

Diligentia et Accuratio

DESERT EAGLE

Volume 6, Issue 42

Oct. 22, 2006

*Air and medical crews team up
to help wounded Marine*

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Aeromedical, C-17 and critical care transport teams work together to save Marine's sight

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It was a terrible scenario. A suicide bomber attack in Fallujah, Iraq, had injured a 21-year-old Marine. He suffered multiple burns to his face and hands, and blast injuries to his right arm with shrapnel embedded in his leg. But the worst part was shrapnel in his right eye, causing bleeding and a chance of retinal detachment, which would mean loss of sight.

The Marine was flown to Balad Air Base, where an Air Force theater hospital ophthalmologist determined the burns and complex retinal damage were best treated in the United States.

"It only made sense to move him to Brooke Army Medical Center," said Dr. (Maj.) Charles Puls, whose critical care air transport team (CCATT) was tasked to fly the patient to San Antonio. "We were under a time constraint to save his eyesight, and BAMC (Brooke Army Medical Center) was the only facility in the military medical system with capabilities to deal with both injuries simultaneously."

Almost immediately, the Combined Air Operations Center Aeromedical Evacuation Control Team received a request to coordinate an urgent mission. Anytime a service member is in danger of losing eyesight or a limb, or is suffering severe burns, the mission is deemed urgent. The Marine was facing possible loss of sight and was burned on more than 15 percent of his body. The AECT found an aircraft and crew, initiated the patient movement request and checked the theater's online patient clinical database for patient details.

More than 700 miles away, an aeromedical team "on alert" slept in their desert dorms. The notice to fly came shortly after midnight. Capt. Nathan Ferguson, a nurse with the 379th Expeditionary Aeromedical Evacuation Squadron, rolled over in bed and read his beeper: "You've been alerted for an alpha mission. Please contact the CMC (crew management cell) immediately."

Even while resting, the 379th EAES alert team was poised to fly. "I jumped in my flight suit and threw on my boots," said Captain Ferguson. "Then I grabbed my clipboard, headset, gloves and checklist, and took a stash of snacks because you never know how long you will be flying."

It was a good call. The 379th EAES team would fly for more than 17 hours that day.

Capt. Deborah Wright, Master Sgt. Richard Buchanan, Staff Sgt. William Shockley and Sen. Airman Doyle Cox joined Captain Ferguson at the medical warehouse, where 379th CMC staff had already loaded the truck and were heading to the flightline with supplies and equipment.

"There is always a sense of urgency with this type of mission," explained Captain Wright, a nurse with the 379th EAES. "It's fast-moving and we have 10 minutes to get from our rooms to the warehouse."

Meanwhile, across base a C-17 flew into action. Aircraft Commander Lt. Col. Jerald Oliver of the 816th Expeditionary Airlift Squadron received a call about 3 a.m. Reporting for duty, Colonel Oliver was joined by three other pilots, Capt. Adam Bingham, Capt. Charles "Spanky" Gilliam, 1st Lt. Michael Campbell and loadmasters Master Sgt. Ron Sharman and Senior Airman Randal Davis. In their briefing, the aircrew learned they would fly to Iraq and then directly to the United States to help save the young



Marine's vision.

"We were in Bravo at midnight Zulu time, so we had just begun our alert sequence," said C-17 pilot Captain Bingham, referring to an alert cycle common for C-17 aircrew. "The Bravo alert raised our level of concern for the patient and made us realize what was at stake."

Captain Bingham said he had been involved in aeromedical evacuations in the past, but never one that was scheduled to fly to the United States from the AOR.

"Usually we fly them into Germany for specialized care, but in this case the mission required us to fly directly to San Antonio."

The 816th EAS and 379th EAES crews flew out of Southwest Asia while it was still dark, landing in Iraq early in the morning hours.

Upon the C-17's arrival at Balad, Airmen from the 332nd Contingency Air Staging Facility loaded the young Marine onto the plane. He was accompanied by a 332nd Expeditionary Operations Support Squadron/ Expeditionary Aeromedical Evacuation Flight CCATT team.

"He was very stable throughout the flight," said Dr. Puls. "We cared for him prior to and during the flight," he said, referring to the CCATT team comprised of Dr. Puls, Capt. William Wolfe, a nurse, and Senior Airman Bertha "Alex" Rivera, a respiratory therapy technician.

The Marine's spunk was evident to his caregivers.

"He was notably poking fun at ex-Navy personnel on the ground transports both to and from the aircraft – as any good Marine would do," said Dr. Puls. "That was a good sign."

Fifteen hours later the Marine was accepted into Brooke Army Medical Center's intensive care unit and transferred to the burn surgery division.

"His flight was a landmark in many ways," said Dr. Puls. "As far as I know, it was the fastest trip on record. Having the option to move critically injured patients directly from the center of the AOR to care at facilities like BAMC is wonderful. In cases like this where time constraints are key to saving life, limb or eyesight, it shows without a doubt there is no cost too high and no obstacle too great to get in the way of trying to get our troops the best possible outcomes."

"Only the United States does what we did. Consider all the logistics of a 7,500 mile flight complete with in-flight refueling, highly trained crews, and no cost spared in order to save one Marine's sight."

Captain Bingham agreed, citing a contagious feeling of pride and cooperation among everyone involved in the mission.

"The one thing I will always remember is the 'American Spirit' that was onboard our aircraft, but also on the ground with the medical team, the maintainers and even the American air traffic controllers as we entered back into U.S. airspace," said Captain Bingham. "One controller from Dallas – Fort Worth asked us 'Reach 270 – are you an evacuation mission?' We told him we were and had a critical care patient that needed to get to San Antonio as soon as possible. None of us will forget how the controller's voice changed after he heard our words."

"He responded with great concern and said 'Reach 270, you are cleared direct to San Antonio and have whatever speeds, altitude and headings you may need.' He then wished us luck for the remainder of the mission."

With the care offered from specialists at Brooke Army Medical Center, the Marine's eyesight continues to improve. Dr. Puls said according to recent reports, the patient's right eye still has some sight, and the Marine has undergone multiple surgeries to attempt to save his vision. The first surgery took place the morning following his arrival in San Antonio.

"Reports state he is being fitted for corrective lenses, which is an indication that he can see out of both eyes," the physician said. "His pain is well-controlled, and he is starting to get around with some physical therapy."

Aircraft commander Colonel Oliver said everyone involved in the flight is proud of the mission and pulling for the Marine.

"Everyone was leaning forward in the straps to get this Marine to the care he needed and it took tremendous team effort to make it happen," Colonel Oliver said. "It's testimony that if any Soldier, Marine, Sailor or Airman is injured in the line of fire, our country will deliver, regardless of the cost involved. We simply can't put a price tag on life, limb or, in this case, sight."



Capt. Adam Bingham

Photo by Senior Airman Ricky Best