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Whispers

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Flight Medics prepare the aircraft to receive patients.

Around Afghanistan
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“Johnny Boy” Captain John Holland was walking out to the aircraft just as I arrived at the flight line.

Captain Holland asked, “Are you ready?”

“Yes Sir.”

The Marjah offensive—billed as the biggest US/NATO/Afghan assault on the Taliban ever—had begun. With it, the attention of nearly all the reporters covering Afghanistan is focused on Marjah. Yet fighting continues across the country, in provinces with names unfamiliar to most people. Men and women are wounded. Some die. Some are saved by dedicated medical crews, and by the pilots who fly into combat to ferry wounded to some of the best trauma facilities in the world, right here in Afghanistan. This story is about the people who care for our troops, wounded correspondents, and many other people, day in, day out.



Pre-flight preparations before loading wounded troops.

The C-130J can be outfitted to perform many sorts of missions, one of which is medical evacuation, which they call “aerovac.” The flight medics say that starting from scratch and not rushing things, they can outfit the aircraft for aerovac in about 45-60 minutes.



Inside the cockpit is a hatch to the roof of the C-130J

This particular C-130J crew had already taken me on a “Special Delivery” mission: a night parachute resupply near the Turkmenistan border.

Pre-flight preparations and checks are exhaustive. SSGT Gabe Campbell took me to the roof of the aircraft to explain a few procedures. Gabe cautioned that when walking on top, one should make sure to stay within the black lines. The airplane is big, and the flight line is made of concrete. People have fallen off the aircraft (and continue to do so), though today was sunny, dry and not windy. But imagine doing these checks on a dark, freezing, windy night, on the icy fuselage of a giant C-17.



Stay between the black lines and don't step on anything that says "no step."

I had never been atop a C-130 and the sun was in full cooperation for good photographs. "People at home will like this," I said to Gabe.



The runway at Kandahar Airfield was busy.



Gabe Campbell shows important hidden chambers.



The 14mm lens stretches the wing.



Gabe explains the de-icing mechanism on the tailfin, which the lens distorts to look like a shark fin. (“Fish-eye” effect.)



Gabe smacked the rear section, saying that birds often nest in this area and when you smack it they fly out. He said nesting birds aren’t a big problem in Afghanistan, but can be in some places.



Back to the front. The sun has moved and is no longer perfect.



That little membrane tears off and reveals a handle for the life raft, which pops out of the wing just behind Gabe's left arm.



Pilot Captain John Holland pops out from the cockpit. Maybe he was wondering why we were playing on the roof.



Around back, more preparations were underway.

We crawled back down into the cockpit. Specialists of various sorts were loading all kinds of gear, most of which was so foreign to me that it might as well have been space gear. TSGT Matt Blonde said the gear weighs about 800 pounds and has the capabilities of a hospital intensive care unit.



An ambulatory patient strapped on his seatbelt and a sedated Canadian soldier was loaded.

After detailed preparations, checks and rechecks, they were ready to receive a critical care patient. Medical staff explained that this Canadian soldier had been wounded during training by a Claymore mine. In total, four Canadians were wounded when another Canadian soldier, Corporal Joshua Caleb Bake, was killed near Kandahar.



Doctor Chris Ryan works with the wounded Canadian soldier. During flight from Kandahar to Bastion to Bagram, the team was at his side constantly checking this or that.

The CCATT (Critical Care Air Transport Team) consisted of Tech Sergeant Matt Blonde (respiratory therapist); Major Debbie Lehker (nurse); and Lieutenant Colonel Chris Ryan (doctor). I asked Doctor Ryan what precautions troops should take to reduce the wounds he is

seeing. Some of the advice was obvious. NCOs push soldiers to wear their ballistic glasses, for instance. Burns were a constant, serious problem in Iraq, but less so in Afghanistan, due to the nature of the bombs.

