

Air Force MEDEVAC



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Since 2004, over 56,000 Soldiers, Marines and Sailors have been aeromedically evacuated from Iraq and Afghanistan. The process of saving lives and then safely transporting critically injured and ill troops out of these war zones has become one of the greatest military feats in modern history.

“When you couple an expeditionary medical team with a great air evacuation system, miracles happen.”

Lt. General Dr. George Taylor Jr.

The Air Force Theater Hospitals 98% survivability rate for injured troops would be meaningless if the wounded were unable to survive their journey out of the combat zone.

AF MEDEVAC is a documentary television series that will follow the men and women of the Air Force as they extract, care for and transport injured Soldiers, Marines and Sailors from the war in Afghanistan to hospitals in Europe and the United States. First and foremost, this is a show about the heroism of all those involved in this critically important, logistically complicated endeavor.

“Our number one goal is to get them [to the Air Force Theater Hospital], quickly assess and stabilize them, and get them on an airplane.”

Lt. Col. Beverly Johnson

The process of evacuating an injured troop involves these highly time sensitive phases:

PHASE 1: Extracting the injured from the combat zone, usually by helicopter.



PHASE 2: Stabilizing the injured at Kandahar Air Base.



PHASE 3: Transporting the injured via a C-17 Globemaster (“flying ER”) to Landstuhl Regional Medical Center, in Germany, or, less frequently, to hospitals in the U.S.



Coordination of this process is cross-organizational ballet involving all military branches. Each mission requires multiple units from locations around the world to make the transfer of patients as smooth as possible. Mission stakes could not be higher: To save lives. Thus, the coordination of these missions is an incredible effort to be smart and to beat the clock.

Each week, AF MEDEVAC will follow the injured and the airmen and women who care for them, from start to finish, with selfless commitment, summed up in the motto:

THESE THINGS WE DO SO THAT OTHERS CAN LIVE

Two Sample Episodes Based on True Stories

Mission #1

A Navy Seabee, Pete, was one of the three severely injured servicemen hit by a barrage of mortar shells. Thirty people were injured and six were killed.

After leaving the frontline hospital, Pete was loaded onto a massive C-17 cargo plane that has been retrofitted to hold an entire intensive care unit—up to 8 critical care patients and 27 noncritical litter patients. It's basically a flying warehouse abuzz with armor-clad clinicians and portable life-support units. Known as a critical care air transport team, each consists of a critical care physician, a critical care nurse, and a respiratory therapist. There are 249 of these teams in the Air Force, catering to all branches of the armed forces.

Five hours later, the C-17 lands at Ramstein Air Base in Germany. Having been prepped through a satellite tracking system, doctors at Landstuhl Regional Medical Center (just across the autobahn from Ramstein) already have a strong grasp of Pete's treatment needs. In Kandahar, surgeons don't have the time to check medical records or advance directives, so every life is saved at any cost. But that's not the case in Landstuhl. In addition to being a transitional facility, Landstuhl also happens to be the place where the family has a voice in their loved one's fate.

"You can look at someone and see they will not survive," says Dr. Gene Bolles, former chief of neurosurgery at Landstuhl. "When you see that, you are up front with the families. But so often, you don't know enough. Our modus operandi is to maintain them and keep them alive to get them to the States."

When the Seabee's wife, Michele spoke with a doctor at Landstuhl about her husband, she was surprised to learn that he had survived an attack on May 2, 2007. She had feared him dead after receiving funeral notices for some of the friends he served with.

"First they told me he lost his eye and that his brain was bleeding," she says. "But then they said that they didn't think he was going to make it."

Michele asked for the phone to be placed next to Pete's ear, and she told him to hang on, that she wanted to see him get better. Later that day, Pete emerged from his coma, opened his eyes, and asked a nurse when he could see his wife. The team immediately flew him back to the States to see Michele.

"When they let me see him, I lost it," she says. "I could see his open wounds when they pulled back the sheet. He didn't say anything—he just squeezed my hand."

While in the intensive care unit at Bethesda, doctors told Michele that her husband had a 1 percent chance of recovery, and if he survived, he would be vegetative.

"I cried, I prayed, I cussed, and I screamed," Michele says. "After a few days, Pete turned his head toward me and said, 'Enough already. I'm going to be OK.'"

Mission #2

It was a terrible scenario. A suicide bomber attack 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.

Members of the 305th ERQS and their HH-60 Pave Hawk helicopters flew the Marine to Kandahar Air Base, Afghanistan, 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 Maj. (Dr.) Charles Puls, whose critical care air transport team was tasked to fly the patient to San Antonio. "We were under a time constraint to save his eyesight, and 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.

More than 700 miles away, in South West Asia, an aeromedical team "on alert" slept in their desert dorms. The notice to fly came shortly after midnight. Capt. Nathan Ferguson rolled over in bed and read his beeper: "You've been alerted for an alpha mission. Please contact the crew management cell immediately."

Even while resting, the 379 EAES alert team was poised to fly. "I jumped in my flight suit and threw on my boots," said Captain Ferguson. It was a good call. The 379 EAES team would fly for more than 17 hours that day.

Capt. Deborah Wright 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. "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 the C-17 crew. In their briefing,

Captain Adam Bingham and his team learned they would fly to Afghanistan 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 area of responsibility.

Upon the C-17's arrival at Kandahar, 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.

"As far as I know, it was the fastest trip on record. 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, in San Antonio, the Marine's eyesight returned to near normal.