March the operation cleared 129 caves and 40 buildings, killed an unknown number of Taliban, and destroyed or captured vast amounts of enemy equipment and supplies.⁸

The FSMT from the 50th Med Co participated in Operation ANACONDA, the highest fight—in terms of terrain elevation—in U.S. Army history. Two aircraft from the team initially repositioned to Bagram Air Base and then moved forward to forward arming and refueling point (FARP) Texaco to conduct MEDEVAC missions. They also occasionally flew as an aerial retransmission platform for the widely dispersed ground elements.

On 9 April, the detachment at Bagram received a nine-line MEDEVAC request to recover five patients wounded in a grenade blast suffered by a team in contact with enemy forces. Arriving at the site 40 minutes later, the medic, Sgt. George Hildebrandt, dismounted and assessed the wounded while the crew chief provided extra security. Within five minutes the three most critically wounded were loaded aboard while the two less seriously wounded waited for another inbound aircraft. Once airborne, Hildebrandt had to constantly work on all three to keep them alive. Frequently, he called on the crew chief to assist. Arriving at Bagram, Hildebrandt then directed the quick movement of all three into immediate intensive care at the forward surgical team facility. Due in large part to his quick and decisive actions, all three patients survived.⁹

After Anaconda, the team reconsolidated at Kandahar and provided general area support. On 17 April 2002, the 50th launched a crew to support Canadian



Maj. Matt Brady, 1042d Med Co (AA) Oregon ARNG in Afghanistan 2002.
Source: Matt Brady

forces when an Illinois Air National Guard F-16 dropped a bomb on 15 Canadian soldiers conducting night live-fire anti-tank exercises at Taramac Farms outside Kandahar. Four soldiers were killed and several were wounded.

Also in April, the 57th Med Co (AA) at Fort Bragg deployed an FSMT with three aircraft and 20 personnel to Bagram, and effectively split the theater effort with the 50th. It directly supported several task forces of U.S. and allied units. On 27 July a crew of pilot in command Capt. Michael Stone, co-pilot CW2 Ezekial Coffman, Medic Sgt. Frank Caudill, and crew chief Spc. Jose Peru recovered several U.S. Special Forces soldiers wounded while searching a village for weapons and enemy forces. When the MEDEVAC arrived at the incident site, the friendly forces were engaged with the Taliban. Both helicopter and fighter airstrikes were called in to suppress the enemy fire so that the pickup could be made. The entire event was a well-choreographed exercise of cool professionalism under fire that successfully recovered several wounded soldiers.¹⁰

After six months in the country, the soldiers of the 3d Brigade, 101st Airborne Division redeployed to Fort Campbell, Kentucky. A brigade from the 82d Airborne Division replaced them. The element from the 50th remained for another two months to support the new troops, earning the team combat patches from both divisions. When he arrived back at Fort Campbell, Stanley of the 50th wrote a detailed after-action report. In it he cited several issues:



A 1042d Med Co (AA) UH-60 of the Oregon ARNG supports weekend training at Camp Rilea, Oregon. The number 68 on the side is used for identification while performing firefighting support missions, a classical state mission.

Source: Author



Flight medic S.Sgt. Gene Teves of the 126th Med Co (AA), California ARNG, on active duty in Afghanistan in 2003. In civilian life, Teves was a paramedic with the Sacramento Fire-Rescue Department. Many guardsmen have civilian careers that directly complement their military duties, especially in the medical units.

Source: Lt. Col. Pete Smart



Medic S.Sgt. George Hildebrandt of the 50th Med Co in Operation Enduring Freedom.

Source: Author

1. MEDEVAC launches were delayed because of launch approval issues. At one point, approval was maintained by a Major General who was occasionally hard to contact. Launch authority should rest with the aviation brigade or battalion commander.
2. Army MEDEVAC needed to move away from its unarmed approach when functioning in combat operations. On many occasions U.S. Air Force HH-60s were used for recoveries because of the enemy threat.
3. Medics needed increased medical training to the paramedic level.
4. The medical equipment set and aid bag for MEDEVAC needed to be reassessed. The high elevations decreased the lift ability. Weight had to be reduced as much as possible, to include pulling out the carousels.
5. "A" model UH-60s did not have the power available to operate at the same level as other Army aviation aircraft.

6. FSMTs needed to be attached to the aviation battalion or brigade during combat operations.
7. MEDEVAC aircraft should be deployed to forward operating locations for better responsiveness.¹¹

Col. Scott Heintz reviewed these lessons learned and recommended that an Army National Guard (ARNG) unit with UH-60L aircraft be mobilized and deployed to Afghanistan. He also recommended that because of the austere conditions in Afghanistan, MEDEVAC teams deployed there should be attached to the aviation task forces less operational control (OPCON) that would be given to the medical task force, with a 67J assigned to the medical task force operations center.¹²

In response, two FSMTs from the 1042d Med Co (AA), Oregon ARNG, replaced the teams from the 50th and 57th. Under the command of Maj. Mathew Brady, the 1042d was ordered into federal service and activated as Operation ANACONDA concluded. Initially three aircraft, crews, and support personnel were sent to Fort Bragg, where they were assigned to the 56th Medical Battalion (Evacuation) commanded by Lt. Col. Dave MacDonald.

The rest of the company joined them a month later. They assumed some base taskings and covered Army Ranger training at Dahlonaga, Georgia. However, training exercises for overseas deployment consumed the majority of their time. The unit deployed the two FSMTs with six aircraft, crews, and support personnel in late July 2002 to Afghanistan. The UH-60L aircraft had the more powerful engines and were better suited to the demands of mountain flying. Replacing the 50th, the 1042d FSMTs assumed responsibility for operations at Kandahar, moved two aircraft and crews forward to Bagram, and positioned another two helicopters and crews to forward Operating Base Salerno near the Pakistan border. The crews subsequently flew more than 90 missions recovering 130 patients and logged more than 900 flight hours, 300 of which were flown with night vision goggles (NVGs). An estimated two-thirds of their patients were local children, who had been hurt by land mines or improvised explosive devices. In another incident, 1042d crews responded to the crash of a German CH-53 that was an International Security Assistance Force MEDEVAC asset and had gone down with a medical team on board. With its demise, the 1042d picked up coverage for the International Security Assistance Force, too.¹³

Brady deployed with the Afghanistan contingent and located his headquarters at Bagram where he developed an excellent working relationship with the 82d Aviation Brigade that supported his unit. The brigade commander retained launch authority over all sorties, but most often relented when Brady asked for a waiver. Although Brady appreciated the additional logistical, intelligence, and gunship support provided by the linkup with the brigade, he still wanted the unique status of a medical unit versus an aviation unit. On several occasions, his crews had to delay launching on a recovery because it took several more minutes for the AH-64s to prepare for takeoff.

A detachment of three aircraft and crews also remained at their home station in Salem, Oregon, for state taskings and firefighting duties. On 30 May 2002, the unit supported rescue operations for nine hikers involved in a terrible accident on Mt. Hood. An Air Force Reserve rescue helicopter from the 304th Rescue Squadron at Portland, Oregon, crashed trying to recover the hikers. The 1042d crews subsequently rescued the downed 304th crew, the surviving hikers, and the bodies of the three who had died in the original accident.¹⁴

Brady was also ordered to deploy four aircraft, crews, and support personnel to Kuwait. After activation, that contingent departed directly from Oregon to the theater. Two aircraft and crews provided general MEDEVAC support out of Camp Doha, Kuwait, for American forces in that area, and the other two were sent to the Prince Sultan Air Base in Saudi Arabia. The unit was put under Air Force control and directed to remove its crosses so that they could be used for base security surveillance missions. Both teams remained in their assignments as U.S. forces were built up in the area for action against Iraq. At one point, Brady had aircraft and crews at five different locations around the world. They all finally returned home in July 2003. As the 1042d contingent in Afghanistan departed, teams from the 45th Med Co (AA) from Germany and the 126th Med Co (AA) California ARNG, also equipped with the more powerful UH-60L aircraft, replaced it. As of this writing, operations are still ongoing in that theater.¹⁵

The Second Persian Gulf War

Operation IRAQI FREEDOM (OIF)

Background

When the United States led the great coalition that freed Kuwait in 1991, numerous pundits and governmental leaders felt that it was just a matter of time before Saddam Hussein would be overthrown by disparate, disaffected elements within Iraq. Almost immediately, primarily Shia groups revolted in the southern portions of the country. Very quickly after their victory, however, U.S. and coalition forces pulled back into Kuwait and could only watch as Hussein unleashed his remaining forces on the rebels and brutally suppressed them. These actions and similar ones taken in the north led to the death of tens of thousands of Shiites and Kurds, and resolidified Hussein's grip over the nation.

Encouraged by the rapid departure of the allied forces from his country and the success of his suppression of the rebels, Hussein reassumed a defiant pose toward the western powers. Once again, he began subtle but aggressive actions against Kuwait and was allegedly involved in an assassination plot against President George H.W. Bush when Bush visited the Gulf region. Hussein ordered his Air Force to fly in violation of a United Nations-imposed no-fly edict, triggering continuous patrolling of two formalized no-fly zones in northern and southern



A fast moving Iraq dust storm.
Source: Lt. Col. Brad Pecor

Iraq. He also challenged these no-fly zones by ordering his anti-aircraft gunners to fire on allied aircraft patrolling the sectors.¹⁶

When he took office in January 2001, President George W. Bush directed his administration to review these actions. His administration determined that Hussein's hostile actions and intent and stated determination to develop and use more weapons of mass destruction or pass them to international terrorists presented a serious danger to the United States and its interests in the Gulf region. Bush addressed this threat in a speech at the United States Military Academy on 1 June 2002. To the gathered cadets, their families, faculty, and friends, he said:

The gravest danger to freedom lies at the perilous crossroads of radicalism and technology. When the spread of chemical and biological and nuclear weapons, along with ballistic missile technology—when that occurs, even weak states and small groups could attain a catastrophic power to strike great nations. Our enemies have declared this very intention, and have been caught seeking these terrible weapons. They want the capability to blackmail us, or to harm us, or to harm our friends—and we will oppose them with all our power...

For much of the last century, America's defense relied on the cold war doctrines of deterrence and containment. In some cases, those strategies still apply. But new threats also require

new thinking. Deterrence—the promise of massive retaliation against nations—means nothing against shadowy terrorist networks with no nation or citizens to defend. Containment is not possible when unbalanced dictators with weapons of mass destruction can deliver those weapons on missiles or secretly provide them to terrorist allies.

We cannot defend America and our friends by hoping for the best. We cannot put our faith in the word of tyrants, who solemnly sign nonproliferation treaties, and then systemically break them. If we wait for threats to fully materialize, we will have waited too long.¹⁷

Laid out in such stark terms, Bush's speech was immediately labeled a doctrine of preventive or preemptive war. The Army Chief of Staff, Gen. Eric Shinseki, realized that it most probably meant renewed hostilities with Iraq in addition to Afghanistan, and he accelerated preparations, although he had already ordered the Army to a wartime footing right after the attacks of 11 September.

Weighing Iraq's belligerence, its interest in producing and using weapons of mass destruction, and potential connections to international terrorist groups, Bush decided to remove Hussein and his Baathist Regime from power. He was heartened in that decision by the realization that the American people also saw Hussein and his regime as a threat, and in the face of the dramatic events of 9/11, they had lost their aversion to war casualties.¹⁸

While Bush made his case for war and Secretary of State Colin Powell appealed to the United Nations for diplomatic support, the commander of U.S. Central Command, Gen. Tommy Franks, directed his staff to develop the detailed plans necessary to execute the attack. As opposed to its unlimited support in DESERT STORM, Saudi Arabia put strict limits on its backing for the proposed campaign. Although Air Force and some ground units could be based in Saudi Arabia, the ground campaign would have to be mounted from Kuwait. This main attack would be mounted with three plus divisions and numerous supporting elements. Task Force Horse consisting of the 4th Infantry Division and associated support units including the 62d Medical Brigade would mount a secondary attack south out of Turkey. Additionally, the insertion of significant special operations forces into western Iraq would tie down Iraqi units there and prevent the launching of surface-to-surface rockets from the region against Israel and Saudi Arabia, as had been done in DESERT STORM. The timing of the campaign was not yet set. However, Franks wanted to initiate it as soon as possible, preferably in the cool weather of the winter months instead of the blinding heat of late spring and summer. February or March of 2003 seemed to be the most propitious time.

Combat Units. As the preparations to attack Iraq proceeded, Franks organized his forces for the operation. The Third Army, based at Fort McPherson, Georgia, and commanded by Lt. Gen. David McKiernan since September 2002, would wage the ground campaign. With the initiation of combat operations in Afghanistan, it had been task organized as the Combined Forces Land Component Command (CFLCC), as authorized under the Goldwater-Nichols Legislation passed in 1986. This was the first time that land forces were so organized. For operations against Iraq, the CFLCC commander, McKiernan, controlled two powerful units:

1. The U.S. Army V Corps, commanded by Lt. Gen. William S. Wallace, and consisting of the 3d Infantry Division (Mechanized), the 101st Airborne Division (Air Assault), two brigades of the 82d Airborne Division, the 12th Aviation Brigade, the 11th Attack Helicopter Regiment (AHR), the 31st Air Defense Artillery Brigade, and many support units.
2. The U.S. Marine Corps I Marine Expeditionary Force (MEF), commanded by Lt. Gen. James T. Conway, and consisting of the 1st Marine Division, the 3d Marine Aircraft Wing (MAW), the 2d Marine Expeditionary Brigade the 15th Marine Expeditionary Unit, the 24th Marine Expeditionary Unit, the 108th Air Defense Artillery Brigade, U.S. Army, the 1st United Kingdom Armored Division, and numerous support units.¹⁹

For combat operations in Iraq, the CFLCC staff was expanded with soldiers, marines, airmen, and allied officers and troops. Shortly after assuming command, McKiernan welcomed Brig. Gen. George Weightman, MC, aboard as his (first ever) CFLCC Command Surgeon. Almost immediately, Weightman deployed forward to Kuwait to serve in that capacity and also as the commander of the 3d MEDCOM (Forward). Per Joint Publication 4-02, he was responsible for the planning and execution of the medical support for the operation for that much larger patient base that Joint Publication 4-02 defined. He discovered that the initial plan, Operations Plan 1003V, needed substantial updating and modification as actual combat operations were considered.²⁰

Weightman noticed that the I MEF did not have any MEDEVAC capability and requested augmentation for that purpose. As the CFLCC Surgeon, he had to find the capability for that force. Initial planning called for five MEDEVAC units to deploy to support the operation. He resolved to assign one to directly support the I MEF when the units arrived (it was one of more than 40 U.S. Army units of varying sizes that augmented the I MEF). As he requested necessary medical support units to deploy to the theater, he noticed that the Secretary of Defense was delaying his requests. This was a deliberate action because Secretary Donald Rumsfeld wanted to push combat units into the theater first, assuming that a campaign quickly initiated and conducted yielded fewer casualties and required less support. However, Weightman continuously pushed to bring his medical units forward.²¹

Medical Units. The following medical evacuation elements eventually deployed to support the operation:

- 3d MEDCOM (Forward – CFLCC)
 - 86th Combat Support Hospital (CSH)
 - 3d Medical Battalion (Provisional)
 - 804th Medical Brigade
 - ▶ 47th CSH
 - ▶ 865th CSH
 - ▶ 115th Field Hospital
 - ▶ 110th Medical Battalion (Evacuation)

- ▷ 498th Med Co (AA) (OPCON to I MEF)
 - ▷ 1042d Med Co (AA) (-)
 - ▷ 112th Med Co (AA)
 - ▷ 159th Med Co (AA) (-)
 - ▷ 437th Med Co (GA)
- 30th Medical Brigade
 - 36th Medical Battalion (Evacuation)
 - ▶ 82d Med Co (AA)
 - ▶ 159th Med Co (AA) (-)
 - ▶ 507th Med Co (AA) (DS to 3d Infantry Division)
 - 28th CSH
 - 61st Medical Battalion
 - 93d Medical Battalion
 - 212th Mobile Army Surgical Hospital (MASH)
- 1st Medical Brigade
 - 56th Medical Battalion (Evacuation)
 - ▶ 57th Med Co (AA)
 - ▶ 571st Med Co (AA) (DS to 4th Infantry Division)
 - 21st CSH
 - 111th Medical Battalion
- 62d Medical Brigade
 - 421st Medical Battalion (Evacuation)
 - ▶ 54th Med Co (AA)
 - 109th Medical Battalion
 - 172d Medical Battalion²²

The 101st Air Assault Division had its own 50th Med CO (AA).²³

However, many of these units were not in place when combat operations were initiated on 20 March 2003. Only four U.S. Army hospitals were completely fielded and operating, and they only provided 500 beds for patients.²⁴

As forces continued to build in Kuwait for the southern portion of the attack, the government of Turkey voted not to allow the passage of Task Force Horse through its territory to mount the northern attack. Some of the soldiers and most of the equipment of the 4th Division and support units were aboard ships in the eastern Mediterranean Sea, and Franks ordered that they be diverted to ports in Kuwait and Saudi Arabia. They were fed into the campaign as they arrived.²⁵

The southern scheme of maneuver called for both the V Corps and I MEF to attack generally northwest to destroy Iraqi forces, clear the main roads and adjoining towns and cities, and capture Baghdad. Subsequent operations would send forces farther north to seize Tikrit and Mosul. Coalition special forces units would conduct supporting operations in western Iraq and another supporting operation in conjunction with the 173d Airborne Brigade and Kurdish forces in northern Iraq.

