



USAF photo by Capt. Tristan Hindertter

# Life

By Amy McCullough, News Editor

# Flight

**Capt. Adriana Valadez** had no idea the life of an Air Force hero was in her hands.

Valadez, 35, a Reservist assigned to the 433rd Aeromedical Evacuation Squadron at JBSA-Lackland, Tex., was serving as medical crew director on a routine aeromedical evacuation flight in Afghanistan when the C-130J—call sign Bandage 33—was suddenly diverted to Mazar-e-Sharif to pick up an additional patient—a high-priority one.

Although the call was urgent, details were sparse and the crew really didn't know what to expect.

"We just knew it was a gunshot wound. We didn't know where or what. We didn't have any of the details," said Valadez, who was on her first deployment.

Mazar-e-Sharif is a German-controlled forward operating base in the northern province of Balkh near the Uzbekistan-Tajikistan border. The medical attendant who escorted the patient out to the aircraft in an armored ambulance was German and didn't speak any English, making it nearly impossible for the aircrew to get the information it needed.

Valadez and her team, which included one other flight nurse and three medical

technicians, had no idea how extensive the USAF combat controller's wounds were or what his medical history was. The paratrooper who initially rescued him from the battlefield about four hours earlier tried to fill in the gaps as best he could, but communication would continue to be a challenge throughout the mission.

The bullet had entered the airman's right femur and exited out his right buttock, said Valadez. He had undergone surgery at Mazar-e-Sharif to clean his wounds, but the doctors there knew he needed more advanced care if he was going to keep his leg and his life.

The combat controller was listed in urgent but stable condition, "but he didn't look good," said Valadez.

As the team rushed to get the patient settled so they could take off, some crew members tried to connect with command and control through satellite telephones. They wanted permission to go straight to Bagram to drop off the patients and then continue on with their mission, but the phones were not working that day.

Because they were a basic aeromedical evacuation five-man crew, they didn't have any doctors or other medical specialists onboard. They also had minimal drugs in their kit and they didn't carry blood.

## Communications Down

Afghanistan is a dynamic environment where situations can rapidly change—as they did that day—but Bandage 33 was typically called in to pick up patients in stable condition, said Valadez. In fact, there were four such patients already onboard the aircraft at that time.

The crew is able to provide oxygen and fluids to keep patients stable and comfortable in flight, but any additional medical procedures must first be approved by a flight surgeon. However, it quickly became clear that any conventional method of communication was not going to work and the clock was still ticking.

"We can't be a practicing physician. We have to call for everything. That's why



## The aeromedical evacuation mission started off normally, but Bandage 33's patient was far from ordinary.



**Far left: (l-r) MSgt. John Kley, Capt. Adriana Valadez, SSgt. Julian Williams, Lt. Col. Kathleen Sprague, and SrA. Amanda Pena, the crew of Bandage 33. Above: A C-17 loaded with patients and a critical care air transport team leaves Bagram Airfield, Afghanistan, in March. C-17s and C-130s are among several aircraft types tasked with this mission.**

communication was so important, and we didn't have any that day," said Valadez.

Thankfully, the C-130J was equipped with a sophisticated new communications technology known as Dynamic Retasking Capability, or DRC.

Maj. Ryan Thornton, one of Bandage 33's pilots, was a captain at the time and assigned to the 772nd Expeditionary Airlift Squadron at Kandahar Airfield. He said the DRC allows pilots to send messages to command and control similar to a text message. The front of the DRC is a moving map display. When you push up on the map a keyboard appears.

"We had just trained on it before we deployed. ... It really proved to be a good tool," said Thornton. He was on his first C-130 deployment, though he had deployed before as a KC-10 pilot. The DRC is only available in the C-130 and the C-17.

It was the "only way to let command and control know that we had to proceed to Bagram," added Thornton, who is currently assigned to the 41st Airlift Squadron at Little Rock AFB, Ark.

Thornton was able to get through to command and control using the DRC, but communication continued to be a problem. Their request to fly directly to Bagram was initially denied because the paperwork said the patient was listed in stable condition.

However, as the aircraft ascended, the combat controller's condition began to rapidly deteriorate. The second flight nurse, Lt. Col. Kathleen Sprague, called Valadez back to the rear of the aircraft. The patient's blood pressure was dropping. His face was pale and his breathing was fast.

On seeing his condition, Valadez went back to the pilot and said, "We need to go to Bagram. We can't wait. Do what you need to do. Put the call out. Whatever you need to do. We need to declare an inflight emergency because the patient is not doing well."

Several months later, during the Air Force Association's September Air & Space Conference, Chief of Staff Gen. Mark A. Welsh III highlighted this mission in his speech. As Welsh praised all the airmen involved for their quick thinking and

hard work, he joked that Thornton was "scared to death of Adriana. He just calls her the 'bad ass.'"

During an October interview with *Air Force Magazine*, Thornton laughed as he recalled the quote. But he didn't contradict it. Thornton said Valadez's professionalism and overall "bad ass" nature made it easy for the pilots to do their job that day.

"She does nursing outside of the Air Force and it was very evident. ... She was a very impressive human being. I was very fortunate to work with her to help another airman," Thornton said.

The airevac crew worked with the pilots so they could portray the significance of the patient's injuries, and Bandage 33 was given the green light to reroute.