Dr. Ryan mentioned that Special Operations folks often take the worst injuries because their body armor offers less coverage, and so they often take from 1-3 amputations. He gave considerable credit to special operations medics. "They are studs," he said. High praise indeed, coming from someone with his experience.

Strykers are great vehicles, but none of our vehicles is ideally suited for combat here. Stryker vehicles typically have about three soldiers standing up in hatches, sometimes on MRE boxes. Dr. Ryan said that when the bombs detonate under the vehicles, soldiers often suffer 5-7 fractures in each leg. Other fractures include feet, pelvis, back, ribs, arms, and neck.

Doctor Ryan stressed repeatedly the value of wearing seatbelts. The bombs smash you into the vehicle. Dr. Ryan served with Dustoffs during the worst times in Iraq. He's seen many more wounds than most soldiers will ever see. So I listened to him. But often when soldiers see me putting on a seatbelt in a Stryker, they warn me to take it off. "Wear it if you like," they say, but they warn that if we get launched and are upside down, I'll be stuck in a possibly burning vehicle. This has happened plenty of times. So we all carry seatbelt cutters that can also be used to strip off boots and uniforms of wounded soldiers. But the soldiers are adamant that wearing seatbelts worsens your odds. I do not know who is correct. You get thrown hard without them, and stuck with them.

So, I asked Command Sergeant Major Jeff Mellinger, who served almost three straight years in Iraq. We drove thousands of miles around the country, visiting units everywhere. CSM Mellinger also visited Combat Support Hospitals twice per week. He read every single casualty report—thousands—and was the CSM for General Casey then General Petraeus. In short, CSM Mellinger knows the combat side, and the statistical side. Today he is the CSM for AMC—Army Materiel Command—with responsibility for every bean, bullet, bandage, helicopter, tank and seatbelt in the Army inventory. He talks bluntly and I take his word as the final statement. CSM Mellinger emailed about the seatbelt question with the Bottom Line Up Front (BLUF):

"BLUF - only a fool would ride without seatbelts. The feeling of not needing seatbelts started in MRAPs started as troops got to feeling invincible because they were riding in the beasts. Fact is there are lots of casualties that survived the blast, but did not escape unscathed by being thrown around during the blast or rollover. The first two soldiers killed in MRAPS were thrown free and rolled over by the vehicle.

I have high speed video showing 250 pound dummies being slammed to the floor, then the roof, then the floor again in blast simulation after blast simulation. Many of these crash-test dummies sustain breaks of arms, legs, necks and backs.

Far more likely than being trapped in a seatbelt is being upside down in your belt due to rollover. To prevent that being a problem, each troop was issued a webbing cutter. I am the guy who demanded cutters (2005) that everyone would be issued and keep on

their body armor in order to cut themselves or anyone else out should the highly improbable happen. But if you are riding without seatbelts and rollover, you will surely have injuries.

Not long ago at Walter Reed, I visited most of the crew of a vehicle that had rolled over, and none were wearing seatbelts. Every single member of the crew had injuries, from open fractures to missing teeth. The squad leader told me that he was solely responsible for their injuries, as he had told them they didn't need seatbelts, and he knew that they would likely have escaped unhurt had seatbelts been worn.

Please look at the NHTSA link on seatbelts <http://www.nhtsa.dot.gov/people/injury/airbags/buasbteens03/index.htm>. Also see the Snopes link <http://www.snopes.com/autos/techno/seatbelt.asp>.

Use your belts, and try to get those who do not to see the error of their thinking. You will save lives!"

Jeff emailed another important missive just before this dispatch went to press:

"From my personal notes gleaned from reading every casualty report during my MNF-I CSM time (1 August 2004 - 6 May 2007):

We had 56 killed and 190 injured in rollovers -- thrown free from the gun turret or out the doors. Rollovers, Michael, not IEDs, not enemy action, rollovers. Add to that another 39 killed and 186 injured in vehicle accidents, I think one can safely say there would be more alive today were all wearing belts!"