Springing forth from Kuwait, the V Corps would attack on an axis generally through the cities of Jalibah, As Samawah, An Najaf, Karbala, and then surround Baghdad. To V Corps' right, the I MEF would use the British forces to clear the city of Al Basrah and also sweep generally northwest to surround Baghdad from the east, and then be prepared to continue operations to the north as needed.

More than 1,800 U.S. and allied fighter, bomber, and support aircraft were standing by to support the offensive unit. Arrayed at airfields across the region and aboard aircraft carriers in the Gulf region, a portion of these forces had actually been in action against Iraq almost continuously since the imposition of the no-fly-zones over Iraq after DESERT STORM.

Intelligence sources indicated that Hussein believed an extensive air campaign would precede any allied ground attack, as had occurred in DESERT STORM. Sensing an opportunity to achieve at least operational surprise, Franks decided to initiate the ground campaign with the forces in Kuwait before the initiation of an air campaign. He would do it in March, before the heat had significantly built up.²⁶

Conflict

On 17 March, President Bush addressed the nation. He gave Hussein and his sons, Uday and Qusay, 48 hours to leave Iraq, explaining that, "Their refusal to do so will result in military conflict, commenced at a time of our choosing." Hussein immediately responded with his own appearance on television saying, "This will be Iraq's last great battle with the malicious tyrant in our time, and America's last great war of aggression, too."²⁷

Actual combat operations began on 19 March, when special forces elements entered Iraq at several locations. However, the actual initiation of the larger campaign was triggered not only by precise planning, but also a perceived fortuitous combination of events. In the early morning hours of 20 March 2003, the Central Intelligence Agency indicated that Hussein and his two sons were gathered with possibly other key national leaders at a compound southwest of Baghdad called Dora Farms. Franks was prepared for such an opportunity to decapitate the regime in one bold action, and he ordered the launch of 39 Tomahawk Cruise Missiles into the site, followed by two F-117s, each dropping two 2,000-pound bombs. Unfortunately, Hussein and his compatriots were not present. Franks then ordered the offensive to begin. Within hours, V Corps and I MEF task forces crossed into Iraq and allied fighters and bombers were striking targets all over the country. In response, Iraqi forces launched cruise missiles at the locations of the headquarters for both the CFLCC and the I MEF. Little damage was sustained at either location, but all troops had to quickly don their chemical suits.²⁸

Within 24 hours, the 3d Infantry Division moved into Iraq and had lead elements operating near Al Najaf. The 5th Regimental Combat Team from the 1st Marine Division seized the vital Rumaylah Oil Fields near Safwan, while its 7th Regimental Combat Team destroyed several Iraqi units, secured three oil pumping stations, and seized the Al Basrah Airport. The I MEF then passed control of that area to British forces and turned northwest. Almost simultaneously, British

forces captured the key port of Umm Qasr and cleared the Al Faw peninsula as the Marine Division's 1st Regimental Combat Team attacked northwest to Jalibah.²⁹

For the most part, regular Iraqi Army units either surrendered or ran away. As the U.S. units moved into the country, however, Fedayeen irregular units and Republican National Guard units began to present a spirited defense. Some of the attacks mounted against the lead elements of the 3d Division were almost suicidal in nature as enemy fighters in pickup trucks tried to swarm in among the armored convoys. The heavy M1 tanks were not affected, but lighter M2 Bradley fighting vehicles and trucks suffered losses and casualties mounted.

In the rapid movement forward, many towns and cities had been by-passed. More Fedayeen forces sprang forth from them to intercept and attack the large and ill-defended supply and logistics convoys now moving forward to support the rapidly advancing heavy forces. In one particularly bloody encounter near An Nasiriyah, these forces isolated and captured a convoy of soldiers from the 507th Maintenance Company, killing several and taking six others prisoner. Their pictures were shown on television. Marines who then rushed in to try and free the prisoners were embroiled in a particularly nasty fight with more Fedayeen who dressed as civilians, who pretended to surrender and then opened fire. They used the local populace as shields and attacked out of schools, hospitals, and mosques. They quickly learned and exploited the American rules of engagement and mounted suicide attacks against security checkpoints.

After an intense engagement near Samawah, Capt. Clay Lyle, a cavalry officer with the 3d Division, reported that, "Several hundred Hussein loyalists had recently arrived in Samawah and had taken over the town ... and the fighters had moved into the schools and occupied the mosques. Iraqi soldiers who failed to demonstrate sufficient determination were being executed. Townspeople were being pressed into service against the U.S. troops."³⁰

The marines of the I MEF continued to fight northwest along Routes 1 and 7, fighting sharp battles at An Nasiriyah, Ash Shatrah, Ar Rifa, and Ad Diwaniyah. These marines faced still resistance as they fought and eventually crossed the Tigris River at An Numaniyah and Al Kut on 2 and 3 April, respectively. From there, Baghdad was 90 miles northwest.³¹

On the night of 23–24 March, the 11th AHR launched a two-battalion attack against the Republican Guard Medina Division located a few miles northeast of Karbala. The enemy used cell phones and flashing lights to signal the advance of the helicopters and alerted the considerable enemy air defenses located in the villages and towns in the region. Every aircraft in the attack was damaged. One AH-64 was forced down and the crew was captured. Task Force Gabriel, the personnel recovery task force including MEDEVAC helicopters, was with the 11th AHR but did not respond to the downed aircraft because the recovery aircraft had not been refueled at an intermediate Forward Operating Base (FOB) set up for the operation.

Reviewing the debacle, Wallace said, "Deep operations with the Apaches, unless there's a very, very, very clear need to do it, are probably not a good idea."³²

For the next two days, the battle area was encased in the "Mother of all Sand-

storms” (MOASS, as the troops quickly dubbed it), with winds routinely as high as 50 knots. Aviation units were grounded, and even ground vehicles had a hard time traveling. The storm was interspersed with rain showers, which made it worse.

Said one soldier as he tried to dig out a stuck vehicle, “It’s raining mud!”³³

The Aviation Brigade of the 101st Division did a detailed review of the attack of the 11th AHR and mounted a second and more successful raid against enemy formations just north of Karbala, destroying 47 enemy vehicles and crewed weapons and suffering only one damaged AH-64.³⁴

The enemy forces adjusted their tactics, too. They used the cover of the severe sandstorms to mount close-in individual attacks. More troubling, the enemy began to detonate bombs placed along roads or in derelict vehicles. These hellish creations were quickly named “improvised explosive devices,” or more simply, IEDs. Commanders also noticed that the populace was not rallying to the allied forces as had been predicted.

Reviewing the first two weeks of operations, the V Corps commander, Lt. Gen. William Wallace, commented that the Iraqis were “not the enemy we war-gamed against.”³⁵

Wallace realized that changes in tactics were necessary. He resisted the temptation to pull back his armored units to provide convoy escort. Instead, he brought forward strong task forces from the 101st and 82d Divisions to clean out the Fedayeen pockets in the cities and towns and provide overall rear-area and main-supply-route security forces.

The efforts allowed supplies and sustenance to flow forward to the lead task forces of the 3d Division as they steadily destroyed the Iraqi elements being pushed back toward Baghdad. Heavy battles were fought to secure Samawah, Najaf, Karbala, and Al Hillah.

In western Iraq, special forces units worked closely with U.S. Air Force, Navy, Marine, and allied airpower steadily to decimate Iraq units and prevent the area from being used to launch missile strikes against other nations in the region. Concurrently, Turkey allowed U.S. and allied aircraft to transit its airspace, and a task force consisting of the Italy-based 173d Airborne Brigade and strong special forces units parachuted into northern Iraq. Reinforced with a company-plus of M1 Abrams tanks and supported by thousands of air strikes using precision weapons, this strong force linked up with Kurdish Peshmerga fighters to tie down significant enemy units along the “Green Line,” thus preventing their movement south to reinforce their countrymen in the looming climactic battle for Baghdad.³⁶

By early April, the 3d Infantry Division had fought through the Karbala—Al Hillah Gap and approached Baghdad. On 4 April, its lead brigade seized the Baghdad International Airport (BIAP) on the southwest edge of the metropolitan area. To the east, the lead elements of the I MEF crossed the Tigris River and closed in on Baghdad from that side, before engaging and destroying a Republican Guard Division dispersed in the suburbs of the capital. The 173d Airborne Brigade and attached elements in the north broke through the “Green Line” and prepared to seize Mosul and Tikrit. All forces closed in on the remnants of Hussein’s regime

now squeezed within its last bastion in Baghdad.

On 5 April, a reinforced armor battalion from the 3rd Infantry Division attacked into the heart of the capital and then withdrew. Two days later, a 3d Division heavy brigade conducted a “Thunder Run” into the western sector of the city and then formed into defensive laagers. The enemy response was ferocious. Mayhem broke out as Iraqi soldiers and—apparently—civilians assaulted the American units with every conceivable weapon that they could bring to bear, including suicide bombers who rushed up to the tanks and personnel carriers in vain attempts to destroy them and their soldiers inside. Firing was continuous as the Americans held their ground, expending vast amounts of ammunition and calling in continuous airstrikes from ever-present allied fighter aircraft and attack helicopters. Despite the enemy response, the soldiers of the 3d Division steadily crept forward into the center of the city, and the lead elements of the I MEF entered from the east. Both came into full view of the international media recording the event. On 9 April, a small team of U.S. Marines and Iraqi civilians pulled down the Saddam Monument in the center of Baghdad. Almost instantaneously broadcast to the world by the now ever-present press, it seemed to signal the final end of the Saddam regime and a successful conclusion to the war.³⁷

Task Forces Tarawa and Tripoli from the I MEF continued north and attacked enemy units in Baqubah, Samarra, and Tikrit, freeing seven American soldiers: five who had been taken prisoner in the ambush in An Nasiriyah, and two who were aboard the AH-64 shot down in the 11th AHR raid near Karbala.³⁸

On 14 April, the press office of the Secretary of Defense in the Pentagon released a terse message that all major combat operations had ended. The campaign’s casualties had been relatively light. The CFLCC declared that the U.S. Army reported 42 killed and 133 wounded, the Marines reported 41 killed and 1,521 wounded, and the British reported 19 killed and 36 wounded. As symbolic as the fall of Saddam’s Monument was, however, there was no precise end to Hussein’s regime, no formal surrender or treaty, cease-fire, or capitulation. For the most part, the soldiers of the various parts of the Iraqi Army and Fedayeen just deserted and went home. Many kept their weapons or stashed their armaments in weapons caches. The Iraqi national identity and infrastructure had been fragmented by the war, both physically and emotionally.

Postcombat planning attempted to address this with mop-up and reconstruction efforts. Campaign planning had assumed that the majority of the Iraqi people would welcome the invading forces as liberators and willingly support them as they removed Hussein and his supports. Experience gained in the recent combat indicated that this was not a valid assumption. Hostility was already being noticed throughout the country, and as the Iraqi military forces and even local police elements melted away, the locals massively vandalized government offices, commercial centers, and even their neighbors’ homes. Only the Kurds in the north fully excised the Baathist party, maintained order, and welcomed the Americans. On 24 April, a task force from the 82d Airborne Division occupied Fallujah, a lawless Sunni city 25 miles west of Baghdad. The local populace demonstrated against the troops. Somebody fired shots that triggered a street battle. Seventeen Iraqis

were killed and 60 were wounded. The demonstrations continued. Protesters hung out a sign that said, “U.S. killers, we’ll kick you out.” These were troubling harbingers and indications that perhaps the war was not over.³⁹

Postconflict plans for U.S. forces called for a reduction to 30,000 residual troops by September. However, efforts to engage other nations to send troops for occupation duty were not very successful. Several nations agreed to small contingents, many with significant caveats as to how their forces could be used. Most notably, though, Arab countries and even India declined to participate. As the “Phase IV” reconstruction efforts began in earnest to address the drastic needs of the people and nation, crimes of violence, and then attacks on American and allied troops, contract personnel, and governmental employees steadily increased. Those who still opposed the liberation seemed to rejuvenate and reappear Phoenix-like to precipitate a guerilla war of indeterminate scope and eventually allied with the larger antiwestern elements active throughout the world. It appeared to those who understood events that perhaps this would not be a short war, but a long and involved one, with more troops, including MEDEVAC units, needed ultimately to pacify and stabilize the country.⁴⁰

MEDEVAC Units

1042d Med Co (-) (In place in Kuwait). Capt. Brian Houston commanded the detachment of two aircraft from the 1042d Med Co (AA), Oregon ARNG. He and his troops sat alert for MEDEVAC duties as the allied forces built up in Kuwait. As the war approached and the other MEDEVAC units arrived, Houston and his troops stood down and packed up their gear and helicopters to go home. When Weightman interceded and had their orders changed, they unpacked and went back on alert. As the battle unfolded, they remained in general support under the 3d MEDCOM and flew backhaul missions in support of the other units that provided direct support to the combat units. They returned to Oregon in July 2003 for demobilization.⁴¹

Weightman also tried to take control of the 1042d detachment that was supporting the Air Force at the Prince Sultan Air Base in Saudi Arabia, but could not get them released from that assignment.⁴²

159th Med Co (-) (In place in Kuwait). An FSMT from the 159th Med Co led by Capt. Dustin Elder had also been pre-positioned. However, it was attached to the 2d Squadron, 6th Cavalry Regiment, as part of the personnel recovery task force, Task Force Gabriel, and located at the huge Ali Al Saleem Air Base in Kuwait. Elder and his troops had trained with aviation units for this mission in Germany and on deployments into eastern European nations. They used the three-ship package first tried in Albania. The command UH-60 lead followed by the security aircraft with a small infantry team onboard and special heavy crash equipment for extricating trapped crewmembers. The MEDEVAC aircraft was number three. In December, Elder was transferred to the 421st Medical Battalion (Evacuation), and his second in command, 1st. Lt. Anthony Borowski, took over the FSMT.⁴³

Evacuation Battalions. At Fort Hood, Texas, the 36th Medical Battalion (Evacuation), commanded by Lt. Col. Bryant Harp, received a warning order for deployment to the Gulf region on 15 January 2003. Harp had initially enlisted in the Army and trained as a crew chief before entering the warrant officer program and attending pilot training. While serving a tour with the 498th Med Co (AA), he received a direct commission into the Medical Service Corps (MSC) in 1984. He subsequently served a ground tour with a medical company of the 2d Armored Division in DESERT STORM and then commanded the 571st Med Co (AA) at Fort Carson, Colorado. Next he served a tour as a medical planner with the Army component of Central Command, which gave him a very good knowledge of contingency plans for operations in the Gulf region. He took command of the 36th in July 2002.⁴⁴

At home station, the 36th commanded three air ambulance units: (1) the 507th also at Fort Hood, (2) the 82d at Fort Riley, Kansas, and (3) the 571st, still at Fort Carson. The warning order specified that the 36th would deploy with the 507th Med Co (AA). Separately, the 82d would also deploy. The 571st was on a completely different order and would deploy to Turkey as part of Task Force Horse under the 62d Medical Brigade. That order was subsequently cancelled, when the government of Turkey refused to allow the deployment. The 571st eventually was diverted to Kuwait to join the southern campaign.

