

NOAH SHACHTMAN   SECURITY   SEP 10, 2009 1:48 AM

## Airborne EMTs Shave Seconds to Save Lives in Afghanistan

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KANDAHAR AIRFIELD, Afghanistan – After they helped save the soldier's life, the rescue team was pissed. Yeah, they were able to roll out from their plywood hooch, jump on their helicopters, fly to the middle of minefield, do a quick medical and security assessment, get the soldier on a stretcher, and bring the guy into a military trauma center – all in less than half an hour. But the members of the team, part of the Air Force's 55th Expeditionary Rescue Squadron, couldn't believe the save had taken that long. If they were really on their game, they figured, they could've cut that time by five, 10 minutes, maybe

more.

"I'm gonna take a lot of heat for this one," said Staff Sergeant Scott Dowd. "That was dogsh\*t. We could've gone a lot faster. That was dogsh\*t on me."

As the war in Afghanistan intensifies, the pressure on military rescue teams is mounting. August was the deadliest month for coalition troops since 2001. The squadron that the 55th replaced this week went on more than 400 casualty and medical evacuation missions in four months, saving more than 400 lives. In their first two days on the job, the 55th launched 12 more missions of their own.

The busier these rescue teams get, hauling the wounded out of Afghanistan's kill zones, the smaller their room for error becomes. The quicker they can get patients to the hospital, the more likely they are to survive. Which is why, on their third day of work, the 55th was picking apart every aspect of their team's performance, looking for ways to shave off time.

The initial call came in as no big deal, a "Category Charlie," just a routine medical transport. But those first calls are notoriously incorrect. As the team began getting their gear together, that Category Charlie was upgraded to Category Bravo, and finally to Alpha – an urgent case, requiring immediate surgery. Not only that, but the patient was trapped in a vehicle, and would need to be hauled out.

Dowd began to put together a quick rescue plan. Bring one stretcher. Have everybody in team run out of the pair of Black Hawk helicopters as soon as they landed; they'd need all the hands they could get, pulling somebody out of a vehicle. Then have the helos leave the scene for seven minutes or so, before returning. That way, they wouldn't become targets for Taliban fire.

Dowd, Senior Airman Jason Summers, and Captain David McGraw climbed onto their modified Black Hawk. The two pilots and two gunners, grabbing their 7.62mm miniguns, were already aboard. Inside, at the back of the chopper, were ventilators, intubators, IV tubes, a portable EKG monitor and defibrillator, packs of painkillers and other medicines. Strapped to their body armor, they also carried an array of specialized gear: rescue radios that could communicate via satellite, as well as across the UHF and VHF bands; infrared chem-lights, strobes and flares, to mark their positions in the dark; GPS

trackers; noise-canceling earplugs; camouflage paint; lollipops with the powerful painkiller fentanyl; more medicines.

Each of these pararescue jumpers, or PJs, was not only trained as a kind of airborne emergency medical technician, stabilizing patients and offering basic trauma care. They could also perform battlefield surgery -- inserting chest tubes, removing fluid from around the heart, even performing amputations, if need be. And they could do all that after parachuting into hostile territory to rescue a downed pilot, or scuba diving into murky waters, or squeezing underneath a wrecked vehicle, or rappelling from the helicopter into a free-fire zone. That's what the sliding bar along the ceiling of the Black Hawk's cabin was for.

Dowd, Summers and McGraw were kneeling in the copter, cradling their M4 carbines to their chests, when I jumped on to the Black Hawk. They hooked me to a carabiner on the ceiling, so I'd stay in the copter as it flew; the PJs travel to a trauma site with doors open, to get better visibility of the rescue scene, and to save themselves a few extra seconds. I fumbled with my helmet and my earplugs. The roar of the rotors was deafening. So Dowd wrote out instructions. "Stay w/him," he noted in blue marker, pointing to Summers.

The Black Hawks hovered for a few minutes above the tarmac; the interference from the air traffic control radars and radios reduced communications to bleeps and squawks. Finally, the order came through to take off.

The helicopters lifted into the sky, passing over the airfield's hangars. Then the Black Hawks banked, hard, going nearly perpendicular to the ground. "30 seconds out," the pilot said over the radio; the rescue site was just two miles away. Down in the scrub brushes and the brambles rose a column of pink smoke. We landed, piled out of the Black Hawk, and scampered about 30 feet.

A half-dozen British soldiers gathered around a comrade, lying on the ground with his shirt off. At the end of his left arm was a pink bandage, wrapping a stump where his hand used to be. Around the bottom of his right leg were two tourniquets and a white bandage covering another stump.

The soldier had set off a landmine, one of the British troops explained to McGraw, and there may be more of the mines around. The soldiers had

checked the area immediately around them for other explosives. Over there, the Brit waved, hadn't been cleared yet.

McGraw looked in that direction; it was exactly where the second Black Hawk was about to land. He tried to warn the pilot. But the radios were still weren't working.

Fortunately, the copter didn't set off another explosion. The other PJs jumped out. Dowd spread his arms wide – the symbol for a stretcher. The second helicopter departed. Dowd looked around, and realized his rescue plan had been all wrong.

Despite the initial report, this wasn't a mission to yank someone out of a vehicle. In fact, the only vehicles around were a couple of four-wheeled ATVs; dune buggies, really. This was a simple case of grabbing a patient, getting him on the Black Hawk and flying away.

There was no need for all the airmen to pile out, and no need for the helos to leave the scene. "We could've been on and off in less than a minute," Dowd later hissed. "All the patient needed was to get the hell out of there."

The team tried to call the Black Hawks back. But again, the radios spat static; still too much interference from Kandahar's air traffic control. Which meant more time wasted.

Dowd and his teammates gathered around the wounded soldier. On his sweaty, bare chest, in black magic marker, were notes from the medic about how we had been treated: two tourniquets on the foot at 7:45, two doses of morphine a half-hour later. On the soldier's face was his blood pressure, 120 over 85, and his pulse, about 90. The soldier moved his remaining foot, and gripped the medic's finger -- signs the patient wasn't too far gone. Then he told Summers he was thirsty, and took the water bottle out of his hand; another good sign.

But the soldier was clearly scared; the rescue team could see it in his eyes. The quicker they could get him out of this place, the better. As they waited on the helos to return, they squirmed. Minutes were ticking by; maybe there was more they could do. An IV? One of those fentanyl lollipops? "You guys ready to go?" McGraw asked. He threw a pink smoke grenade – the sign for the Black Hawks

to come get them.

Finally, one of the helicopters floated down, blasting us with air and dust. With a "3, 2, 1," the British picked up their wounded, and put him on the stretcher. The first half of the rescue team brought the patient to the Black Hawk, and they took off. The soldiers that remained hugged one another, and held their heads in their hands.

Then the second copter came, and made the short ride back to Kandahar. During the rescue, all the PJs were calm. Then they got back to their hooch, and tore off their gear. And that was when the shouting started.

*Photo: Noah Shachtman*

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