

We Are Going



By LCdr. Patrick T. Moynihan

During our way to the brief, word was passed over the IMC, “Man down.” We headed to combat to find out about the individual’s medical situation and asked if a medevac was needed. The patient apparently was having violent fits, and then would lose unconsciousness. The initial view was this Sailor would not be stable enough for a helicopter trip.

With little chance for a medevac, we briefed for a routine SSC mission. Not wanting to miss an opportunity for a realistic helicopter-aircraft commander (HAC) board scenario, I decided to have my H2P develop a plan as if the medevac immediately needed to get off the deck. The H2P checked the ship’s position, then pulled out the charts for Cyprus, found the NATO airfield (complete with a base hospital), and determined the navigation aids and radio frequencies for our hypothetical flight. During the NATOPS brief, we covered the SSC mission and, for training, con-

Photo by PH1 Michael W. Pendergrass

Where?



tinued to brief the medevac that “would not happen.” For this contingency, we briefed one pilot would fly, while the other would handle the radios, charts and clearances, with backup as required from the rest of the crew.

The H2P did well in the scenario, and we were ready to go on our tactical mission. Just after flight quarters sounded, word was passed for me to go to combat. I was told the patient was sedated, as stabilized as he was going to be anytime soon, and needed to immediately get to a hospital for a CAT scan. I felt confident in the preflight planning we had done and said we were ready to go. LAMPS, as always, is flexible. Unfortunately, there wasn't a CAT-scan machine in Cyprus, so our destination was changed to Haifa.

We repeated the same drill and included a few new variables: It was VFR but after sunset, Haifa only has an NDB, and we were directed to land at a hospital-helo pad for which we had absolutely no information. Visions of a rooftop-landing site collapsing under the 19,000 pounds of our SH-60B, with half a bag of gas, went through my mind as I began to hum the theme music from “Jaws” and “Airplane.” The HAC scenario had kicked into another level of complexity.

I made my plans clear: “If I can find the hospital, and I am certain a safe landing can be made, I'll land there. If not, I'll land at the airfield, and we'll wait for an ambulance.”

Phone calls from the ship to our DESRON and to 6th Fleet indicated they were working on diplomatic clearance and an ambulance. With the general mood being tense at our destination, I did not want anyone flying an intercept on me, should I show up unannounced. We did not have the luxury to wait for official permission, but I was optimistic our emergency flight would not be a complete surprise.

We loaded the patient into the rescue litter and strapped him in the aircraft. Because we were concerned about the patient's condition, we took along an EMT corpsman. That decision was not made lightly because it meant my aircrewman did not have a seat in the helo. The corpsman carried a syringe of haloperidol (a quick-acting sedative), in case the patient went back into his seizures. We were ready to launch.

On the way into Israel, we tried to call Ben Gurion approach and Haifa tower. In the SH-60B, we can communicate by voice on our data link (HAWK) to the ship, and we can monitor two radios plus military-air distress (MAD, guard). The H2P worked both radios, and I stayed on HAWK, talking to the ship. The AW and I listened to the radios to back up the H2P.

More problems came simultaneously, as they always seem to do. The patient started to come out of his sedation and required both the AW's and corpsman's full attention. Inside the cockpit, we tried to figure out if the seizures again had started.

When we got our first contact with an Israeli-approach facility, they didn't identify their frequency. We quickly called out on tower and approach frequencies, trying to establish contact, but, after several attempts on both frequencies, we decided approach was calling on MAD. We had three radios up, plus HAWK link to the ship, and only two crewmen to keep the comm straight. I also was aware we were about to enter Israeli-territorial airspace without explicit permission. We still did not know where our landing site was or what it looked like.

Then I did the only thing I wish I had handled differently. I reverted to my original and dated training in methods of cockpit-resource

on the radio without a problem. I took care of flying and kept the ship informed, while the AW kept his focus on our patient.

Haifa tower could not give us an accurate position for the hospital. We asked for a bearing and range from the airfield to the hospital or a lat-long for us to use with our GPS. Instead, they said a civilian helicopter was operating in the area, and it could lead us to the hospital. A quick look at the town revealed the hospital was not going to be easy to find, so we followed the only aircraft in the area at a distance of about a half-mile.

A short flight later, we were over the hospital's landing site. The pad was a large, well-lit concrete area. The nearest obstacle was the hospital, more than 100 yards away. As we over flew the site, we consulted the landing-site-evaluation checklist in our NATOPS. The winds were favorable, and the only obstacle on approach or departure was a 10-foot-high barbed-wire fence surrounding the site. A slow, steep, approach, using the searchlight to constantly check for unseen hazards, ended in an uneventful landing and departure back to the ship.

At the debrief, I felt good about how the mission unfolded, except for when we first established comms with the beach. My first

reaction was to cut the H2P out of the loop. This error was minor, and we quickly corrected it, but I still learned a lesson. Just as a basketball player tends to go to his dominant

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management: I tried to do everything myself. I talked to approach and asked for a frequency to make the transition into Israeli airspace. Approach directed us to stay up on MAD, just as Haifa tower called us. I reached for the radio-selector switch and was about to respond to tower when I had another thought: "There is no need for me to try to keep the comms straight. Just continue to look for an unfamiliar landing spot."

I backed off the radios and reverted to what was briefed. The ATO managed the three voices

hand under pressure, I went into the CRM mode I was most comfortable with: trying to do everything. I was wrong, and it took me a moment to admit I couldn't handle everything by myself. Impatience got the best of me.

Helicopters are multipiloted for a reason. Fortunately, my H2P stepped up. The only way to overcome a bad tendency is to practice correctly every time out. 🛩️

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