By early February, all 36th vehicles, equipment, and shipping containers full of Class VIII medical supplies had been shipped by rail to the port of debarkation. On 12 February, the troops of the 36th departed Fort Hood by commercial charter aircraft for the long flight to Kuwait. Arriving 26 hours later, Harp and his troops were met by representatives from the 3rd MEDCOM who helped with their initial in-processing and then moved them to Camp Udairi. The 36th was placed under the 30th Medical Brigade, with the mission of commanding and controlling the evacuation assets for V Corps. It was physically located with the 12th Combat Aviation Brigade from Germany, which provided operational and logistical support.

The 421st Medical Battalion (Evacuation) also deployed from Germany. Like the 571st, it was initially designated to support Task Force Horse, but was diverted to Kuwait with all the other units. Upon arriving, however, it was not assigned a mission and returned to Germany two months later.⁴⁵

The 110th Medical Battalion (Evacuation) from the Nebraska ARNG was activated in February and deployed to Kuwait in April. It served under the 3d MEDCOM and eventually provided military command and control for the MEDEVAC detachment from the 1042d and the 159th Med Co (AA) and 112th Med Co (AA) when they arrived in theater. The unit returned home in August 2003.⁴⁶

The 36th Battalion moved to Camp Doha as the 507th and 82d arrived. They were both also slated to be under the 30th Medical Brigade, but their roles had not yet been determined. All commanders assumed that air evacuation was the primary mode of movement for all casualties. The 507th was placed at Doha, and the 82nd went to Camp Arifjan. Harp got involved in the discussion about possibly

putting an air ambulance company in direct support of the 3d Infantry Division. He recommended that the 507th was the best unit to do so, and the 507th received the mission.

As combat approached, Harp moved his headquarters and headquarters detachment to collocate with the 12th Aviation Brigade. This move gave him the ability to directly monitor the Army Airspace Command and Control arrangements under which his crews would operate. Harp also appreciated that the aviation brigade commander was responsible for airspace management, and he (Harp) wanted to make sure that the commander knew what the MEDEVAC helicopters and units were doing. All other Army helicopters were equipped with a new tracking device called "Blue Force Tracker." These devices were specifically designed to provide for constant real time flight tracking, and they gave the brigade the ability to quickly determine the overall aviation picture. However, the MEDEVAC helicopters had not been equipped with these devices, and their movements had to be coordinated manually, which required close coordination with the aviation units. Harp resolved that he would make a special effort to get his aircraft equipped with these devices when they returned to their home stations.

To facilitate the necessary flight coordination procedures, Harp made arrangements to have liaison personnel in the various command centers, which enabled the expeditious handling of MEDEVAC requests. His planners helped develop a plan to handle mass casualty (MASCAL) events, and they were promised the use of CH-47s configured to haul casualties if needed. The planners also developed tactics, techniques, and procedures with the aviation battle captains so that when a MEDEVAC aircraft was dispatched into an area with a significant enemy threat, an AH-64 would be concurrently dispatched without any launch delay to provide en route and on-site security.

The 82d Med Co also joined the 12th Aviation Brigade at Udairi. They were actually in a compound that belonged to the 35th Armored Brigade of the Kuwaiti Army. Working with planners at the 30th Med Brigade, Harp and his operations officer, Capt. Corey Beaudreau, developed the overall evacuation plan for the V Corps. The 507th directly supported the 3d Division. The 101st Division had its 50th Med Co (AA), but, by design, needed general support from the 36th and its companies for backhaul. The 36th maintained control of the 82d and a possible additional air ambulance unit and provided overall area general support as the campaign developed. The 3d MEDCOM remained in Kuwait and provided theater support with the 110th Medical Battalion, the detachment from the 1042d, and the FSMT from the 159th that was released from its assignment to the 2d Squadron, 6th Cavalry Regiment, for personnel recovery operations with Task Force Gabriel. That tasking went to another unit.⁴⁷

As combat operations commenced, the 36th moved up to Tallil with the 82d Med Co. It established an ambulance transfer point called AXP Beaudreau, named after the 36th operations officer because he set it up.

As soon as Harp's crews started hauling patients, he realized that they had a communications problem. Their assigned high frequency long-range radios were

not working. The FM radios were adequate, but only had a short range at the lower altitudes at which the helicopters were flying. The issued TACSAT radios worked adequately, but not all command centers nor the MEDEVAC helicopters were equipped with them. The only system that worked reliably was Iridium cell phones. Harp procured several and distributed them to his commanders, liaison officers, and as many crews as possible. Then the 86th CSH moved a hospital detachment up to Tallil and began accepting patients. As the battle developed, this became the location for all enemy wounded prisoners. To make room for them, Harp used the 82d to move the wounded U.S. soldiers back to Udairi.

All battalion-assigned helicopters monitored common “MEDEVAC” frequencies while in flight and generally diverted if they received a call from somebody hurt along the heavily used main supply routes. The battalion also routinely received requests to provide support to special forces elements operating in support of the campaign all the way from Kuwait to Baghdad.

Urgent MEDEVAC requests were answered without delay. As the operations tempo increased, Harp and his planners tried—as much as possible—to delay noncritical patient pickups so that the wounded could be gathered into larger loads and handled during the day. He also closely monitored crew usage at his units to ensure that flight safety was not compromised because of flight personnel fatigue. He was very concerned about his crewmembers flying while wearing chemical warfare suits, body armor, and survival vests. He assigned either a flight surgeon or physician’s assistant to each unit with the authority to remove from the flight schedule any person that they thought was either over-tired or over-stressed. The company commander could override this decision, but only for clear operational reasons. On many occasions, too, the flight surgeon or physician’s assistant provided direct psychological counseling to soldiers who were overwhelmed with what they were seeing in their work.

As the V Corps gathered its combat power near Karbala for the fight into Baghdad, the 212th MASH moved forward and set up at FOB Rams. It was a Level III medical facility with beds for 36 patients. The 82d Med Co located several aircraft, crews, and even a small maintenance team there, and picked up a direct support tasking from the 82d Airborne Division when it committed a brigade to clean out enemy elements in the key city of Samawah. Harp then took control of the 159th Med Co and moved it up to Tallil, also in the general support role. Once the 159th was established at Tallil, Harp gave it the general support mission all the way from FOB Rams back to Kuwait, while the 507th and 82d moved forward with the battle as it closed on Baghdad.⁴⁸

When the BIAP was seized, the 507th with the 3d Infantry Division was one of the first units to move in. Harp took a small detachment from the 36th and moved it forward to co-locate with them to provide for the best possible responsiveness in the Baghdad area. A few days later, he decided to leave a liaison officer with the 12th Aviation Brigade at Tallil and move his entire headquarters to BIAP. His unit and its attached MEDEVAC companies were responsible for evacuation operations for a swath of southern Iraq spanning more than 400 miles.

498th Med Co

Maj. Greg Gentry was still in command of the *498th Med Co* (AA) at Fort Benning, Georgia, when he received a call on 24 December 2002 to alert him that his unit would deploy to Kuwait to support future operations. The official order arrived two days later. At home station, the 498th was assigned to the XVIII Airborne Corps, but the Corps was not deploying. Initially at least, the 498th was the only Corps unit slated to go to Kuwait.

Serving with Gentry as the 498th Operations Officer was Capt. Casey Clyde. He had been with the unit about nine months and was preparing them for a required deployment of four aircraft and crews to the Gulf region to support Operation DESERT SPRING, when Maj. Sean Bailey, the 3rd MEDCOM MEDEVAC officer working for the G-3 Air, called him and suggested that he go to the Gulf region for a deployment conference. When Clyde arrived, he was informed that the planned four-ship deployment was being cancelled, and the entire unit was deploying over for a larger operation. Bailey also told him that the 498th would be directly supporting a Marine Division. When Clyde returned home, he briefed Gentry, who found this information perplexing because the unit had an almost habitual relationship with the 3d Infantry Division that was already in the Gulf region.⁴⁹

The 498th deployed in late January 2003. Clyde led the advance team with three aircraft and 42 troops aboard C-5s. The rest of the unit shipped their other aircraft by sea and then departed Fort Benning on chartered commercial air. Clyde's C-5 broke down and he and his troops arrived after the rest of the company. When the 498th arrived in Kuwait, they settled at Camp Arifjan. Initially, they were assigned to the 3rd MEDCOM pending the arrival of a medical evacuation battalion. The first three aircraft were quickly assembled so Gentry could start training his crews for desert flying and, especially, maintain their currency with NVGs. The rest of the aircraft arrived by sea two weeks later and flight training began in earnest, especially night flying. The pilots needed to become comfortable using their NVGs while flying over terrain much different than home.⁵⁰

As the 498th crews trained, Bailey visited the unit and confirmed for Gentry that his unit was aligning under the operational control of the I MEF for the upcoming operations. Additionally, the 498th would provide general support on an area basis for all units in Kuwait as they arrived. Gentry received a set of formal orders directing the unit's assignment OPCON to the I MEF. He immediately contacted the I MEF staff to begin the necessary coordination and was directed to contact the staff of the 3d Marine Air Wing. He was informed that he would be further assigned to the Marine Air Group 39 (MAG 39) commanded by Col. Richard Spender. This unit already had six helicopter units assigned to it. It was the Marine equivalent of an Army combat aviation brigade. Gentry immediately began to establish the necessary connections to operate with them and draw upon them for general support such as security, lodging, meals, etc. The Marines did not have UH-60 helicopters, so Gentry quickly established a relationship with an

Army helicopter maintenance unit at Camp Doha for necessary Aviation Intermediate Maintenance support.⁵¹

At first, the Marines did not know what to do with the MEDEVAC guys. Their attitude was, “You’ve got to stay out of our way and not hurt yourselves.” The Marines’ evacuation procedure was CASEVAC and they were very proficient at bringing out their wounded on backhaul cargo helicopters. However, CASEVAC was one of many missions accomplished by the Marine lift units including the movement of KIAs. As combat operations approached, the 3d MAW commander, Maj. Gen. James Amos, developed an overall evacuation plan. He would use his CH-46s to pick up casualties at the forward aid stations and deliver them back to medical companies that were Level III facilities. The crews from the 498th would then move them to theater hospitals or to hospital ships at anchor in the Gulf region.

Gentry tried to convince the planners to use his helicopters forward. He was unsuccessful until the 3d MAW held a “rock drill” walk-through of how they would logistically support the movement of the I MEF forward into Iraq. Gentry made his case, and once Amos and his planners saw how the 498th operated, they realized that Gentry’s troops were a true force multiplier and completely supported the 498th and its concept of operations. Gentry then moved his unit from Arifjan over to the Ali al Salem Air Base where MAG 39 was located. He set up his operations center right next to the MAG 39 operations center, which gave him excellent access to intelligence, operational updates, and overall battle space command and control.

As the unit commander, Gentry retained launch authority for his aircraft. Only he or Clyde would dispatch their crews. Spender did not put any restrictions on them. As the crews would report for duty, Gentry or Clyde would brief them on the weather and operational conditions under which they could launch. The pilots in command were then free to fly within those parameters. If conditions changed, either Gentry or Clyde would be immediately available for a more detailed analysis and decision. If necessary, they could then go to the MAG 39 commander for operational support or their medical commander, Weightman, the CFLCC Surgeon General, for medical support.⁵²

MAG 39 and the 498th were both linked to the direct air support center (DASC) for integration into the overall operations of the I MEF. All nine-line requests for MEDEVAC would come in through the DASC. They would then be immediately passed to the 498th and shared with the Navy patient evacuation team for overall medical regulation of the patient and determination of the optimum medical facility to which the patient should be evacuated. All of the I MEF medical companies were assigned to the 1st Force Services Support Group. Clyde maintained direct contact with the patient evacuation team so that the 498th’s MEDEVAC efforts were closely integrated with the CASEVAC missions being flown by the Marine lift units.⁵³

Gentry then task organized his unit to support the upcoming operation. He designated his 2d and 3d FSMTs to support the 1st Marine Division. Capt. Adrian Salvetti was the overall leader for that element. Capt. John Hartman led the third



Lt. Col. Greg Gentry commanded the 498th Med Co in Operation Iraqi Freedom.
Source: Author

FSMT that supported Task Force Tarawa and the United Kingdom forces operating with the marines. The other five aircraft of the area support medical team remained behind for general support and provided spare aircraft for the FSMTs. Gentry maintained contact with his crews through the Secret Internet Protocol Router Network (SIPRNET) system.⁵⁴

The crews would fly single-ship or obtain armed escort (if available) from the other units in MAG 39 or even fixed-wing fighters if it was necessary. The FSMTs would move forward with the combat task forces and deliver their casualties to the Level III medical facilities. The CH-46s would then be used to move them in larger numbers back to the larger theater hospitals, just the opposite of what Amos had first proposed. Subsequent movement of patients to the off-shore hospital ships would be done—as necessary—by the crews from the 1042d.⁵⁵

Many casualties could also be carried to Fleet Hospital 3, a Level III facility that had been forward deployed to Iraq. It had 116 beds and 21 distinct surgical specialties, and was the most advanced Navy medical facility ever deployed so far forward into a combat zone.⁵⁶

At 0600 local time on 21 March, the I MEF initiated combat operations and crossed the border into Iraq. Almost immediately, the 498th was called into action and its crews carried casualties. It was also directed to send its large tanker trucks forward to carry fuel to a temporary refueling site being set up by the Marines on Safwan Hill, a small rocky edifice located just three miles north of the border. They refueled helicopters and AV-8 Harriers in direct support of ongoing operations as the Marine task forces surged forward. Although the site only existed for a few days, the fuelers of the 498th pumped more than 100,000 gallons of aviation gas into the thirsty machines before operations moved farther north. For the next two weeks, the 498th fuelers stayed with the support units and gassed up both Army and Marine aircraft at the FARPs.⁵⁷

As the campaign progressed, Gentry's crews displaced forward 23 times with the advancing marines, even at night. They had never trained to do this and literally developed the procedures on-the-fly and even slept in their helicopters when a lull in the action occurred. Most crews flew at 50 feet or lower, so in-flight communications were a problem. When they could, the crews talked to the Marine DASC. Gentry procured several satellite cell phones and issued them to the teams. They provided the best and most reliable way to maintain contact with the Company Tactical Operations Center (TOC).

