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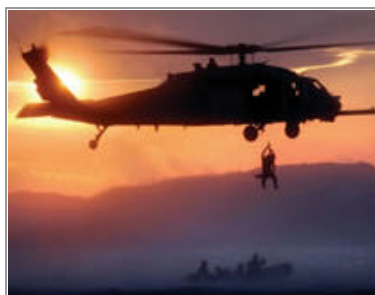


**UP FRONT**

**December 2007**

## Air Force Search-and-Rescue Crews Stressed by War, Say Commanders

By Breanne Wagner



Air Force search-and-rescue crews are busier than ever helping the Army with medical evacuations of wounded troops. The intense pace of operations, Air Force commanders assert, is straining units and is causing frustrations because medevac procedures differ among the services.

Specialized Air Force rescue crews and their HH-60 Pave Hawk helicopters are stretched thin, said Lt. Col. Jeffrey Macrander, commander of the 920th

Rescue Operations Group at Patrick Air Force Base, Fla.

“Crews are now deploying so often that they don’t have time to maintain their perishable combat search-and-rescue skills because they are tasked to meet another component’s requirement,” Macrander wrote in an e-mail.

The problem, he explained, is that the Air Force is not adequately staffed, trained or equipped to conduct medevac missions for the other services.

Besides their current war duties in Iraq and Afghanistan, the Air Force combat search-and-rescue units support special operations forces, the NASA space program (shuttle rescue and range clearing) and civilian duties such as natural disaster relief, Macrander noted. “All of this is done with fewer than 100 HH-60G helicopters,” he adds.

If the Army wants the Air Force to continue lending a hand, it needs to “pony-up” more people and helicopters, Macrander asserted.

At the request of the Army, the Air Force began assisting with medevac operations in Afghanistan in late 2005.

One problem is that the two services have completely different procedures and training for medevac, a disparity that has not been addressed, Macrander said. The lack of common procedures has created confusion in theater. For example, when the Army executes a rescue mission, an Apache attack helicopter normally escorts the rescue aircraft to protect against enemy fire.

But when Air Force crews perform search and rescue, they fly in a two-ship Pave Hawk helicopter formation. They are prepared to defend against enemy attack without back-up support, Macrander said. Airmen have had to quickly adapt to Apache escorts. Air Force crews do not undergo pre-deployment training for such “non-standard” events, he said.

“The Air Force trains to do combat search and rescue. It requires a different set of

equipment, training, tactics and skills ... let the Air Force do what it knows how to do, and if tasked for medevac, don't force me to do it the Army way," Macrander insisted.

The issue is more than just a turf battle over procedures. The real concern is the risk that airmen face when they perform a new job in the line of fire, said Col. Steve Kirkpatrick, commander of the 920th Rescue Wing at Patrick Air Force Base. When Air Force rescue crews are sent on medevac missions, they don't have specific intelligence about threats in the area, but the Army does, he said. "It's very unfair for my people to have to go from medevac to search-and-rescue without knowing what the threat is."

Kirkpatrick and Macrander are also concerned that rescue specialists are not being used to the best of their ability. Their advanced medical skills could be better employed for more complicated jobs, Macrander suggested.

"Medevac is a simpler mission than combat search and rescue. It's like asking a highly skilled surgeon to apply a band-aid; sure he can do it, but that task might be better accomplished by a medic."

In addition, Air Force search-and-rescue crews have had to adjust to working in teams with medical personnel they have never even met before, Kirkpatrick said. "They don't know which assets they will have in-theater until they get there."

On any given day, airmen don't know which medics or flight surgeons they will work with. Sometimes they get fully seasoned Army medics and other times they receive airmen who have never before operated in a helicopter, Macrander said.

Working with an unfamiliar team is a challenge, he said. "The less you know about your crewmembers, the harder it is to get the job done ... The point of [Air Force] tactics is to be predictable to each other and unpredictable to the enemy," Macrander said.

Yet another problem with the new mission concerns the small Pave Hawk helicopter. The HH-60 was not designed for medevac and is unable to transport more than two litters, Macrander said. The Army's dedicated medevac helicopter, the UH-60Q, can carry four patients.

The HH-60 is also heavier than the UH-60Q and has significant performance challenges, Macrander said. The aging HH-60 has about a 60 percent readiness rate, according to the Air Force. A steep increase in combat use and the addition of new equipment, such as the forward-looking infrared (FLIR) system, has contributed to its problems.

The Air Force plans to retire the Pave Hawk in anticipation of a new combat search-and-rescue CSAR-X helicopter. But delays in the estimated \$10 billion program — caused by industry protests after an initial contract award — now threaten the timeline. The service in November 2006 chose the Boeing HH-47 helicopter to replace the HH-60. Soon after, competitors Lockheed Martin/Agusta Westland and Sikorsky filed successful protests over the decision.

The Air Force was forced to start over, and recently asked for new bids.

Kirkpatrick believes any of the three proposed replacements will help alleviate concerns. "All of the CSAR-X candidates will be much more conducive to that [medevac] mission," he commented.

To help ease current tensions on the battlefield, Macrander and Kirkpatrick suggested the Air Force and the Army medevac units should train together.

Airmen and soldiers have occasionally participated in exercises where an Army Apache helicopter escorts an Air Force helicopter, Macrander said. But they would

benefit more from routine practice. He noted that developing joint-service tactics is difficult and time consuming.

Kirkpatrick suggested that the two services could train in the Arizona desert, where the Air Force practices search and rescue. But without knowing which assets will be used in theater, he said, it's difficult to plan mission scenarios.

The deployment schedules of the two services also contribute to the problem. While soldiers sometimes stay in-theater for more than a year, airmen deploy for four months and then return to the United States. Coordinating both schedules would be unrealistic given the high operational tempo of the current wars, Kirkpatrick said.

Still, small changes can make a big difference, he said. Deployment timelines are becoming slightly more predictable, so airmen and soldiers have the opportunity to at least talk on the phone before meeting in combat.

For now, the Air Force will continue to assist the Army with medevac missions. Macrander and Kirkpatrick noted that if the Air Force continues to do this job for much longer, some sort of extra training would be needed to help airmen and soldiers perform their tasks more efficiently.

"If you don't train and do live fire and you don't understand each other's capability, you can't expect them to perform 100 percent in theater," Macrander asserted.

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