That matter is settled: I'm wearing the seatbelt.



Co-pilot Captain Tanner Bergsrud spots fighter jets coming out of the sun.

We took off from Kandahar and headed west toward Camp Bastion in Helmand. The sun was blindingly bright at times and there was much air traffic, and so the pilots were on sharp lookout. We could hear radio traffic from all sorts of aircraft, and air traffic control alerted our pilots about some fighter jets that happened to be coming out of the sun at approximately our altitude. Despite the bright sun, co-pilot Captain Tanner Bergsrug somehow managed to spot the aircraft.



Lieutenant Colonel Ash Salter is the Commander of the 772 Expeditionary Airlift Squadron and he came along for the mission. He answered all one hundred questions I threw at him, while keeping watch for undeclared aircraft. Like all the other pilots and crew, LT. COL. Salter gives high marks to the C-130 platforms; it's conceivable that C-130s will eventually have been in the American inventory for over a century.



We landed at Camp Bastion, and another C-130 pulled up behind us, and then came this ambulance. Two Apaches flew over to land and LT. COL. Salter noticed that their Hellfire rails were empty. Aircraft were coming and going as if this were the Atlanta airport.



We picked up two wounded Afghan soldiers. This one didn't speak English but he was happy when I stopped a couple times to say hello and give a thumbs up.



Another C-17 comes in. By now, we must have seen every C-17 in the American inventory. Many of the wounded are first picked up by helicopters such as “Pedros,” and then transported via C-130J, and then to these C-17s or KC-135s. I once flew Under Distant Stars from Iraq with Jeff Mellinger on a C-17 to Landstuhl. Patient treatment was attentive and top-notch. The wounded also say Landstuhl treatment is great, but when they get back to the United States the treatment can be shamefully poor.



We fly ammunition into Afghanistan on C-17s. Senior Airman Joe Hawkins, closer to the C-17, is the silent crew member. Joe is quick with a smile but doesn't say much.



After a patient is loaded, Tom Parsons gives the signal that they're ready for the next.

In addition to the doctor, nurse and respiratory specialist, there were five other medical specialists on the flight: TSGT Kat Hamblin (flight medic); TSGT Mark Russak (flight medic); MSGT Garry Sheets (flight medic); 1st LT Tom Parsons (flight nurse); and Major Marsha Schuman (flight nurse).

All are reservists and some have considerable other military experience. Tom Parsons said he spent 20 years as a reserve SEABEE and was in Ramadi, Iraq from June 2004 to April 2005. That was a period of serious danger. He's also spent three years in the Air Force reserve, and mentioned that he works in the Butler VA hospital north of Pittsburgh, and that he will take care of these troops when he goes home.

Marsha Schuman did a tour in Iraq and this is her second in Afghanistan. Marsha was so busy we didn't get to talk much. Marsha's colleagues said she has been in the Air Force 24 years and is a wealth of knowledge, having worked with all the aircraft.

Kat Hamblin is the baby on the trip. She had been a cheerleader at Sacramento State and is now studying online. Kat said she did a back handspring on an A-10 wing and I asked what she would have thought if she broke off the wing. (A-10s are mighty sturdy and Kat looks light as a gnat.)

Garry Sheets was in the Marines for nine years and is on his first deployment to Afghanistan. Garry said that being a flight medic is "the best job in the Air Force."

Mark Russak was in the Army for eight years and did 364 days in Al Anbar Province, Iraq, from June 2005 to June 2006. Mark said he was at places like Habbaniya, so I asked if he had been to nearby Coolie Village. Mark said his group lost four soldiers in Coolie, and I told him that I went there in 2007 with Marines after it was flattened by a truck bomb, described in "**Ghosts of Anbar.**"

This is Mark's second Afghanistan tour in the last year. His personal motto: "It's all about the man in the litter."