Salveti and his two-FSMT element collocated their six-ship team with either the "Main" or "Forward" Division Headquarters at all times to receive missions and maintain situational awareness. They worked diligently with the Marine Corps and Navy operations personnel at the division headquarters to familiarize them with the Army concept of MEDEVAC. Despite these efforts, there were attempts early on to assign classic lift missions to the Army MEDEVAC crews, including one to transport a Navy Sea, Air, and Land team. The FSMT aircrews had to be diplomatic but resolute in handling these requests. They found that if reminded, the Marine Corps and Navy Operations personnel understood that any MEDEVAC helicopter dispatched on a nonmedical or nonpriority mission was not available to evacuate critically wounded marines. This simple logic slowly permeated the thought process of the DASC and patient evacuation team personnel as the value of MEDEVAC on the battlefield was demonstrated in the large number of successful evacuations performed by the 498th. Yet among the marines on the ground, the Army MEDEVAC mission was not always understood. On one occasion, a small Marine Corps element pinned down by enemy gunfire along a main support route flagged down a MEDEVAC crew. The crew made a hasty approach to their position—thinking injured may be on the ground—despite possible enemy gunfire. At the bottom of the approach, it became clear through the marines' hand and arm signals given to the crew that they simply wanted the aircraft to make a gun run on the suspected enemy position, which was an impossibility.

Clearly the unarmed status of the Army MEDEVAC aircraft with the red crosses was not communicated to all.⁵⁸

Even though he stayed very busy as the operations officer, Clyde flew his share of missions, including some night low visibility runs where he and his crew operated with their NVGs. On several occasions, he carried marines who were in terrible pain or near death. He remembered:

My rule is ...try not to look back. Don't focus on what is going on in the back of the aircraft. You've got a job to do and that is to get that patient somewhere as quickly as you can.

There are a few missions that really stick in my head with guys who were dying or very close to death or did die in the back of the aircraft. It sticks with you because you know that if you stop and think about it that that's the same guy who . . . He's got a family, he's got a mom, he's got a dad.

If you let yourself think about it, you jeopardize the crew and the airframe.... But sometimes you've got to look back because you hear the medic in your [intercom] system. You'd hear the medic telling the crew chief, "Put pressure here! Hold this!" Sometimes the crew chief is not into it . . . He's scared. He's a nineteen, twenty, twenty-one-year-old guy who never thought he was going to be doing that. Now he is applying pressure to an amputated leg or he is bagging a patient while the medic is working on the other patient... When they chose their MOS [military occupational specialties], I don't think a lot of them figured they would be seeing things like that.

Yes, there are a few missions that stick in my head. Guys dying. And even afterwards, cleaning out the back of the aircraft. ...A lot of blood ... a lot of biological matter. We brought out the pressure washer and it failed on us, so we were using 5-gallon water jugs to clean out the back of the aircraft.⁵⁹

Salvetti and his teams received nearly all of their missions and situational awareness through the 1st Marine Division DASC. Unfortunately, the speed of the advance of American forces into Iraq made it difficult for the MEDEVAC crews to procure accurate intelligence on enemy forces. Salvetti worried about the safety and accountability of his crews as they departed on their single-ship missions because there was little he could do to mitigate the inherent risks in their mission.

The 2d and 3d FSMTs jumped between the Main and Forward Division Headquarters locations 17 times during the 30-day Marine Corps advance to Baghdad. The intensity of this constant movement was a test of endurance for the aircrews. Everybody flew; Gentry himself flew 34 MEDEVAC missions. The two division headquarters were not designed to support or sustain aviation operations. The DASC was simply an air support coordination group, and logistical support had to be procured to facilitate the six Army MEDEVAC UH-60As frequently at their location.⁶⁰

In a disheartening turn of events some weeks into the operation, Salvetti's team was criticized by a Fox News reporter, retired U.S. Marine Corps Lt. Col. Oliver North, for not carrying out the body of a deceased U.S. Navy medical corpsman. North later wrote a book that contains his version of the incident in an inaccurate and perhaps sensationalized account.

The 2d and 3d FSMTs crossed paths with North while stuck at an FARP during the murky aftermath of the MOASS [Mother of all Sandstorms]. No aircraft could fly that day because of the extremely poor visibility. Luckily all six of the team's aircraft assembled at the FARP that morning to wait out the weather with several other Marine Corps helicopters. As soon as the weather lifted, the team planned to jump to the DASC to receive any missions that were waiting.

At one point during the day, Salvetti was informed that one of the pilots in command on his team had just had a discussion with a Marine aviation crew regarding a KIA held by a Marine Corps CH-46 also stuck at the FARP. The MEDEVAC crew had not taken possession of the KIA. Salvetti understood that one of the missions of the CH-46s in the area was to transport remains. As Salvetti discussed the situation with another pilot, CW3 Barnett, North approached their position.

North explained that he was flying with a CH-46 crew that had a very important mission and had to leave and had no time to transport the KIA and that it would be “a shame if they had to leave him on the side of the road.” Salvetti listened but did not offer to take the KIA because it was clear no aircraft were going anywhere that day and did not feel it necessary to debate mission priority with a reporter.

In North's written account of the exchange he claims the FSMTs' aircraft were full of supplies and food headed for the rear. However, this was false. One of six aircraft carried the team's supplies that were meant to sustain the team as it advanced forward with the division headquarters. All other aircraft were mission ready. North also suggested a dramatic exchange between Salvetti and himself. However, according to Salvetti, it never occurred.⁶¹

The next day the CH-46 crew flew forward and dropped off the KIA at another FARP. Once the MEDEVAC team flew forward and established contact with the DASC, one crew went back to the FARP and transported the KIA rearward. During the conflict the 498th moved KIAs as directed.

The day after the sandstorm turned out to be the busiest flying day of the war for the 2d and 3d FSMTs because many casualties had accumulated while the helicopters could not fly.

Unfortunately, the “encounter” with North spawned criticism of the 498th. In reality, the 498th provided the best medical evacuation possible for the Marines. The 498th FSMTs stayed forward without replacement throughout the conflict, and at the conclusion of the mission, there was little doubt that Army MEDEVAC was valued a great deal by the Marine Corps.⁶²

However, difficulties such as this incident were minor and few in number. As the operation proceeded, the relationship between the 498th and the 1st MEF steadily strengthened. The rapid 300-mile advance tested the tentative plan for MEDEVAC support that Gentry and his staff had created. The flexibility of the company structure and the dedication of the crews showed the 498th fully capable of the mission.

Some of the 498th flight medics initially had trouble dealing with the severity of wounds that they encountered. All had been well trained for their work. But little actual combat had occurred in the past 10 years, so most of the younger troops had



Roadside MEDEVAC in Iraq 2003.
Source: U.S. Army.

no real experience dealing with severe trauma. S.Sgt. Greg Givings was forward with Salvetti's team. With 13 years of Army service as an Army medic and his share of Military Assistance to Safety and Traffic (MAST) missions, he felt that he knew what to expect. He later remembered:

I was very well prepared with my medical skills, but as far as being mentally prepared to see so many severely wounded patients, I don't think I was ready for that...Most of my missions consisted of marines that had either been shot, or that had been in vehicle rollover accidents. Also, I provided aid for a few enemy prisoners of war, ... and maybe five or six civilians and three children. Dealing with civilians that were hit—most were females who had stepped on land mines.⁶³

All of the medics learned quickly. As a team sergeant, Givings also had to watch over his younger troops as they instinctively recoiled from the shock and horror of war. After several missions, he assembled his soldiers and provoked them to express their feelings that they frequently suppressed to get their missions done.

Givings was on one mission that diverted from a flight forward when the crew spotted a fuel truck that had turned over and was hanging on the edge of a ravine. One of the drivers was waving frantically and pointing to the truck cab. As the pilot hovered the aircraft, Givings jumped off and ran to the marine. He was okay, but told Givings that the other driver was pinned in. The two of them extricated the second driver from the cab just before the truck fell into the

ravine. During his time in Iraq, Givings cared for many wounded marines and civilians. This was the one time that he actually believed his actions directly saved someone's life.⁶⁴

Some of the crew chiefs also had difficulty adjusting to the realities of MEDEVAC work. Trained as helicopter mechanics and responsible for maintaining the aircraft, all learned very quickly that they had duties beyond caring for the machine. First, they were also crewmembers with designated duties such as providing an additional set of eyes to scan for external threats: towers, power lines, other aircraft, enemy fire, etc. They had to stay on the intercom system at all times and monitor the communications flow between all crewmembers and, sometimes, external agencies. Second, they had to acquire a basic set of medical skills so that they could effectively serve as the backup medic in case the primary was wounded or was just overwhelmed with critically wounded patients.

Spc. Robert Dahlen was a 22-year-old crew chief and also forward with Salvetti's team. He remembered his initial exposure to MEDEVAC:

This was my first dealing with MEDEVAC, and I had no clue...I had no idea what my job was, what I was supposed to do if I was supposed to help out with the medical part, with the medic and the patient. It wasn't until I got over there and sat down with some of the medics and we had little classes, they walked me through the crew brief on how to load patients into the carousel... We had a kind of crash course on combat life saving, stick an IV, just basic stuff.

The first time I was helping somebody, we picked up seven guys that walked into a minefield, a bunch of Navy guys. Two of them had lost their legs and three or four had a bunch of shrapnel, just miserable guys... We only had room for four litter patients in the litter pans and two ambulatory patients able to sit down in our seats. So one of my pilots said, "Well, let's run half of them down to Kuwait and we'll come back up and get the other guys." I told him, "I don't think that it is a good idea, sir... If I was in their shoes I wouldn't want to be split up right now, I'd want to stay with my guys. Get them in and we will work something out."

Me and the medic gave up our seats, and I took a cargo strap and strapped one guy sitting down with his back against the wall... I just didn't feel comfortable splitting these guys up. It was just a good feeling... I am doing something that is important and that helps.⁶⁵

On 4 April, the bulk of the 498th moved 250 miles forward with MAG 39 and its squadrons to a temporary air base called "Three Rivers" near Al Kut. That dramatically cut their reaction time for MEDEVAC missions in the Baghdad area. The 498th directly supported the I MEF until the company was relieved and shipped home on 10 June. They did not have any personnel killed or wounded, or aircraft shot down, although several did take hits from small arms fire.

There were aircraft maintenance challenges. The maintenance officer, Capt. Tom Mallory, later stated that the biggest single problem was broken windscreens—caused by the blowing rocks thrown up by rotor blast of helicopters taking off and landing. Also, the blowing sand played havoc with the engines, rotor blades, infrared jamming devices, and electrical wiring and components. Overall, the maintenance platoon did an outstanding job of keeping the aircraft flyable. For the previous three years, the 498th had won the Army Master Readiness, Operational Readiness Award. The unit's performance in the desert reinforced these honors.⁶⁶

The 498th evacuated 740 patients, including 126 enemy prisoners and 118 Iraqi civilians. Most were delivered to Marine medical companies or the Fleet Hospital 3. Throughout the operation Clyde maintained contact with the 3d MEDCOM operations section and tracked the location of U.S. Army Level III facilities. On a few occasions, his crews crossed command boundaries to deliver critically wounded marines to Army hospitals so that their wounds could be more expeditiously treated.⁶⁷

The 498th crews flew 1,600 flight hours, the majority in combat. The maintenance teams performed superbly, in many cases dispatching on short notice to forward locations to fix aircraft and return them to duty. The unit was well recognized for its outstanding work and received the Navy Presidential Unit Citation for the tour. All soldiers of the 498th proudly wear the 1st Marine Division patch on their right shoulders.⁶⁸

For the soldiers of the 498th, the deployment was a powerful and bonding experience. Salvetti later recorded:

I will always remember the folks I was with, especially the 30 days when the major portion of the fighting was actually going on. The crew I flew with, us four individuals, that's always going to be a real crisp, clear memory. And...the first time we ever went into Iraq, ...I remember looking at those guys and going, "Okay, this is the real thing."⁶⁹

112th Med Co

Another MEDEVAC unit sent to the Gulf region was the *112th Med Co* (AA) from the Maine ARNG. Commanded by Maj. Mark Sullivan, the unit was activated in February 2003 and processed for deployment at Fort Drum, New York. The unit then flew to Kuwait, arriving on 28 March, as the V Corps and the I MEF were engaged in heavy combat on the road to Baghdad. Arriving at Camp Arifjan, the unit was assigned to the 110th Medical Battalion (Evacuation) under the 3d MEDCOM and provided general support in Kuwait, including the transfer of patients out to hospital ships.

With the termination of combat operations in early May, the 112th moved forward into Iraq and assumed area responsibility for the area south of Baghdad down to Kuwait. The 112th maintained detachments at different times at Camp Doha and the Ali Al Salem Air Base in Kuwait, and Tallil, Ad Diwaniyah, and Al Kut in Iraq. This included some direct support to the I MEF elements as they disengaged and withdrew. The unit flew 761 MEDEVAC missions and carried 1,170 patients. While deployed, the unit was awarded the Master Readiness Award for maintaining the highest operational readiness of any aviation unit in the theater. The soldiers of the 112th returned to the United States in March 2004.⁷⁰

82d Med Co

The *82d Med Co* (AA) based at Fort Riley was also alerted for deployment. It was commanded by Maj. James Schwartz, who had commissioned into the MSC in 1989 after graduating from Wofford College in Spartanburg, South Carolina. He

initially served with a divisional medical company before attending flight school at Fort Rucker, Alabama. His initial posting as a MEDEVAC pilot was to the 498th at Fort Benning. Subsequently, he served with the 377th in Korea and had the requisite staff and school assignments before taking command of the 82d in June 2002.

In October 2002, Schwartz began to hear rumors that his unit would deploy to the Gulf region. This caused a bit of a morale problem because the unit had just returned from a one-year tour in Kuwait as part of Operation DESERT SPRING. However, many of the personnel who deployed—like his executive officer, Capt. Ricky Ortiz—were still with the unit, and knew how they needed to prepare the unit to return to the Gulf region. The rumors were confirmed when Schwartz received a warning order on 8 January and a deployment order four days later. The unit kicked into high gear to prepare and delivered 14 of their assigned 15 UH-60A aircraft to Beaumont, Texas, for surface shipment to the Gulf region. One aircraft was left behind because of structural damage discovered just before the deployment. Another deploying aircraft was undergoing a required phase inspection and had to complete it in theater before it could fly. Schwartz anticipated austere operations and packed lots of extra Class VIII medical supplies for his crews. The unit personnel traveled by commercial contract air from Topeka, Kansas.⁷¹

The troops of the 82d arrived in Kuwait on 16 February. Their equipment pulled into port a week later. Schwartz and his soldiers used the time to acclimatize and accomplish myriad tasks necessary to prepare for operations. Frustrations abounded when they hunted for individual support units to provide them with specific types of equipment or personal gear. One of the biggest difficulties was getting their Heavy Expanded Mobility Tactical Truck tankers certified to carry fuel. The unit had been required to purge them with water before shipping. Before they could be used in Kuwait to carry aviation fuel, they had to be inspected by a special laboratory, which took three weeks before all of their Heavy Expanded Mobility Tactical Trucks were released. Since the tankers were at a premium in the area, Schwartz worked around this limitation to get his helicopters and crews flying to prepare for the upcoming missions. His training requirements were not that heavy because his unit had experience in the area on the earlier DESERT SPRING deployment. Most of his pilots knew the hazards of night desert flying and brown-out landings. He did get three crews qualified to land aboard Navy hospital ships, if that was necessary. However, he could not procure the maintenance help necessary to complete the phase inspection on his 14th aircraft, which meant that it was not available for combat operations.

