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BY: Michael M. Phillips, Wall Street Journal

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KANDAHAR, Afghanistan -- Capt. Josh Shonkwiler flew fast between jagged peaks, ignoring the automated voice in his headphones that emphatically chanted, "Low Altitude," and trying not to picture the little girl lying gravely wounded in the back of his helicopter.

Or her older brother, who was on the next stretcher, his intestines held in place by a plastic bag taped to his abdomen.

Capt. Shonkwiler tried not to think of the dozens of other people he and his Air Force medical-evacuation crew had picked up over the weeks they had been at war.

"I've got kids of my own -- I don't want to see that," the 32-year-old Albuquerque, N.M., native said, after landing the helicopter outside the trauma ward at the coalition hospital at Kandahar Airfield.

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So instead, U.S. commanders have drafted them into the effort to win the support of the Afghan people. Specialists in flying over dangerous terrain on moonless nights and in foul weather, the Air Force crews offer ordinary Afghans in isolated villages an extraordinary service that the Taliban and al Qaeda insurgents cannot -- a fast ride to a good hospital.

In just over a year, the 33rd and its fellow squadrons have notched more than 400 saves, recording each one with a desert-brown foot painted on their Pave Hawk helicopters. Of those, 37% have been Afghan soldiers or police and another 20% Afghan civilians. Almost all of the rest have been coalition soldiers or contractors.

It's an expensive ambulance service. The Pave Hawks cost more than \$15 million apiece, with special infrared equipment that turns the blackest night into lime-green day and allows them to fly when regular Army medevac helicopters are grounded. Training each pilot costs another \$1 million. But the military sees

the rescue missions as a powerful weapon in a war that's as much over villagers as it is over villages.

Saving the life of someone's child or spouse is "one of the biggest rounds we can fire," says Lt. Gen. Gary North, the top Air Force commander for the Middle East and Southwest Asia. "That's a story they'll tell forever."

Capt. Shonkwiler and his men prefer to forget. Day after day, they take off empty and return full, doing their best to block out the images of the people they picked up along the way.

The crews carry walkie-talkies wherever they go and are required to be airborne no more than 30 minutes after they get an alert.

Since they often fly at night, Capt. Shonkwiler and his co-pilot, Capt. Joe Epperson, were asleep in their modular barracks at the Kandahar base when the call came at noon on a Saturday last month.



While the rest of the crew fired up the helicopter, Capt. Shonkwiler and a reporter raced down the taxiway to the command post, where Army Capt. Gema Robles was trying to make sense of the sketchy radio reports from a Canadian convoy. The first word was that a roadside bomb had injured two adults and a child. The child, she told Capt. Shonkwiler, had suffered abdominal wounds, leaving organs exposed.

"They're pretty badly hurt," Capt. Robles warned him.

The injuries sounded serious enough that Lance Nussbaum, the squadron's 36-year-old flight surgeon from Great Falls, Mont., jumped aboard to help the crew's medic, Tech. Sgt. Roy Gomez, 30, a San Antonio, Texas, emergency medical technician. All three patients were on stretchers; only two could fit in the back of the Pave Hawk.



"Doc, you go out and figure out who the worst two are," Capt. Shonkwiler instructed Dr. Nussbaum. The other litter would have to go in the escort helicopter routinely sent along to protect the medevac crew from ground attacks.

The flight lasted less than 15 minutes. The Canadian

troops had taken the wounded from the scene of the blast to a nearby patrol base, where they popped a purple-smoke grenade to mark the dirt landing zone. The pilots'



view of the landing zone was blocked by the helicopter's steep upward angle. So Airman 1st Class Ryan Ballinger, the 24-year-old

gunner, leaned out the left-side window. He and Staff Sgt. Brian Stamey, the 32-year-old flight engineer on the right side, counted down from 10 to zero to let the pilots know when the wheels were going to touch the ground.



Dr. Nussbaum and Sgt. Gomez ducked their heads under the whirling blades and trotted toward a waiting Canadian medic. It was worse than they had been told. A suicide bomber had detonated his explosives-packed car next to a

Canadian convoy on Highway 1, a mile north of a village called Didar.

The explosion had left a Canadian soldier with burns on his wrists and an Afghan man with shrapnel in his chest. But Dr. Nussbaum quickly determined that the most critical cases were a 12-year-old boy eviscerated by metal fragments and a girl, perhaps 6, who, it turned out, was the boy's sister. The shrapnel had torn into her throat and punched a hole in her chest.

The Canadian medic, her fingers visible through her torn surgical gloves, stroked the girl's hand and cheek, as if to gently wake her from a nightmare. Attached to a strap that secured the girl to the oversized stretcher was a white tag. Written on it: "Girl is breathing erratically" and "Patient is cold." Marked in purple ink

on the girl's forehead were the child-size doses of morphine she had received.

Two burly Canadian soldiers slid her litter into the rear compartment, next to her brother's. The boy wore a Muslim skullcap decorated in red, blue, yellow and green imitation gems. Dried blood caked his face and arm. Every few minutes during the flight he turned his head and stared as Dr. Nussbaum and Sgt. Gomez pressed air into his sister's lungs with a plastic bulb.

The girl drifted in and out of consciousness, a look of alarm on her face when she briefly opened her eyes. Dr. Nussbaum raised the tinted eye shield on his helmet so she could see his face, hoping to soothe her panic.

The ambulance was waiting when the helicopter touched down outside the Canadian-run field hospital at Kandahar Airfield, and Dr. Nussbaum and Sgt. Gomez escorted their patients inside to brief the emergency-room doctors.

The flight crew went to the chow hall and discussed the mission over Salisbury steaks and green beans. Capt. Epperson, a rangy 26-year-old from Chattanooga, Tenn., said he avoids seeing or thinking about the patients he risks his life to save. "I don't look back," he said.

Later he explained: "I just want to focus on my job and remain emotionally detached. I hate saying it like that because it makes it seem like I don't care. But the best thing I can do is fly fast."

That afternoon, Capt. Shonkwiler broke his own rule and visited the hospital to check on the children. "I'm just not good with blood and guts," he says. "It's not my job to go out and kill people. It's my job to go out and save people."

Surgeons were stitching up the boy's abdomen. Within days he was sitting in a wheelchair. Under the bed next to him were a helmet and blast blanket in case the hospital came under rocket attack.

His sister died on the way to the operating table. The car bomb's shock wave had damaged one of the major blood vessels off her aorta. "There wasn't much we could do," said Cdr. Dennis Filips, the Canadian surgeon.

Days later, the children's parents hadn't shown up. Perhaps they didn't know where their children were. Perhaps they couldn't find a way to get there. Perhaps they, too, were dead.

Airman Ballinger couldn't stop thinking about the boy and his sister. That evening, he called his parents in South Bend, Ind. They asked him how his day had been. "It wasn't that great," he told them.