TSGT Matt Blonde did three deployments to Iraq at the trauma center in Baghdad and up at Balad, one tour in Oman, and this is his first in Afghanistan. "Iraq in '07 is the most memorable part of my career. Trauma non-stop. I worked every day. We saw at least four or five really significant mass casualties where we were nearly overwhelmed. Up to fifteen patients at once. There was not an injury type that I did not experience. If there is a worse injury to be seen, I never want to see it."



Tom gives the okay to load another patient.

Hand and arm signals are used on the flight line. The engines are running and there is another C-130 behind us, also with engines running, while jets and helicopters swoop in and out.



Afghan National Army soldier

Two wounded ANA were loaded. The crew didn't know how or where they were wounded. Maybe they had come from the Marjah fight just nearby. When I spoke English to them, neither seemed to understand, but this one seemed very happy and broke out in a grin every time I said "Okay?" and gave a thumbs up.



This ANA soldier responded with anger in his eyes. His face radiated hatred.



The two ANA are loaded on the left (we are facing the cockpit), with two U.S. Marines loaded on the left behind them. The Marines are in the foreground. The feet on the right belong to the wounded Canadian soldier, so now we have five litter patients, one ambulatory, and eight medical staff. Care was close and constant as we flew from Camp Bastion to Bagram. From Bagram, those who were going home would get on a C-17 and probably stop in Landstuhl, Germany, before making the cross-Atlantic journey.



The Marine on the top was not wounded. Something went wrong with his leg. The malady remained undiagnosed. We talked for a few minutes and he seemed to be in good spirits.



Kat Hamblin came up to administer medicine and suddenly it was like the Marine had five cups of coffee.



He sat right up.



Kat started helping other patients, which seemed to pull out his power pack.

In the bunk below was Corporal Tommy Michael, U.S. Marines, from St. Louis, Missouri. Tommy had a thick bandage on his right hand and a nasty nose wound. I asked what happened and Tommy said his platoon had been fighting near Marjah, in a firefight that had been going on for about ten minutes. Tommy said he was in a 4x4 MRAP, in the hatch putting down suppressive fire with his .50 cal when he heard a whistle and BANG! Some kind of round, maybe a mortar, struck the MRAP and fragged his right hand and nearly blew off his nose. I asked if all his buddies inside were okay and he said they didn't get a scratch. I asked if that sort of MRAP is any good, and Tommy thought they were. I asked if his hand is bad and he said there is some nerve damage. As for his nose, he said it was like a horror movie where the guy gets his arm cut off and it's squirting blood across the room. It took 200 stitches to close or sew back on. I said to Tommy that his nose didn't look so hot and he was going to have a cool scar, to which Tommy laughed and grinned and said, "Yeah." He seemed sad for just a moment, because he wants to go back to his platoon. We both knew it wasn't going to happen with that hand or nose. Tommy had done a light tour in Iraq in 2008-2009, but this was his first in Afghanistan. He said he is now with the 2nd Combat Engineer Battalion with Route Clearance Platoon 4. Though he just got wounded, Tommy already missed his buddies. "Are you married?" I asked. "No Sir." "Did you call your mom and dad?" "Yes, I called them." "Good," I said, "because if you don't they will go crazy. Make sure to call them again from Bagram." Tommy said he would.

Some troops don't call their parents or loved ones when they get hit. Then the loved ones get the word from the Department of Defense that "your son got shot," and it freaks them out. When you get hit, it's important to call home ASAP to avoid stressing out your family.



The medical staff never stopped working. I didn't even get a chance to talk with Major Lucy Lehker because she was so focused on the Canadian soldier, who was the only truly critical patient. When the Canadian soldier began to wake up, Lucy caressed his head, and whispered to him where he was, how he got there, who she is, and what his injuries were.



Lucy kept whispering.



She kept talking until the soldier relaxed.