Once all in-processing was complete, the unit moved to Camp Doha and co-located with the 36th Medical Battalion (Evacuation) and the 12th Aviation Brigade with an associated Aviation Intermediate Maintenance battalion. The brigade provided them with intelligence, weather, and flight operations support. The 36th also supported the unit during in-processing. It also provided the unit with some cell phones that were indispensable because the troop buildup overwhelmed the base phone system.⁷²

The 82d would provide general support to backhaul casualties for the 507th and

the 50th as they covered their divisions, and possibly the 498th Med Co (AA), which was providing direct support to the I MEF.

The 82d Med Co effectively lost two more aircraft and crews when it was ordered to assign them to the 5th Battalion, 158th Aviation Regiment, to serve as recovery vehicles for personnel recovery missions with Task Force Gabriel. That battalion had taken over the personnel recovery tasking from the 2d Squadron, 6th Cavalry Regiment, and the 82d crews replaced the crews from the 159th so that they could join their unit, which was arriving in Kuwait. Capt. Justin Avery led the 82d detachment.⁷³

Schwartz and Ortiz were very concerned about the personnel recovery tasking because their crews had never received any training on the mission. However, the aircraft and crews went to Task Force Gabriel, and the 82d went into combat, not as a 15-ship company but as an 11-ship company.

With the initiation of combat operations, the 82d operated out of Camp Doha until 24 March, when Schwartz deployed a three-aircraft package to Camp Udairi to support the 86th CSH. He also ordered a four-aircraft package with a small maintenance team and two Heavy Expanded Mobility Tactical Truck tankers and refueling personnel to the newly seized Tallil Air Base near Nasiriyah. They located next to a detachment of the 86th Combat Surgical Hospital, which was a Level III facility with 40 beds.⁷⁴

The next day, Schwartz dispatched another five aircraft, crews, and maintenance team up to FOB Rams near Najaf. They launched just at sunset and adjusted to the almost zero illumination and the obscurant mix of dust and smoke as they flew over the barren desert. When they stopped at Tallil for fuel, they also loaded up with medical supplies and fresh blood for the flight north. Arriving at Rams, they found the landing on the crusty soil that rapidly converted to fine dust when dislodged by the helicopter downwash to be very challenging. The spotlight mounted on the nose of the helicopter helped the pilots with the landings and immediately became a priority item for night flights.

The 82d crews located with the 212th MASH, another Level III facility. When not flying, the 82d medics worked in MASH helping take care of the massive number of Iraqi civilians—some with severe trauma—who were seeking care. The Iraqi Army had shut down many of the local hospitals and told their people to go to the American units and ask for help. When the 82d medics arrived, the hospital was full. S.Sgt. Dan Ledbetter and his fellow medics helped clear out many patients to make room for anticipated casualties from the upcoming battles.⁷⁵

The crews and helicopters of Task Force Gabriel, the personnel recovery team, were also at Rams. They saw little action except for the evacuation of one AH-64 pilot wounded on the ill-fated attack mounted by the 11th AHR. Most of their flying consisted of logistical runs to support the task force or transport VIPs. On one occasion, one of the 82d crews assigned to Gabriel spotted two soldiers left behind to guard and repair a maintenance vehicle belonging to one of the aviation units. The 82d crew contacted the aviation unit to inform it of the status of the soldiers and stayed with them until a detachment from their unit came back and

picked them up. Their actions possibly precluded a repeat of the horrific events of the ambush and capture of the soldiers of the 507th Maintenance Company.⁷⁶

Avery did launch one aircraft on 2 April to look for the pilot of a U.S. Navy F-18 that had been shot down by a Patriot Missile over Lake Razzaza, northwest of Karbala. The crew joined a large armada of U.S. Navy and Air Force air and ground units looking for the pilot. Eventually, the aircraft wreckage and pilot's body were located and recovered. In comparison, though, the troops of Avery's team posted to Task Force Gabriel were doing very little while their fellow 82d crews were constantly flying MEDEVAC missions.⁷⁷

The 82d Med Co crew chiefs had their hands full keeping the aircraft mission ready. Routine duties were difficult enough in the austere conditions. Additionally, the wind and talcum-like sand played havoc with the windshield, wiring bundles, engines, and sophisticated electronic elements such as radios, transponders, and jamming systems. Fortunately, Schwartz included in the package sent to FOB Rams a small maintenance team to assist with the upkeep of the aircraft and give the crew chiefs a break so that they could rest when they were not flying.⁷⁸

In addition to their maintenance duties, the crew chiefs were also crewmembers and had to perform those functions inherent in that capacity. Many had served as crew chiefs on non-MEDEVAC helicopters and were familiar with their job description. One of the critical functions was to control the approach of any personnel to the aircraft when they were on the ground. Often the aircraft settled into the soft dirt, and the whirling blades drooped down to head height. The crew chiefs had to dismount and physically block and then lead anybody approaching the aircraft.

On MEDEVAC they had to also become proficient at providing medical assistance to the medic. The reason was simple: First of all, the medic could be wounded or killed at any point, and the crew chief would have to take over. More commonly, the medic was overwhelmed with several wounded on board, or one seriously wounded patient who needed his or her immediate and continuous attention to the exclusion of the other wounded. The crew chief was medical plan B. Most crew chiefs and medics developed into a smoothly running team and anticipated each other's needs to accomplish the mission.⁷⁹

As the 3d Infantry Division fought past Najaf, the 212th MASH began to receive casualties delivered by crews from the 507th. Once the patients were stabilized, the 82d helicopters either moved them to Tallil for more care, or tail-to-tail transferred them for further transport to the 86th CSH at Udairi, or other medical facilities as necessary. More often than not, coming out of Udairi, the 82d helicopters were loaded with class VIII medical supplies for delivery to Tallil or Rams.⁸⁰

For communications, Schwartz tried to use the aircraft HF radios, but they would not work. This was a problem because many missions took the crews out of range for the other tactical radios that they were issued. Schwartz noticed that battalions and higher had satellite radios that worked. He requested some for his unit but was not issued any. He found that the only thing that worked with any consistency were the satellite cell phones that he had received from the 36th. They were also used with secure voice mode and became his most reliable link to his

teams for everything to include passing MEDEVAC requests.

Communications were a problem throughout the operation. Many times, the crews arrived at a medical facility for a pickup only to find that the patients were not ready to go or subsequently land for a dropoff only to discover that the receiving facility had not been notified that they were coming or were expecting a different number of patients than they were carrying. Schwartz had to work through this because the long flight distance back to Kuwait meant that fewer flights could be flown. Each flight carried more patients, which required more communication properly to coordinate for proper individualized medical care. Challenges abounded.⁸¹

There was another problem. As his crews moved forward to more austere and remote locations, they did not have access to secure communications for intelligence updates and Army Airspace Command and Control or weather information. They had to scrounge it from whatever TOC or headquarters that they could find.⁸²

Schwartz brought six sets of long-range fuel tanks for his aircraft. Because of the long distances involved, he made sure that all of the aircraft sent to Rams were equipped with the tanks so that they had the range necessary to fly back to Tallil or Udairi. As the temperatures increased, however, he had to restrict the external tank fuel load to 100 gallons each versus the full 230 gallons because of thrust limitations dictated by the heat.

On 29 March, the 2d Brigade, 82d Airborne Division, began operations to secure Samawah. At Tallil, Schwartz received a request from the 82d Division Medical Operations Center to provide MEDEVAC support for its operation. Schwartz relayed the necessary radio frequencies to use for requesting MEDEVAC and then detailed one aircraft and crew to move forward and locate with the forward support battalion medical company in direct support of the brigade. Simultaneously, he also directed the main body of the 82d Med Co to move forward to Tallil and again to collocate with the 12th Aviation Brigade, which had moved into the airfield.

As the rest of the company arrived at Tallil on 3 April, Schwartz brought forward his FSMT from Udairi and also moved his entire company up to Rams on 4 April. Then he dispatched four helicopters and crews to backhaul for the 507th now located at FOB Chickenhawk and another helicopter to support the 2d Brigade of the 82d Division at Samawah. This gave him aircraft at three locations. Additionally, three aircraft and crews from the 159th Med Co (AA) that had arrived from Germany moved up to Tallil.

For the next several days, Schwartz's crews picked up patients from the 507th in tail-to-tail transfers and either brought them to the 212th at Rams or down to Tallil, where the 86th CSH detachment cared for them, or the 159th crews further backhauled them to medical facilities in Kuwait. They also made a few point-of-injury recoveries to pick up wounded for the 82d Airborne Division. The 82d Med Co crews also responded to numerous vehicle accidents along the main supply routes used by the endless supply convoys moving back and forth. Many of these resembled the MAST missions that many had flown in the United States.

When the 3d Infantry Division seized the BIAP, the 36th Medical Battalion (Evacuation) and the 507th Med Co moved to the airport. Schwartz gave the mission to support the 2d Brigade of the 82d Airborne Division to the 159th Med Co and consolidated his entire unit at Logistics Support Area (LSA) Dogwood, 60 miles south of Baghdad, co-located with the 28th CSH. For the next several weeks, he shuttled teams of aircraft and crews to support the I MEF as it pushed Task Force Tripoli up to Tikrit. Schwartz also dispatched aircraft and crews to again support the 2d Brigade, 82d Airborne Division as it moved into western Baghdad, and even a team back down to Tallil when the 159th redeployed north.

The team sent to support the Marine Task Force going to Tikrit was Avery's detachment, recently relieved of its assignment to Task Force Gabriel. Lashing up with the task force, Avery discovered some residual ill will among the marines about the Salvetti–Ollie North incident. He assured the task force commander that his crews would provide the best support possible. Relations improved rapidly as he and his soldiers provided the task force with the MEDEVAC it needed for the drive to Tikrit. Avery and his crews were then dispatched to Al Taqaddum Air Base to support a brigade from the 82d Airborne Division as it swept through that area.⁸³

On 13 May, the 82d Med Co moved six aircraft and crews to BIAP to provide general support to forces around Baghdad. However, all of the 82d Med Co elements were relieved a few days later by aircraft and crews from the 159th and then returned to Camp Arifjan in Kuwait. Simultaneously, Schwartz's aircraft and crews that were working with Task Force Tripoli were replaced by CASEVAC assets from the 3d MAW, and they also flew back to Arifjan. The soldiers of the 82d Med Co spent the next week cleaning their aircraft, vehicles, and equipment, and packed up so that they could go home in late May. During the combat portion of the operation, they had logged 1,023 flight hours and carried more than 500 patients.

However, the 30th Medical Brigade planners decided that one FSMT from the 82d Med Co needed to remain in Iraq longer to augment the MEDEVAC units in place. Avery and three full crews volunteered to stay. They were dispatched back to Tikrit where they were then parceled out piecemeal to different MEDEVAC units. Avery and his crew joined the 159th—now at BIAP—and flew with them until August, when they were finally allowed to go home.⁸⁴

Like the other units, the troops of the 82d discovered that the harsh desert conditions were very hard on the aircraft. They only had to change out two engines, but they also had trouble with damage to the auxiliary power units, electrical systems, and windscreens. Overall, Ortiz noted that they never cancelled a mission because of nonavailability of aircraft.⁸⁵

Schwartz was extremely proud of his 141 troops and their unselfish accomplishments. The general support mission was very challenging. They had to fly long flights to support a multitude of units. Most of their patients were backhauls, but some crews did work directly with units in enemy contact and had to do point-of-injury recoveries. Frequently, they were out of contact with anybody, especially medical units. Ortiz had difficulty on several occasions as they moved forward with getting current intelligence updates for his dispersed troops. He felt that at

several points his troops' integration with aviation units was poor. However, the troops made the best of the situation and were very proud that none of their crews had a patient die while under their care.⁸⁶

159th Med Co

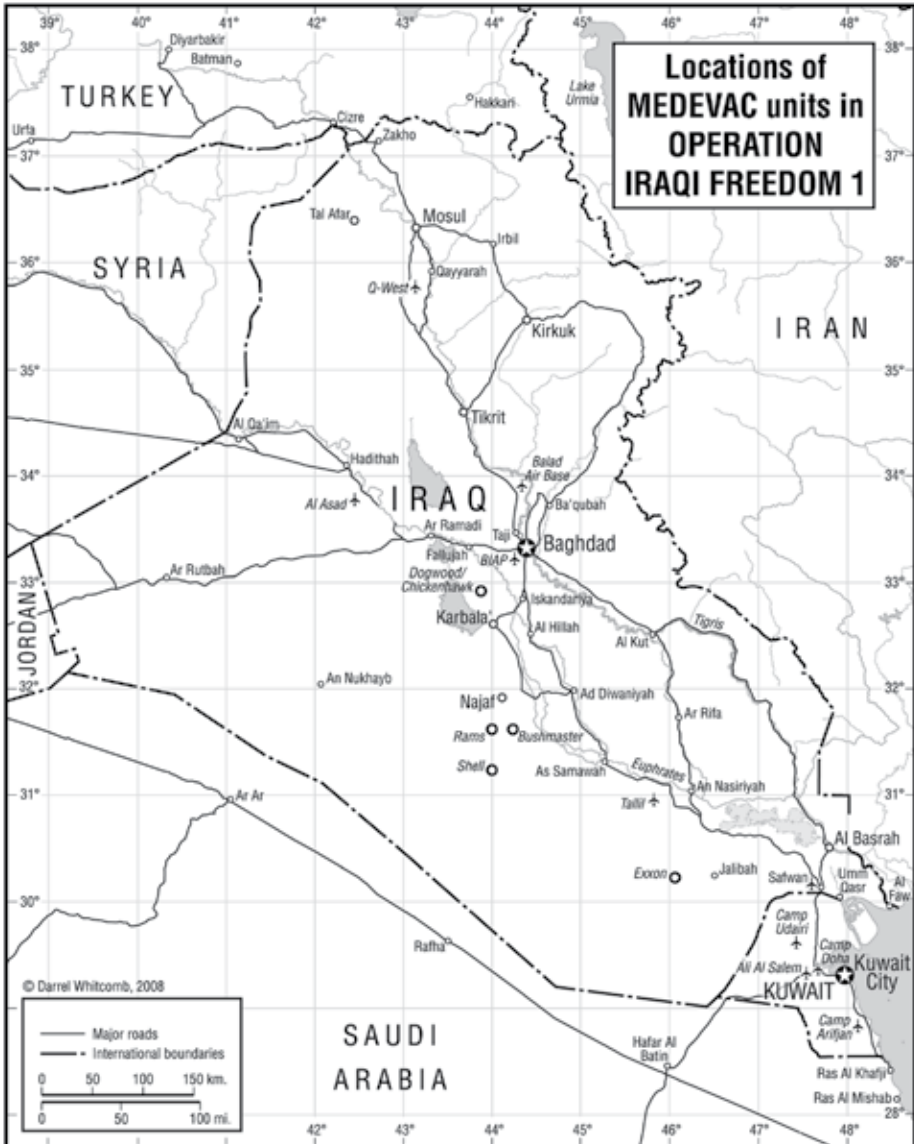
As OIF approached, Maj. Art Jackson commanded the *159th Med Co* (AA). He had entered the Army in 1988 as a distinguished military graduate from the University of Guam. His first choice for branch was aviation, but he was given the MSC. After graduating from the basic course, he was assigned as a medical platoon leader for the 2d Battalion, 18th Infantry Regiment, 197th Brigade at Fort Benning. He was there when Hussein invaded Kuwait in 1990. Shortly thereafter, the 197th was ordered to deploy to the Gulf region as part of the 24th Infantry Division. Unfortunately, Jackson had broken his ankle and the necessary surgery to repair the damage kept him from deploying. He stayed behind as a rear detachment commander.

