

HOW WE FIGHT: MEDICAL EVACUATION SUSTAINMENT IN COMBAT

U.S. Army combat medics conduct hoist extraction training at Katterbach Army Airfield in Ansbach, Germany. U.S. Army photo by Charles Rosemond.

By MSG Evan E. Chaney

Aerial Medical Evacuation (MEDEVAC) is often thought of in one capacity—evacuation of casualties from the battlefield, but the HH-60 Black Hawk and its aircrews could do so much more. Medical Evacuation HH-60s or “HHs” are also capable of moving medical personnel and Class VIII medical supplies and equipment. In a Large-Scale Combat (LSCO) environment, casualty rates will require increased medical sustainment support and MEDEVAC aircraft could and should be utilized to move medical personnel and Class VIII medical materiel (e.g., surgical dressings, medical instruments, controlled/noncontrolled drugs) around the battlefield.

Additionally, MEDEVAC aircrews, in keeping with “Army Health System” (AHS), Field Manual 4-02 (Department of the Army [DA], 2022), should train task number 2048—*Perform external (sling) load operations*¹—to enable supporting the principles of the AHS (2022, p. 1-8). Sling load operations will prove paramount in fully realizing the robust combat multiplier potential MEDEVAC helicopters and their aircrews bring to the battlefield. External load operations

will enable two important lines of effort (LOEs)

1: movement of bulk amounts of Class VIII medical supplies too cumbersome for helicopter internal load, and 2: the self-deployment of the Forward Support MEDEVAC Platoon (FSMP). Through these LOEs, the U.S. Army will maximize the potential of HH aircraft to achieve the ultimate purpose of saving lives and efficiently clearing bed space for the combatant commander.

Movement of Bulk Class VIII

Large-Scale Combat models predict 1,000 casualties per day (Fandre, 2020). Class VIII resupply will be needed at a scale not seen since the Korean War (Sheets, 2021). Class VIII, by volume, will need

to move rapidly, and other classes of supply may out-prioritize medical supplies in logistic pushes utilizing other helicopters or ground sustainment assets. Medical evacuation

helicopters, utilized in the right time and space to move large amounts of Class VIII slung to a resupply point, could mean the difference between patient life or death. Reliance on the UH-60 and CH-47 community to move Class VIII ties up vital resources or causes competing requirements on those airframes that the medical corps should be able to solve with MEDEVAC helicopters. Internal loads with the HH Basic Medical Interior installed makes bulk movement of materiel complicated and takes longer to load and unload. Medical evacuation, as part of the AHS, should complement the warfighters’ medical sustainment rather than being an additional burden to move.

Forward Support MEDEVAC Platoon Self-Deployment

Self-deployment of the FSMP is another opportunity to free up the burden to logistics convoys or UH and CH airframes that have compet-



¹ To learn more about this task, use the common access card-enabled Army Training Network’s training and evaluation outline task search function.



“DUSTOFF” Soldiers conduct joint training with Tripler Army Medical Center ICU department and 8th Forward Resuscitative Surgical Team U.S. Army Pacific Soldiers in patient transfers and reporting real-world MEDEVAC training at Tripler Army Medical Center, Hawaii. U.S. Army photo by SGT Sarah Sangster.

ing lift missions. External loads would enable the FSMP to rapidly displace and emplace their command post (CP) without the delay of resourcing external movers. After observations from multiple Combat Training Center rotations as an Observer-Coach/Trainer and from personal experience operating in Afghanistan with a FSMP, the inability to sling needed equipment presents two problems. Organic equipment must be loaded as internal HH loads, turning the HHs into moving vans, and/or the platoon is not capable of conducting sustained MEDEVAC operations until other lift or ground assets arrive with their equipment.

Benefits of External Load Operations

External load operations will enable the FSMP to displace and self-deploy more quickly, enhancing response times to MEDEVAC missions with all three aircraft “lines” of the FSMP. Current execution of CP jumps consists of one HH helicopter that has a reduced amount of CP equipment loaded so they can clear the aircraft to be the “first up” in the event of a mission received. The other two aircraft

are loaded to maximum internal capacity with equipment needed for the CP and crew life support. Slings would allow for cabin interiors to be mission ready across all three HHs for MEDEVAC missions, while still allowing for the movement of needed equipment to set up and establish MEDEVAC operations at a new site. In the event of a dynamic retask while conducting a jump, the aircraft could set down its sling, conduct the MEDEVAC mission, and then return to the equipment to complete the sling move to the new operations location.

In addition, there is a tertiary benefit from MEDEVAC crews conducting and remaining current in external load operations. Apart from the medic, the remainder of an aircrew will most likely either have come from or go to a lift unit that requires them to do external sling load operations. By conducting sling operations in the “MED,” the task will not atrophy for those crews while away from the lift community. The “sling” trained MEDEVAC crews enable and enhance the aviation commander’s ability at echelon to rapidly shape battlefield sustainment through the tactical employment of the AHS principles in full.

Conclusion

The recommendation for ‘How we Fight in LSCO (MEDEVAC sustainment)’ is to train task number 2048, *Perform external (sling) load operations*. If we do this, MEDEVAC will further itself as a combat multiplier and enabler for the warfighter by reducing reliance on external resources and becoming a self-sufficient mover of what the Army needs. Vital repetitions come from training with the ground forces to conduct external loads for movement of bulk Class VIII in the cargo bag or other equipment needed by the medical system. These repetitions and rehearsals validate the capability while concurrently reinforcing task proficiency. Task 2048 drives home the integration of air and ground and creates a shared understanding of the challenges prior to execution in a LSCO environment.

Biography:

MSG Evan Chaney has been a combat medic for 17.5 years and currently serves as Senior MEDEVAC Observer-Coach/Trainer at the Joint Multinational Readiness Center. He has deployed as a FSMP PSG in Afghanistan and MEDEVAC Detachment noncommissioned officer in charge in Grafenwoehr, eastern Bavaria, Germany, and deployed the detachment forward to Poland in response to Russian invasion.

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