

By Patricia Deal
CRDAMC Public Affairs

FORT HOOD, Texas—Soldiers that are wounded or become ill down range are brought back to Fort Hood on a medical evacuation (MEDEVAC) aircraft resembling a flying emergency room staffed with experienced medical personnel who keep constant watch over their health needs, delivering them to the caring greeters from Carl R. Darnall Army Medical Center.

“They deserve nothing less. These men and women have made the greatest sacrifice to serve their country, and we owe it to them to provide the best possible care we can,” said Col. Patrick Sargent, CRDAMC commander. A former MEDEVAC pilot who last served as chief of staff for the Army's Warrior Transition Command, Sargent knows the importance of making every MEDEVAC mission a success. “It’s never been as important to build on Army medicine’s culture of trust than when it comes to MEDEVAC flights.

“So they can carry on the business of protecting our freedom, Soldiers, and their families, need to trust that we will do what’s necessary to help heal their wounds. Army leadership also needs to trust that we will ensure their Warriors are fit to fight,” he added.

Medical evacuation involves more than just getting a wounded Soldier off the battlefield. It is a multifaceted mission requiring a combination of dedicated ground and air evacuation personnel that synchronize with medical support units. Together, they transport wounded or ill Soldiers to the appropriate Army medical treatment facility for the appropriate treatment. Soldiers’ wounds may or may not be combat-related.

Typically, casualties downrange are delivered to Landstuhl Regional Medical Center and then sent to a stateside facility. Depending on the nature of the care required, they may go to Walter Reed (now the Walter Reed National Military Medical Center) or Brooke Army Medical Center in San Antonio, Texas, or to Fort Hood. While the majority of cases do go to Walter Reed or BAMC, Darnall receives almost 200 casualties a month on average.

Referred to as Operation Gentle Landing, the evacuations at CRDAMC began in 2003 and manpower and resources have grown since then to accommodate the increasing number of wounded, according to Capt. John Kiraly, Deputy Chief of CRDAMC’s Patient Administration Division, who oversees MEDEVAC missions at the hospital.

“There is just so much involved in MEDEVAC missions. The amount of detail and coordination required to get these wounded warriors to where they need to be is tremendous, and you can’t afford to overlook even one detail,” he said. “No mission is the same, and even with the best laid plans, there will always be changes. That’s what makes our team so outstanding. They are ready for any contingency. Whether it’s a simple or complicated pickup, whether the Soldiers have battle or non-battle related injuries, the team works tirelessly to make sure each mission goes off

without a hitch. Soldiers, their families, their units, the American public, can all trust us to take care of our wounded warriors.”

Eighty percent of the casualties coming to CRDAMC are non-battle related injuries.

“Whether or not the casualties have combat-related injuries, all MEDEVAC missions still involve a lot of manpower and coordination. We handle all the details required for the individual casualty, such as arranging for specific medical needs and transportation, keeping track of personal belongings, handling all administrative paperwork, helping make any arrangements for family members and making sure there’s someone from the unit there for the Soldier,” said Regina Foster, manager of Patient Accountability and Affairs.

Normally, Foster said, they will have three to five casualties arrive at one time. They use ambulances for small pickups, and also have specially-equipped buses that can hold up to 16 litters if required.

A designated MEDEVAC team greets each arrival. While team members vary according to the nature of the mission, MEDEVAC staff is usually accompanied by paramedics, a pharmacy tech, litter bearers, escorts and a department of social work representative. There are team members who stay behind at the hospital to coordinate details such as gurneys, doctors and other medical technicians, and unit representatives.

“It’s a total team effort. It’s not just one person or one department, it’s all of CRDAMC. We tap into resources as needed, whether it’s for bus drivers, radiology techs or chaplain’s assistance,” said Ernest Howery, MEDEVAC coordinator. “It is a huge commitment of time. But just the satisfaction in knowing that you did a good thing for someone who has given so much makes it all worth it.”

Kiraly agreed that working on MEDEVAC missions can be rewarding. He has seen both sides, having worked on the “sending” side of evacuations while deployed.

“When you’re there at the point of the injury, especially serious injuries, emotions can run high. You just want to do whatever you can to help your fellow Soldier,” he said. “That’s why every MEDEVAC mission is important. It always makes you feel better knowing you’re doing something to get Soldiers the help they need—to get them home to their family, to get them on their way to recovery. “

Sgt. Antonio VanDyke, a 3rd ACR Soldier from Fort Hood said he appreciated the hard work and effort of the MEDEVAC CRDAMC team during his recent arrival. VanDyke, who hurt his left shoulder during an IED attack in Iraq, said that the team really took good care of him.

“Immediately I could tell that they genuinely were concerned about me and would help me any way they could,” he said. “The time I spent with the doctor at Darnall was the most productive evaluation I received all along. At other places, I had to ask around for people to help me with

my bags, but here, they were right there ready to help me. The whole MEDEVAC process—dealing with the pain and long travel—can be overwhelming. But these guys were so upbeat. I know I don't have to worry about anything.”

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CUTLINES:

litter3.jpg

During a medical evacuation mission July 12, 2011 at Robert Gray Army Airfield at Fort Hood, the Carl R. Darnall Army Medical Center's MEDEVAC team lifts a patient onto the ambulance for transport back to the hospital. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

litter4.jpg

During a medical evacuation mission July 12, 2011 at Robert Gray Army Airfield at Fort Hood, Derek McGadney (right), from the Carl R. Darnall Army Medical Center's MEDEVAC team and Staff Sgt. Edwin Rotger carry a patient off the medical transport plane to the hospital's MEDEVAC ambulance bus. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

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In front of its iconic medical evacuation helicopter at the hospital entrance, the Carl R. Darnall Army Medical Center's MEDEVAC team off-loads a patient picked up from Robert Gray Army Airfield at Fort Hood as part of a medical evacuation mission July 12, 2011. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

bus2.jpg

During the bus ride back to the hospital, members of the Carl R. Darnall Army Medical Center's MEDEVAC team brief patients picked up from Robert Gray Army Airfield at Fort Hood as part of a medical evacuation mission July 12, 2011. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

exam1.jpg

Doctor Jeffrey Spivey, certified orthopedic physician's assistant at Carl R. Darnall Army Medical Center, performs a preliminary exam on Sgt. Antonio VanDyke as part of a medical evacuation mission July 12, 2011. Mallory, from the 3rd ACR at Fort Hood, hurt his left shoulder in an IED attack during his deployment to Iraq and was MEDEVAC'd to Darnall for further evaluation and treatment. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

exam3.jpg

Doctor Jeffrey Spivey, certified orthopedic physician's assistant at Carl R. Darnall Army Medical Center, checks Sgt. Jason Mallory's reflexes during a preliminary exam as part of a medical evacuation mission July 12, 2011. Mallory, a combat engineer with the Oklahoma National Guard's 45th Infantry Brigade, suffered a lumbar injury during his deployment to Afghanistan and has been MEDEVAC'd to Darnall for further evaluation and treatment. Since beginning its "Operation Gentle Landing" MEDEVAC missions in 2003, Darnall now receives almost 200 casualties a month on average, 80 percent of which are Soldiers with non-combat-related wounds or illnesses. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)

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