In the summer of 1991, Jackson learned that he was supposed to be in flight school. For some unexplained reason, he had been selected to attend right after the MSC basic course, but instead had received the orders to Fort Benning. He headed off to Fort Rucker and flight school. After graduation, he served with the Flatiron Detachment at Fort Rucker where he flew many MAST missions, and then he did a tour with the 229th Med Det (RA) at Fort Drum that included duty with a medical detachment under a United Nations tasking in Haiti in 1996. After a subsequent tour working with reserve forces in Atlanta, Georgia, he was posted to Germany and the 421st Medical Battalion (Evacuation) in 2000 as the executive officer. At this post he was selected to command the 159th.⁸⁷

The 159th actually deployed to OIF in pieces. In October 2002, the unit was participating in a major V Corps exercise in Poland when it was ordered to deploy an FSMT to Kuwait. This was Capt. Dustin Elder and his team. Arriving in Kuwait, they located with the 2d Squadron, 6th Cavalry Regiment, and prepared for their personnel recovery tasking. Additionally, they shared MEDEVAC duties with the crews from the 1042d Med Co as the massive ground combat units arrived in Kuwait.⁸⁸

Four months later, Jackson was working with the 421st Medical Battalion as it was preparing to be part of the northern task force when he received orders to deploy the rest of his unit to Kuwait. Within two weeks, the unit flew its 12 remaining aircraft to Antwerp, Belgium, for shipment to the Gulf region, and then the 102 unit personnel were flown to Kuwait. Assembling at Camp Doha on 13 March, the rest of the unit quickly became combat ready and was assigned to the 36th Medical Battalion. Jackson then learned that Weightman wanted his initial FSMT to stay under 3d MEDCOM control for intra-theater transfer or movement of casualties to the hospital ship off shore. Effectively, Jackson commanded a 12-aircraft company.

When the V Corps crossed the border on 21 March, the 159th started receiving



missions. They moved forward to Tallil Air Base near Nasiriyah on 27 March. They were in general support of the V Corps. When Jackson asked Harp what the 159th's mission was, Harp responded, "I want beans. I am not going to tell you how I want them cooked. I just want beans." Jackson got the message. They were the MEDEVAC swing force. They had to be ready for anything. Jackson told his troops, "Guys, this is it. We're just going to have to be ready to do whatever it is he [Harp] needs us to do and there's not going to be any excuses. I want the aircraft flying. I want the vehicles out. I want the fuelers ready. I want people ready to go."⁸⁹

To Jackson, this general tasking made sense because he knew that the ebb and flow of the battles to come would dictate a very irregular flow of casualties. Every injured soldier was important, so they had to be ready 24 hours a day. When they started operating out of Tallil and then LSA Dogwood, north of Karbala, they received even more immediate taskings.

When the MEDEVAC helicopters flew, the crews monitored common radio frequencies. These frequencies were passed to the ground units. As more convoys were ambushed along the main supply routes, they spontaneously called for MEDEVAC on the common frequencies. Additionally, teams from the 82d and 101st Divisions operated in many dispersed locations trying to destroy the scattered Fedayeen elements. They took casualties and followed the same procedure. Therefore, Jackson and his crews received taskings through the 36th and also immediate point-of-injury requests directly from soldiers in combat. The crews of the 159th were very busy.⁹⁰

Jackson generally maintained launch authority for his aircraft, although he did designate it to some of his more senior and experienced officers. His vast medical experience in several capacities helped him develop a sharp mental matrix for determining mission execution. He explained:

If the medic on the ground said that this guy needed to be air-lifted well then I was not going to question that. Because I'm not there...seeing how bad this person is injured. And as long as we ...had good weather, we had cleared the C2 [military command and control] — I had an aviation [liaison officer] and we would call and make sure that the skies were basically clear from anything...So as long as we cleared those two or three nodes I would go ahead and brief the mission was okay to fly. And then on some occasions depending on the risk category my Captains would have the ability to make that decision on whether or not we flew a mission. I'm talking my pretty senior Captains... I had some great Captains, guys that had been flying MEDEVAC and they'd been med platoon leaders... guys that I just had trust and confidence in based on their performance throughout their career and were totally capable of making those decisions...I mean it's the last thing you want is to see your guys get shot up or shot down. But, having been a med platoon leader in an infantry battalion and seeing guys get hurt and working in the environment and being trained on what it is that a MEDEVAC pilot does, and working with mentors that have been doing MEDEVAC for years...and then having done it in MAST missions in the past and you look back and you know what your medics are doing. Clearly that lends an enormous amount of weight to a decision on whether or not you're going to launch an aircraft to pick somebody up. The thing is, is you don't have much time. You've got to make the decision otherwise soldiers die.⁹¹

On rare occasions, if there was a significant risk to a mission because of weather or enemy threat, Jackson passed the launch decision to Harp. It all worked, and Jackson prided himself on getting his MEDEVAC flight airborne in seven minutes



Lt. Col. Art Jackson commanded the 159th Med Co during Operation Iraqi Freedom.
Source: Author

or less. The 159th also received mission requests from the 212th MASH, and all of those also had to be cleared through the 36th.⁹²

One of the youngest pilots in the 159th was 2d Lt. Tom Powell. He had just reported to the unit when they received their deployment notice and was not able to do any qualification training before leaving for Kuwait. When he arrived in Kuwait, he was initially assigned duty as a liaison officer in the S-2 section of the 12th Aviation Brigade. Before being commissioned, Powell had been an enlisted soldier and served in the intelligence field. He used that background to prepare the daily intelligence briefings and updates sent to all of the flying units on the SIPRNET.

When the 159th deployed forward into Iraq, he led the ground convoy of the unit support elements up to Tallil Air Base and then worked in the unit TOC. When the operations tempo slowed down, he started his mission qualification and was paired with CW3 Mike Hackworth, one of the unit instructor pilots, who gave him his initial aircraft and combat checkout.

One evening, Powell and another pilot, CW3 Clint Miller, were scrambled to pick up a soldier who had been shot in the face in Baghdad. Landing in the city using NVGs, they successfully picked up the soldier and headed for the nearest hospital. While the medic, S.Sgt. Eric Hartmann, worked desperately to keep him alive, the soldier died en route. Three hours later, the crew received another call to return to the same location. This time they picked up the enemy who had shot the

soldier. He had been injured and captured. Without hesitation, Hartmann gave him the same level of care, and he was delivered alive for necessary medical care. On two occasions, the crew also recovered injured military working dogs.⁹³

The flight medics and crew chiefs greatly impressed Powell. He remembered:

I don't know how they do it. I swear, sometimes I'd look back and . . . [S.Sgt.] Eric Hartmann was the medic I flew with most. And I have more respect for that guy than almost anybody else I know in the military. There were several times I'd looked back and he was back there working on a patient. I mean his elbows all the way into this guy...

I have seen him back there doing CPR on a guy who didn't have a face. The crew chief is back there trying to hold somebody's head together, trying to save his life.

He also remembered another somber detail from his deployment, the unforgettable smell of MEDEVAC. He recalled:

[It was like] metallic blood. Mixed with—I don't know—it's like a body stench. I can't even describe it. For me, the smells are all mixed up. We would fly . . . I can still smell burning flesh. I can still smell stinky body odor. I can smell . . . there were a lot of patients back there that defecated all over the place. The fire department [would] come out and spray down our helicopters, but the smell still stuck there. The blood and guts kind of seeped under the boards, the floorboards. I don't know how else to describe the smell.⁹⁴

After initial hostilities ended, the 159th was ordered to move to BIAP, then to Balad Air Base near Baqubah, and eventually to Mosul. In all instances, it was located with an aviation element that provided all necessary intelligence, and operational and logistical support necessary to operate. When Jackson had teams at remote sites, he made arrangements to pass all necessary data to them via the classified SIPRNET. Before returning home in April 2004, the 159th crews flew over almost every part of Iraq, logging more than 5,000 combat hours on almost 2,500 hundred missions and carrying more than 5,200 patients.⁹⁵

507th Med Co

Maj. Scott Drennon commanded the *507th Med Co* (AA). He had taken over the unit from Maj. Bob Mitchell in May 2002. Drennon had entered the Army in 1988 after attending Georgia Southern University. He initially asked for military police, but there were no openings. So he selected the MSC with hopes that he would fly. At the completion of the basic course, there were no flight school slots. Instead he was assigned as a medical platoon commander with the 1st Battalion, 64th Armor Regiment, 24th Infantry Division at Fort Stewart, Georgia. Subsequently, he deployed with the division to DESERT STORM and experienced Army medicine at the ground combat level. Afterward, he completed flight training with Art Jackson, and then served with the 507th, where he flew his share of MAST missions. He attended the aviation advanced course and then did a tour as an observer/controller at the Joint Readiness Training Center at Fort Polk, Louisiana.

His next posting was in Korea where he commanded a ground ambulance

company assigned to the 52d Medical Battalion (Evacuation), led by Lt. Col. Scott Heintz. He was sent to Panama to command the 214th Med Det and inactivated the unit. He also attended the Command and General Staff College at Fort Leavenworth, Kansas, and graduated in June 2000 with Mitchell. Then he moved to Fort Hood to be the executive officer of the 36th Medical Battalion (Evacuation). He held that job until February 2002, when he took command of the 507th.⁹⁶

Later that year, the unit was notified that it would deploy a six-aircraft package to Kosovo in the spring of 2003 for a six-month rotation. In preparation, Drennon took his aircraft and crews to the High Altitude Army Aviation Training Center near Eagle, Colorado, for mountain training. When that was complete, he deployed them to Fort Irwin, California, for a training cycle at the National Training Center with the 1st Cavalry Division. Extended-range fuel systems were used there to practice long-range missions. On both deployments, he sent the three HH-60L aircraft assigned to the 507th, the newest and most advanced MEDEVAC aircraft in the fleet. These training cycles allowed the unit to get these aircraft fully certified and released for combat operations.⁹⁷

All of that changed in February 2003 when he was notified that the deployment to Kosovo was cancelled and that within 72 hours his unit would deploy to Kuwait. Drennon and his soldiers frantically scrambled to meet the movement schedule that also required them to fly their aircraft to Galveston, Texas, to be loaded aboard cargo ships for the passage. They took the three HH-60Ls, 14 UH-60As, and their long-range fuel kits. The unit deployed with 132 soldiers plus several augmentees from the base and three highly experienced ARNG MEDEVAC pilots. All the personnel flew over on contract airliners that were now being called upon for the massive personnel movement to the Gulf region. They arrived in Kuwait in mid-month.

Theater in-processing and environmental training began immediately as they awaited the arrival of their aircraft, maintenance package, and other gear. As the aircraft arrived, the 507th troops picked them up, reassembled them, and got them flying so that the crews could accomplish their area orientations and practice desert dust landings. Drennon and his crews also discovered that the Forward Looking Infrareds (FLIR) on two of the HH-60Ls of the 507th had all been broken in the shipment. They would not be easy to fix.⁹⁸

Weightman informed Drennon and Harp that he was going to attach the 507th to the 3d Infantry Division so that it could provide direct support to that unit. Drennon visited the commander of the 3d Division Aviation Brigade, Col. Curtis Potts, and made arrangements to attach to it. The 507th located and integrated with the 3d's battalions. This provided the 507th with all of the aviation support that it needed to operate. Very shortly thereafter, his troops were directly working with the aviation brigade planners and attending their "rock drills," as they reviewed in detail the projected flow of the campaign. Drennon also coordinated with their planners and the 36th Battalion for medical resupply, medical regulation, and patient movement.

In analyzing the projected operation from both a medical and aviation perspec-



Change of command of the 507th Med Co (AA), 2002. Left to right: Maj. Scott Drennon, new commander, Col. Scott Heintz, Lt. Col. Bryant Harp, commander of the 36th Medical Battalion (Evacuation). Source: Scott Heintz.



“Lonestar Dustoff,” UH-60 of the 507th Med Co in Operation Iraqi Freedom 1. Source: Scott Drennon.

tive, Potts and Drennon decided not to disburse the unit as FSMTs but to keep it together. Then he could use his aircrews and maintenance teams more efficiently to provide constant coverage for anticipated significant night combat operations. His plan was simple—he put his strongest and most experienced crews on nights and his younger troops on days.⁹⁹

Anticipating communications challenges, he coordinated with the medical companies assigned to the division combat brigades so that they could contact the 507th TOC via cell phone with their nine-line requests.

Few missions were flown by single MEDEVAC aircraft. Potts and Drennon were concerned about the enemy threat. Accordingly, Potts decided to provide escort for all MEDEVAC missions with up to two AH-64s if the threat warranted it. Drennon knew that the Apaches needed more time to prepare for takeoff, but felt that the potential threat to his crews justified the minimum delay.

To make his system work, Drennon worked through liaison officers in the division, aviation, and combat brigade TOCs. He explained:

Because we were all together at the same location...launch authority was extremely easy. I had two LNOs [liaisons] that I kept in the aviation brigade TOC. The missions came through Iridium telephone to me or the aviation TOC and every one of the Charlie company commanders [in the forward support battalions] was given an Iridium telephone—that is how we did better in OIF than we did in DESERT STORM for comm[unications].

I would say, for the first three weeks, I got about 70% of my MEDEVAC missions called directly to me or my ops officer over those Iridium phones because the other [communications systems] were either too busy... So I would relay those missions to the brigade TOC where my [liaison officer] was; he would tell the battle captain in the TOC “MEDEVAC mission, this is a request.” They would plot it on the map, they would look at the threat, see what the threat was, and determine the best route. The Apache [pilots] were also in the TOC so my MEDEVAC PIC [pilot in command], the escort Apache [pilots] took the brief at the same time from the brigade S2, the battle captain, and the S3...[and then] they would go out to the aircraft and launch.

Launch authority was delegated within the TOC to the S3, the battle captain, and my MEDEVAC LNO [liaison]. All had launch authority, particularly during the day. At night, the aviation brigade commander a lot of times, particularly when we had zero illum[ination] nights in the desert—he would direct serious mission analysis. The division commander delegated to him to make sure that the aviation operations were conducted safely and timely. He did, and he gave us a lot of room to do things when we needed to...Col. Potts was a great combat commander who fully supported MEDEVAC and ensured that we had the tools to accomplish the mission. It worked very well.¹⁰⁰

With the other aviation elements, the 507th moved into Iraq on 21 March. It flew constant missions in support of the divisional units and relocated to Jalibah, FOB Rams near Najaf, FOB Chickenhawk north of Karbala, and finally settled at BIAP on 4 April. 2d Lt. Mark Knight led the first 507th team of two aircraft and crews into BIAP. The pilots in command were CW3 Craig Richardson and CW2 C.D. Foster. During combat, the unit flew 206 missions of which 170 were urgent. The unit carried 401 patients including 236 U.S. military personnel and 121 enemy prisoners.