Later, it was revealed that “Lucy’s” real name is Deborah, but her Air Force friends call her Lucy, as in “I Love Lucy.” They say she is lovable and naïve, just like Lucy. This is Lucy’s 4th activation (she is AF Reserve) since 9/11, and her third overseas tour, having served in Kuwait and Iraq. Her time in Iraq was at Balad from September 2006 to February 2007. Those who know something about the war will recognize that Lucy was at a four-way intersection of trauma during some horrible times. Despite all that, she is the one whispering into a soldier’s ear.

We landed at Bagram and Tommy gave me a thumbs-up and a smile as they hauled him out. Boy his nose looked bad, but he’s going to have bragging rights with that scar.

The crew grabbed dinner and we actually picked up a patient to fly from Bagram to Kandahar. The patient was Australian. An Australian nurse was by his side. I asked what happened to his eye and he said it got blown out by an IED. He had been wearing ballistic glasses, and suffering no other wounds, but the eye was gone. He seemed in good spirits. The Australians have an excellent reputation here.

During the flights the pilots had adjusted the temperature to keep the patients comfortable, but something was wrong with the system and the cockpit was very cold. The pilots’ feet were freezing. When the Australian’s eye started hurting because of the altitude, the pilot adjusted the cabin pressure to mimic 5,000 feet above sea level. There are quirks to aerospace physiology requiring specialized training, and the airplanes complicate matters. Cabin temperatures can swing dramatically which can have particularly detrimental effects on burn patients. Pressure changes and gas laws must be considered, while vibrations and noise are big stressors. Matt Blonde said that during CCATT flights using KC-135s, which typically are refuelers, his feet might be freezing while his forehead is sweating. So, in addition to knowing their medicine, air medical technicians must understand the nuance of various aircraft, and the impact on patients’ injuries or illnesses.

During the flight back to Kandahar, alerts kept coming in about new RAZs (restricted air zones) as jets and an AC-130 went “hot” on different targets along the way. We diverted at least once. Closer to Kandahar we could see the eerie orange glow from artillery illumination rounds, floating down under parachutes in several areas, far below us and distant.

And then a radio call came in. The mission was “refragged,” meaning it had been extended. The crew was to drop off the Australian patient in Kandahar, pick up four more patients and fly them to Bagram and then return to Kandahar.



Four wounded US Army soldiers are carried into the C-130J.

We landed in Kandahar and the first critical care team disembarked. The Canadian had been their 70th patient.

The new patients were all U.S. soldiers from the same unit. Two were critical and came with a new CCATT. The two soldiers with lighter wounds were loaded first, and the one on the bottom litter kept turning around, straining to see when the two critical patients would be loaded. He obviously was their superior. I'd seen that look of deep concern many times. A leader was looking out for his boys.

The soldier in the top bunk was named Steve, and he was from 1-12 Infantry of 4/4. Steve said they had been hit by a suicide bomber earlier in the day on Highway 1 in nearby Zhari District. The bomber was on a three-wheeled motorcycle and when he detonated it killed three buddies, and wounded the four on this airplane. Two kids, about five years old, apparently also were wounded. Steve wanted to talk but he could hardly keep his eyes open so I left him alone.

The lightly wounded soldier who was concerned about the two behind him was Staff Sergeant Joshua Danison, the acting platoon sergeant. Josh said the attack had occurred at about 10:15 in the morning. The bomber approached on the 3-wheeled motorcycle, with the bomb hidden under bags of the colorful homemade chips that are sold in markets.

Josh said his wounds weren't bad—he got a frag behind a knee—and he was still able to treat wounded. While that was going on, at least two other enemy tried to plant another bomb about 50 meters away and our guys caught them. Luckily the medevac birds were very fast, landing in about 25 minutes.



Tom Parsons on paperwork.

And that's really about it. This crew and medical personnel say this is a normal day for them.

Michael Yon is a former Green Beret who has been reporting from Iraq and Afghanistan since December 2004. No other reporter has spent as much time with combat troops in these two wars. Michael's dispatches from the frontlines have earned him the reputation as the premier independent combat journalist of his generation.

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