CW3 Dave McCurry and Maj. Scott Drennon of the 507th Med Co in Operation Iraqi Freedom 1.
Source: Scott Drennon

The 507th experienced the same tough maintenance challenges as the 498th. The big problems were wind and sand damage that necessitated the continuous taping of blades, seven engine changes, and the replacement of 16 infrared jamming devices, 10 windshields, and three auxiliary power units. The HH-60Ls were mission ready 95% of the time, and the UH-60As were mission ready about 86% of the time.¹⁰¹

As the campaign ensued, the evacuation distances continuously increased. Working with Harp and his soldiers at the 36th Medical Battalion, the crews from the 507th rendezvoused with helicopters from the 82nd Med Co (AA) and transferred patients to that company for transport to medical facilities in the rear areas, which maximized the presence of the 507th crews with the 3d Infantry Division as it closed in on Baghdad.

On 24–25 March, the 507th, like all other aviation units, was grounded because of the Mother of all Sandstorms. Ground ambulances had to perform all medical evacuation. Doctrinally, air ambulances are ideal, but there are still times when they cannot fly.¹⁰²

Drennon's command and control system worked very well, but he had to draw upon his own manning to provide the TOC liaison officers. Fortunately, he had received the extra manning before deployment. In his after-action report Drennon noted:

Issue: Location of MEDEVAC, AVN BDE vs. BCT(s) (Sustain)

Discussion: Due to the nature of OIF combat operations during the initial combat operation (fast moving offense over great distances) it was advantageous for the 507th to co-locate and maneuver the entire company with 4th AVN BDE. This enabled us to stay within supporting distance of the BCT(s), increased our survivability, ensured reliable communications, and provided access to essential aviation products (weather, intelligence, maintenance, aviation fuel, ATO Routes, SPINS [Special Instructions], Mode 4 [IFF], etc.). Most importantly, it allowed for the integration of AH-64 escort and CASEVAC. The 4th BDE CDR was an advocate for MEDEVAC and fully supported the 507th, making us part of his team.

Recommendation: Continue to train MEDEVAC units with AVN TF during FTX(s) and at the CTC(s).¹⁰³

Potts effusively praised the MEDEVAC effort. In an interview after the war, he stated, “I will tell you that I was very impressed with the heroism of the 507th.... Those MEDEVAC pilots were the bravest guys. ... Those were really the heroes of the battlefield.”¹⁰⁴

The 507th returned to Kuwait on 9 May, packaged up all of its equipment and then departed for home on 3 June. After some well-earned leave time, Drennon directed the unit to recover its equipment and address training deficiencies caused by the long deployment. Numerous personnel left for new assignments and new troops arrived. He sent several more crews to Colorado for mountain training and worked closely with his maintenance crews to repair the hard wear and tear suffered by the helicopters and other unit equipment in the harsh desert conditions. There was a certain urgency to their work because ongoing events in Iraq indicated that the 507th might have to do another tour in the theater. Drennon commanded the unit until January 2004, when he passed it to Maj. Jack Leach, and moved to Alexandria, Virginia, where he served as the MEDEVAC assignments officer at the Army Human Resources Command.¹⁰⁵

50th Med Co

The *50th Med Co* (AA) deployed with its parent unit, the 101st Airborne Division (Air Assault). Maj. John Lamoureux was in command, having taken over on 26 June 2002. At that time, the unit had an FSMT with three aircraft and crews in Afghanistan as part of an aviation package to support the 101st’s brigade fighting. Within days of assuming command he heard rumors of some kind of larger deployment to the Gulf region. The Afghanistan team came home in August. The 50th was still busy with MAST commitments and range coverage for Fort Campbell and Fort Knox, Kentucky. Lamoureux stepped up the unit training program—especially for his pilots—and accomplished the myriad details necessary to take his unit to combat.¹⁰⁶

In November and December, the entire division conducted an exercise to prepare all units to pack and deploy on short notice. Lamoureux had to push his maintenance crews to ensure that the three aircraft that had just returned from Afghanistan were ready to go again. He also had his troops pack the shipping

containers with extra carpentry tools and plywood so that they could build showers and latrines for their soldiers when they were in the field.¹⁰⁷

Lamoureux was finally notified that his unit would deploy to Kuwait in February for a projected four-month tour. He was also told that the 812th Med Co (AA), a UH-1V unit from the Louisiana ARNG, would activate and a detachment from that unit would deploy to Fort Campbell to provide MAST and range support for the post and Fort Knox. Lamoureux was directed to plan and execute the swap-out. In communicating with the 812th, he discovered that their activation orders would not have them in place before the 50th deployed. He had to plan to keep some of his aircraft on alert at Fort Campbell and Fort Knox until the day before his aircraft were due at Jacksonville, Florida, for shipment by sea to the Gulf region. Working with the two bases, he crafted a plan to have civilian helicopter ambulance companies provide coverage on a contract basis for both installations between his departure and the arrival of the 812th.¹⁰⁸

Once the unit was packed up and relieved of its base duties, Lamoureux had his pilots fly their UH-60A aircraft (some of the oldest UH-60s in the entire Army fleet) to Jacksonville, Florida, in two flights of six aircraft each. They made one stop near Atlanta for fuel and delivered all 12 aircraft with no en route breakdowns. They were the last of the 275 aircraft from the division to arrive for the journey to the Gulf region. The pilots then returned to Fort Campbell by chartered bus. For the next several days, they finished packing the unit and put all of their ground vehicles and CONEX storage boxes aboard the chartered train. They welcomed in the arriving 812th and gave them orientation briefings and rides. On 1 March, they boarded a charter airliner for Kuwait.¹⁰⁹

When they arrived in Kuwait, the troops of the 50th were transported to Camp Victory. The 159th Aviation Brigade of the 101st Division, commanded by Col. Bill Forrester, was located there, and upon arrival, Lamoureux was advised that the 50th would be attached to the 159th for the war. Additionally, each of his FSMTs would align with the aviation assault battalions supporting each of the brigades. Forrester made it very clear to his staff that the 50th would be treated as one of their own, and it would be fully integrated into their operations. This arrangement guaranteed that the 50th had the maintenance, logistical, and operational support necessary to do its job. Lamoureux was pleased and said, “It couldn’t have worked better. We were always considered for all of the things we need[ed] to make our mission successful aviation wise.”

Falling back on his experiences as a ground medical company commander, Lamoureux designed a simple medical support plan. He would locate his FSMTs with the medical “Charlie” companies of the forward support battalions. However, he did not do that until the Charlie company commander assured Lamoureux that he had a plan for supporting the FSMT with a place to sleep and eat and a way to get fuel for their helicopters. He also realized that—most probably—his biggest challenge would be to effectively integrate into the theater medical plan.¹¹⁰

A few days later, the 50th’s first shipment of equipment arrived and it included only three helicopters. Lamoureux pushed his troops to get the helicopters flyable so that all crews could get their theater indoctrination flights. In anticipating when



Maj. John Lamoureux and 1st Sgt. Charles Thompson of the 50th Med Co.
Source: John Lamoureux

the attack would begin, Lamoureux worked with the 36th Medical Battalion to use an FSMT from the 82d Med Co for the initial push. However, the other nine aircraft arrived before hostilities started, and the plan was scrapped. Just before the operation started, one of the aircraft had a total transmission failure and was not usable. The 50th had to go to war with 11 aircraft.

The attack on Hussein at Dora Farms signaled the initiation of the campaign. The 50th moved its TOC to Camp Udairi near the border with two FSMTs ready to fly forward. Almost immediately, Lamoureux assessed that communications would be problematic. The high frequency radios did not work. Cell phones were issued, but his unit did not receive any. His unit also did not have any of the satellite radios or the blue force trackers. Out of necessity, he located the 50th TOC with the 159th Aviation Brigade TOC and placed ground assets at the FARPs being established by the 159th Brigade as the division moved forward. This methodology was also used to procure the unit daily intelligence updates and SPINs (special instructions) updates.

The first FARP, which was called Exxon, was 155 kilometers into Iraq. The



50th Med Co (AA) roadside recovery in Iraq 2003.
Source: Maj. Bill Howard

50th dispatched its first FSMT to that location to provide cover for the massive convoys moving northwest. The next day, the 159th established FARP Shell 220 kilometers farther northwest. It was not far from Objective Rams, just south of Najaf. The second 50th FSMT flew there and assumed alert. The medical company from the 626th Forward Support Battalion and a forward surgical team accompanied the second 50th FSMT. However, when the 212th MASH, a Level III facility, moved to Rams on 24 March, the 50th started taking its patients there. One week later, the 21st CSH set up another Level III facility at LSA Dogwood. Throughout the campaign, the 50th elements repositioned 14 times. The aircraft held up well, although Lamoureux noted that the maintenance trends that he saw replicated the problems of the other units, which were caused mostly by the high operations tempo, the intemperate wind, and the fine sand.

As the battle closed in on Baghdad, the 159th Aviation Brigade and the 50th headquarters moved to a small airfield near the city of Iskandariyah, 20 miles south of the capital. The 626th Forward Support Battalion and the 2d Brigade, 101st Airborne Division joined them. As the Iraqi defenses steadily crumbled and their forces capitulated, the emphasis shifted to Phase IV stabilization operations.

The 3d Brigade was ordered to Tal Afar, 250 miles to the north, to guard the Syrian border. The 1st Brigade was ordered to move to Qayyarah, 40 miles south of Mosul. Both brigades took their forward support battalions and FSMTs with them. In support, the 159th Brigade set up FARPs so that the lift helicopters and MEDEVAC aircraft could overfly the movement of all of their ground vehicles. The elements of the 50th settled into their dispersed locations with their brigades. A few months later, the 2d Brigade and support package moved to Mosul, and the division was assigned responsibility for the northern half of Iraq. It became apparent to the soldiers of the 50th that their projected four-month tour in Iraq would last longer.¹¹¹

571st Med Co

Maj. Bill LaChance commanded the *571st Med Co*. After he left his reserve advisor job in Salt Lake City, Utah, in 1996, he was the comptroller and then hospital company commander for two years at Landstuhl, Germany, before reporting to Falls Church, Virginia, where he was the aide-de-camp to the Surgeon General, Lt. Gen. Ron Blanck. When Blanck retired in 2000, LaChance attended the Command and General Staff College at Fort Leavenworth. After graduating in 2001, he then reported to the 10th CSH at Fort Carson until he took command of the 571st in the summer of 2002.

He had been commander of the Fort Carson-based unit for about six months when he was informed that some III Corps units were going to be deployed to the Gulf region. The 571st belonged to the 36th Medical Battalion (Evacuation), which was one of the Corps medical units, so LaChance lobbied the medical planners at the Corps. He was rebuffed in his effort. Instead, he was ordered to deploy detachments to Forts Riley, Hood, Sill (Oklahoma), and Bliss (Texas) to cover units from those bases that were deploying. In an abrupt about-face, four days later, 20 January, his unit received a warning order. The 571st would deploy as part of Task Force Horse into northern Iraq. As he prepared the unit, he received the actual deployment order one day later. His unit was ready to deploy within five days. As his troops at home station scrambled to prepare, he had the crews just dispatched to the assigned bases fly directly to Corpus Christi, Texas, for shipment.¹¹²

Almost immediately, the commander of the 4th Aviation Brigade of the 4th Division contacted LaChance and informed him that the 571st would locate with the brigade's 2d Battalion, the General Support Aviation Battalion (GSAB). He also found out that he would be working with the 421st Medical Battalion (Evacuation) from Germany and the 62d Medical Brigade from Fort Lewis, Washington, that would be the overall medical command in direct support of Task Force Horse.

The troops of the 571st loaded their 15 UH-60A aircraft and equipment aboard the ships. When the ships arrived in the eastern Mediterranean Sea, their helicopters sat out on the decks in shrink wrap as the Turkish government debated and then rejected access for Task Force Horse. As the troops waited back at Fort

Carson, LaChance and his crews had no aircraft to fly and all went non-current for required flight operations. LaChance had to scramble to develop training programs to keep his troops occupied and focused.

In late March, as the campaign began, the ships carrying the vehicles and equipment of Task Force Horse were ordered to steam to Kuwait and unload. LaChance and his troops departed snowy Colorado Springs in charter airlines on 30 March and arrived the next day in the 90 degree heat of Kuwait.¹¹³

Allied forces were heavily involved in combat operations, and their reception was at best chaotic. There was no prearranged billeting for his soldiers. LaChance claimed his vehicles from the ships, and on the first night he formed them in a circle in an empty field and had his troops sleep in the middle for protection from randomly driving convoys. The next day, LaChance checked in with the 30th Medical Brigade. He discovered that the 62d Medical Brigade, with the 421st Medical Battalion, and the 1st Medical Brigade were also arriving. Instead of lashing up with them, he was given orders *attaching* the 571st to the 4th Infantry Division. He would not work with the 421st or the 36th that was closing in on Baghdad. He would travel with the 4th Division. The 4th Infantry Division Aviation Brigade commander contacted him again and sub-attached him to the GSAB.

Subsequently, the operations officer for the 30th Medical Brigade contacted LaChance to determine his location and status. LaChance reported that the 571st was with the Aviation Brigade of the 4th Division and preparing to move out together. The operations officer told LaChance that he needed 30th Medical Brigade approval to do that. LaChance explained to the operations officer what *attached* meant and quickly obtained from him the designations and locations of all Level III medical facilities. LaChance then fully integrated with the battalion and brigade, which provided all of the maintenance, logistical, and operational support necessary to perform the mission. It was specified, though, that LaChance would maintain launch authority for his aircraft.¹¹⁴

When the 571st departed Fort Carson, it was reinforced with additional personnel from the collocated 3d Armored Cavalry Regiment, its home base parent unit. The 571st was assigned 154 troops, but left with 168 that included additional maintenance personnel and aviation officers. The unit suffered misfortune as it prepared for operations in Kuwait. As its aircraft were unloaded and reassembled, one of the crews taxied an aircraft into a light pole. All four blades and the transmission were destroyed. The aircraft was lost for combat operations pending a complete rebuild.

The 571st pressed on and departed with the Aviation Brigade on 17 April as they all flew to BIAP. The next day, the unit was scheduled to fly to Tikrit, with an intermediate stop at the Balad Air Base, 45 miles northeast of Baghdad. Before the war, Balad had been a premier Iraqi Air Base, and the 4th Division had dispatched its cavalry unit to seize it. That operation was delayed, but the crews from the 571st were not so notified. When the MEDEVAC crews landed at Balad, they only saw Iraqis, none of whom were hostile. The 571st crews remained until the cavalry troops arrived, wondering if they would get credit for “seizing” the air base. Then the crews flew the last leg to Tikrit, where the 571st set up with the 4th



Lt. Col. Bill LaChance commanded the 571st Med Co during Operation Iraqi Freedom.
Source: Author

Infantry Division Aviation Brigade. LaChance dispatched FSMTs to each of the 4th Division maneuver brigades. The crews literally flew “top cover” as the brigades moved into Iraq and assumed their assigned sectors. The aviation brigade commander directed that all units would fly all missions as two-ship elements because of the lack of reliable communications and radar control or tracking facilities in Iraq. LaChance felt that it was not the optimum way to use MEDEVAC but did as he was told, although as the units settled in, the GSAB could occasionally supply the second aircraft.¹¹⁵

A few weeks later the 3d Armored Cavalry Regiment arrived in Iraq and was sent to the Al Anbar Province in western Iraq. Its commander, Col. David Teeples, requested that the 571st be reassigned to him. Subsequently, the unit was moved west to Al Asad Air Base to be attached to the 3d. It stayed in action until March 2004, when it was finally returned to Fort Carson.¹¹⁶

57th Med Co. As OIF began, Maj. Brad Pecor commanded the 57th Med Co (AA). Initially entering the Army in 1984 as an aviation warrant officer, he had

been commissioned in 1988 and served MEDEVAC tours with the 571st Med Det, the Flatiron Detachment at Fort Rucker, the 159th Med Co, and 421st Med Battalion in Germany, including deployments to Bosnia and Kosovo. He took command of the 57th in June 2002.

The company was notified in February 2003 of deployment to Kuwait for combat duty. The unit rapidly prepared for the move. It was hectic at times as its soldiers competed with other Fort Bragg deploying units for supplies and equipment issue.

The unit deployed with the 56th Medical Battalion, still commanded by Lt. Col. Dave MacDonald, and arrived in Kuwait on 13 April. Like the 56th, the unit initially did not have an assignment. MacDonald pushed Pecor to get the unit's helicopters flight ready. When he had the first one in commission, he and MacDonald flew into Iraq and visited hospitals and medical units at several sites before MacDonald decided to move both units to Tikrit. When the rest of Pecor's helicopters were all flight ready, he and MacDonald dispatched the aircraft and a 70-vehicle convoy to move all of the equipment and personnel for the two units to that northern city.¹¹⁷

Upon arrival, the 57th crews assumed alert for area support to any units in the vicinity. A few weeks later, MacDonald changed the 57th's orders and directed it to move to the Al Asad Air Base to support the 3d Armored Cavalry Regiment as it arrived in Iraq. However, when its commander requested that the 3d be assigned the 571st Med Co because of their home base relationship, MacDonald complied



Two 57th Med Co (AA) UH-60s in flight over Iraq in 2003.
Source: Lt. Col. Brad Pecor

and redirected the 57th Med Co to return to Tikrit to be attached to the 4th Infantry Division. When the unit arrived back at Tikrit, Pecor set up his area support section and dispatched FSMTs to airfields at Tikrit south, Baqubah, and Balad. Pecor aligned his unit under the GSAB. He was satisfied with this arrangement because he was given all the help he needed and allowed to run MEDEVAC with little supervision. However, Pecor was directed to fly all missions dual-ship, with the second aircraft occasionally coming from the GSAB or Brigade. Pecor put a liaison officer in the aviation brigade TOC, which expedited the passage of nine-line requests, and then operated well with the 4th Division until ordered home in February 2004.

With redeployment orders, Pecor moved the unit back to Kuwait where the crews cleaned, packed, and shipped their equipment. Just 48 hours before scheduled departure, the unit was informed that it would stay longer. Unit morale immediately began to collapse, and Pecor convinced his troops that they had no choice but to follow orders. His next concern was to reclaim his aircraft and return them to flight status. Most of his aircraft had been badly worn down by a year of desert flying and needed significant maintenance. Fortunately, a contract maintenance team was in Kuwait and was able to answer many of their maintenance needs.

Once the aircraft were ready, the unit was placed under the control of the 429th Medical Battalion (Evacuation), a U.S. Army Reserve unit from Savannah, Georgia. Under that unit, the 57th did not need most of its support troops, and Pecor sent many of his enlisted troops home. The unit then sent detachments to Al Kut, Tal Afar, and Diwanyah, and operated under the 429th until June 2004, when they were finally shipped back to the United States.¹¹⁸

54th Med Co

The **54th Med Co** (AA) was the last MEDEVAC company to join the initial units. Commanded by Maj. Martin Kerkenbush, the unit deployed its 13 UH-60A aircraft and equipment from Fort Lewis with the 62d Medical Brigade starting in early February. Both were slated to support Task Force Horse with the 421st Medical Battalion (Evacuation), as part of the operation through Turkey. Initially slated to ship out its equipment through the port at Beaumont, Texas, with the 4th Infantry Division, the 54th Med Co was subsequently ordered to load aboard transports at the huge port at Tacoma, Washington.

When the attack through Turkey was cancelled, the 54th's equipment was also diverted into Kuwait, and the troops joined it there after flying over by commercial contract airlift in mid-April. Several members of the 54th accompanied their equipment aboard the transports and spent 72 days at sea awaiting the Turkish government's decision. When the main body of 54th Med Co troops arrived in Kuwait, the unit moved to Camp Udairi and was aligned under the 56th Medical Battalion (Evacuation).

As the V Corps and the I MEF closed in on Baghdad, the 54th deployed an FSMT that joined the 62d Medical Brigade at Mosul to provide general support to the 101st Division. The entire 54th then deployed to Balad Air Base/LSA Anacanda to provide general area support for northern Iraq. At times, the 54th Med



Change of command for the 56th Med Battalion, June 2003. Left to right: Lt. Col. Dave MacDonald (departing), Cmd. Sgt. Maj. George Sosa, Lt. Col. James Rice (incoming), and Col. Charles Hightower, 1st Med Brigade commander.

Source: Dave MacDonald

Co also provided specific direct support to brigades of the 101st and 4th Divisions, and special operations forces operating in northern Iraq. At Balad, the 54th Med Co set up its operations at the southern end of the air base. Some of the more enterprising unit soldiers there set up the Tiki Bar and Coffee Shop, which quickly became a popular gathering spot for the troops at LSA Anaconda.

Before returning home to Fort Lewis in March 2004, the 54th flew more than 3,700 hours, conducted 660 life-saving missions for U.S. and allied personnel, and logged 631 medical re-supply missions in support of area medical units. The men and women of the unit were justifiably proud of the great work that they had done during their long tour in Iraq.¹¹⁹

Rotation of Units

Harp traveled to the 30th Medical Brigade on 8 May 2003 for a planning update conference. Col. Donald Gagliano, the 30th commander, notified Harp that the 36th had completed its mission and the just arrived 56th Medical Battalion (Evacuation) commanded by Lt. Col. Dave MacDonald would replace it. The 36th, the 507th, and the 82d were going home. Harp saluted smartly and then ordered the 159th to move its entire unit to BIAP. When the unit assumed the mission, he directed the 507th and 82d to return to Kuwait for redeployment.

The 56th Medical Battalion (Evacuation) had arrived in Kuwait on 12 April with the 57th Med Co. It was assigned to the 1st Medical Brigade and located with

the Aviation Brigade, 4th Infantry Division located at Tikrit. As the 36th Battalion, 507th Med Co (AA) and the 82d Med Co (AA) were released and sent home, the 56th assumed control of the 159th Med Co (AA), the 57th, and two ground ambulance units. The 50th was still with the 101st Division, the 571st was still at Tikrit attached to the 4th Infantry Division, the 54th was at Mosul working with the 62d Medical Brigade providing general support to several units, and the 112th remained in Kuwait and southern Iraq.

As he settled in, MacDonald met with Harp at the 36th for a theater briefing. He discovered that there was—in fact—no overall theater evacuation plan.

“I was making it up as we went,” Harp explained, as the evacuation units tried their best to adjust to the movements and placements of the combat units and hospitals, which provided for the movement of soldier casualties. However, it made no allowance for humanitarian needs or the evacuation of Department of Defense civilians or contractors, members of nongovernmental or international organizations, displaced civilians, or enemy prisoners of war. MacDonald could not find an overall combat health service support plan. One subsequent lessons learned noted that:

MED[ical] planners at all levels failed to plan as a team. The maneuver elements recognized this and began to make the medical plan on their own. We saw air ambulance teams being moved and reorganized by the maneuver elements they supported. Those moves placed duplicate efforts within minutes of each other, while other maneuver elements were left uncovered.¹²⁰

Consequently, he and Harp developed a theater evacuation plan. MacDonald explained:

He [Harp] and I sat down and looked at the map and he, understanding how the operational forces work, gave me that knowledge and we drew the boundaries for the areas...that are currently being used in Iraq. We briefed that, or I briefed that with Brian sitting in the audience. Col. Gagliano, [30th Medical Brigade] he checked the box and gave that to V Corps.¹²¹

MacDonald also had to deal with the somewhat onerous issue of the assignment of the 571st Med Co to work directly with the 3d Armored Cavalry Regiment. In May that unit arrived from Fort Carson and was assigned to the Al Anbar Province, a very dangerous sector west of Baghdad. Initially, MacDonald directed the 57th to support the 3d with nine aircraft and crews, although a regiment-sized unit was normally assigned one FSMT with three aircraft and crews. Nine more MEDEVAC aircraft from other units were available in the same area in general support. Pecor, the 57th commander, complied and moved his aircraft and crews to Al Asad Air Base. However, Col. David Teeple, the 3d Armored Cavalry Regiment commander, was not happy with that assignment. At Fort Carson, he and his unit had developed a strong habitual relationship with the Fort Carson co-located 571st Med Co, and he sent a request to the V Corps commander, Lt. Gen. Wallace, asking that the 571st be taken from the 4th Division and exchanged with the 57th. MacDonald heard about this and strongly objected. He saw no value in swapping out the two units that were settled in their very different areas of responsibility

and established with their supported units. He briefed the commander of the 1st Medical Brigade, Col. Charles Hightower, and his executive officer, Lt. Col. Bob Mitchell, who concurred with his position. Hightower also tried to intercede. MacDonald followed up with a detailed background paper explaining that doctrinally, the 3d Armored Cavalry Regiment rated the support of an FSMT. The 57th supported it with the equivalent of three FSMTs. The assignment of an entire company of 14 aircraft provided an over-abundance of evacuation assets to the 3d Armored Cavalry Regiment, which meant that some other area or unit had fewer than it was authorized. He also explained that the necessary communications and administrative links were established and fully functioning, and that the 4th Infantry Division was satisfied with its present arrangement and did not support the unit swap. MacDonald also pointed out that it was also doctrinally incorrect to attach any MEDEVAC unit to a combat maneuver unit.

When briefed on the issue, Wallace concurred with the 3d Armored Cavalry Regiment request and ordered that the unit change be carried out. MacDonald saluted smartly and directed the changes. Both units had to be ready to respond to evacuation requests during the switch. Consequently, the move had to be phased out over five days and required support from the 159th and 54th Medical Companies. The units completed the move with only minor challenges. MacDonald was disheartened that the maneuver unit commanders ordered the realignment of medical units without any concern for the medical consequences of the move.¹²²

Three months later, MacDonald passed command of the 56th to Lt. Col. Jim Rice, another career MEDEVAC officer, and departed for the Army War College. He was determined to return to the MEDEVAC community to resolve some of the disconnects that he saw in Iraq. While he was in Iraq, his unit oversaw the evacuation of 1,086 patients by air in 571 missions and 2,155 patients by ground ambulance. The MEDEVAC units then settled in for the long haul of stability and support operations that are still ongoing.¹²³

ARNG MEDEVAC Units Activated for Continental United States Backfill

The 641st Medical Battalion (Evacuation), Oregon ARNG, was called to active duty in April 2003 and deployed to Fort Bragg to backfill the recently departed 56th Battalion. The 641st was activated for a year, and it provided military command and control to MEDEVAC teams from the 146th Med Co, Tennessee ARNG, the 1022d Med Co, Wyoming ARNG, at Fort Benning, and the 812th Med Co, Louisiana ARNG, and later, the 249th Med Co, New York ARNG, at Fort Bragg. The 641st was released from federal duty in April 2004.¹²⁴

In actuality, several units from the base generation force were activated under Operation NOBLE EAGLE for backfill duties. The 812th Med Co (AA) was mobilized in January 2003 for a year and located at Fort Bragg, with detachments at any one time at Forts Stewart, Benning, Campbell, and Knox. At the same time, the 832d Med Co (AA), Wisconsin ARNG, was activated and subsequently deployed with 60 personnel to Fort Lewis to replace the 54th Med Co (AA). Just

a month prior, the unit deployed a detachment of three aircraft and 20 personnel to Hohenfels, Germany, to support a larger training exercise, and it had to scramble to support the second tasking. Arriving at Fort Lewis, the unit assumed responsibility for base support and MAST tasking. It also dispatched three aircraft and crews to assume alert at the Yakima Firing Center in central Washington. In December, the original 60 personnel were replaced. The second crew served until May 2005, when the unit was released from active duty after 840 days of continuous service. During that time, the unit conducted 245 MEDEVAC missions, of which 48 were hoist missions. About 25% of the sorties were in support of military operations, and the rest were civilian support missions. The unit flew 3,738 accident-free hours.¹²⁵

Also in January, the 148th Med Co (AA), Georgia ARNG, with its Detachment 1 from Washington, DC, was activated for federal service. The unit was ordered to Fort Hood to backfill for the 507th Med Co (AA) as it deployed to Iraq. The 148th was split into detachments that also eventually covered Forts Bliss, Carson, Sill, and Riley, as the MEDEVAC units and detachments at those bases also deployed.

Like so many of the ARNG units, several of the crewmembers were more senior in rank and were veterans of combat operations as far back as Vietnam. CW4 Jim Brennan was a classic example. He had flown 1,100 hours in Vietnam as a UH-1 pilot with a lift company in 1969, earning 42 Air Medals. After a break in service, he joined the Georgia ARNG in 1977, just as it was forming a MEDEVAC unit. He had served with the unit ever since, doing state activations for disaster response and federal active duty tours to support operations. His unit was not activated for Operation DESERT SHIELD/STORM. But the unit was tagged to fly hospital transfer missions for severely wounded soldiers returning to the United States for care. However, the casualties in that conflict were minimal, and the unit was not needed. The unit did provide on-call MEDEVAC and general support for the Olympics in 1996.¹²⁶

The troops of the 148th remained at their assigned locations until February 2004, when they were released and demobilized. The unit then picked up a commitment to keep two aircraft and crews at Camp Shelby, Mississippi, on volunteer federal active duty to support Reserve Component troops receiving training there for overseas duty.¹²⁷

In November 2003, the 249th Med Co (AA), New York and Rhode Island ARNG, was activated into federal service under the command of Maj. Marc Boies. Previously, the New York unit had been an attack battalion equipped with AH-1 Cobra aircraft. It worked through an intense transition period to meet its MEDEVAC tasking, and then the unit deployed en masse to Fort Bragg, where it was assigned to the 641st Medical Battalion (Evacuation), and eventually replaced the 812th. The unit served there and sat alert for soldier support and MAST tasking at Forts Benning and Stewart and two remote Ranger training sites until May 2005 when the unit was released from active duty. The unit flew 4,100 hours directly supporting the soldiers of the base and XVIII Airborne Corps, and it accomplished 138 MEDEVAC missions.¹²⁸



The 832d Med Co (AA), Wisconsin ARNG, mobilized and deployed to Fort Lewis in 2003.
Source: Maj. Matt Strub

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As U.S. military forces entered combat in Afghanistan and Iraq, active and ARNG MEDEVAC forces were dispatched with them. Reflecting the current joint and Army doctrine, they lined up with their medical evacuation battalions and supported the joint and combined force, evacuating whomever they were called to medically evacuate. Additionally, several more ARNG MEDEVAC units were activated for varying lengths to support various continental United States operations. These operations in both theaters and at home are ongoing.