"We were going max blast all the way there," copilot Capt. Eric Jones said in an April Kandahar release. "That's the closest thing I think we'll ever get to driving an ambulance. You call, 'Urgent medevac' over the radio and they part the Red Sea for you. All the traffic gets out of your way."

The flight from Mazar-e-Sharif to Bagram typically takes about an hour and 20 minutes. Bandage 33 made it in 42 minutes.

As the airplane sped toward Bagram, Valadez went back to the patient to try to figure out why his blood pressure had dropped and why he looked so pale. When she pulled up his blanket to assess the wound, she realized the dressing and litter were soaked with blood.

"Once we reach altitude there can be adverse affects," said Valadez. "He was fresh from post-op when we got him on the plane. He had a fresh wound. Then just being at altitude" all played a role in his deterioration.

His leg also started to swell and he was losing feeling, said Valadez.

"I began to hold pressure because I wasn't sure if it was arterial or venous or from the surgery. You just can't tell up there. It's dark and you don't have the best resources," she said.

The second flight nurse, Sprague, and the three medical technicians—MSgt.





*Above: Military personnel offload a patient from a C-130J at Bagram in the same procedure that was performed when Bandage 33 brought in their patient. Left: Valadez is thanked by Air Force Chief of Staff Gen. Mark Welsh at the Air Force Association's Air & Space Conference in September. To her left is Outstanding Airman of the Year MSgt. Andre Davis.*

John Kley, SSgt. Julian Williams, and SrA. Amanda Pena—were giving him IV fluids and changing his oxygen in an effort to stabilize him once again. As Valadez held pressure on his thigh, she noticed even more blood coming up from his back. That's when she knew he was bleeding from both the entrance and the exit wound.

### **Compromising Positions**

She kept the patient talking to keep him conscious, joking about the absurdity of making small talk while her hands were “in some very compromising positions.”

USAF photo by Michael J. Pausic





USAF photos by SrA. Scott Saldukas

**Above and below: Contingency aeromedical staging facility personnel and other airmen hoist a patient from the transport bus, transferring the wounded troop to a waiting C-130J at Kandahar Airfield, Afghanistan.**



USAF photo by Capt. Tristan Hinderliter

Despite the “comical moments,” Valadez said both were concerned the airman might lose his leg.

“I was more worried about any kind of long-term damage to his leg because we just didn’t know where the bleeding was coming from—if it was bone, if it was arterial, if it was venous. So we were definitely worried about getting him to a higher level of care so he would have the use of his leg,” she said.

It wasn’t just the patient’s vital signs that were shaky. Bagram is known as the “Bagram Bowl” because the airfield is surrounded by jagged mountains. Since the C-130J was coming from Mazar-e-Sharif at max speed, Thornton and Jones were forced to descend rapidly and steeply.

“They don’t want to slow down. It’s a little rugged inside the back of the airplane, so they’re bouncing around a little bit,” said Welsh in September. “Adriana’s



having trouble now keeping pressure on the bleeding, which she’s now doing with her hands because that was the best way to try and do it. So she straps herself in the litter with the patient and hangs on as they go down this bumpy ride.”

Forty-two minutes after taking off at Mazar-e-Sharif, Bandage 33 landed safely at Bagram. Despite the communication struggles throughout the mission,

everything was in place by the time they landed. A flight surgeon was on call, the emergency room was ready, blood was on hand, and nurses were ready to transfer the patient from the aircraft to the ER.

The airman’s blood pressure had gone back up, and the bleeding appeared to be under control. However, his leg remained severely swollen and the AE crew was having a hard time finding a pulse in his foot. Valadez didn’t want to ease the pres-





**Air Force Cross recipient TSgt. Zachary Rhyner was grievously wounded during a firefight in Afghanistan. Bandage 33 picked him up and brought him to the hospital.**

addressing the larger audience and spoke directly to Valadez, who had been flown in for the event.

“Adriana, let me introduce him to you. He’s an Air Force hero,” said Welsh. “He couldn’t be here today, but he asked me to say thank you. I’ll give you his email. Thanks for saving our guy.”

Tears streamed down Valadez’s face as Welsh called her to the stage. She told *Air Force Magazine* after the speech that the entire event seemed surreal.

In the months since, Valadez and Rhyner have connected via text message. Rhyner says he doesn’t remember much of that flight and he can’t talk about the mission in which he was most recently wounded because it is classified.

### **Back in the Saddle**

“I wasn’t even aware of how serious the injury was and how bad off I was on that flight until I heard what she had done for me,” Rhyner told *Air Force Magazine* in October. “I’d definitely thank her and the team for what they had done for me.”

Rhyner is assigned to the 24th Special Operations Wing at Hurlburt Field, Fla., but he presently spends most of his time doing physical therapy and recuperating. When the bullet struck his hip, it transected his sciatic nerve and broke his femoral neck—the piece of bone that connects the femur to the ball of the hip.

As of mid-October, Rhyner had had three surgeries to fix the related problems and was to undergo one final surgery—a bone graft, which he hopes will allow him to be more mobile. Rhyner said he’s also waiting on a brace that will allow him to “get back to running around.”

Although there is going to be some lasting nerve damage, he’s hoping to stay on Active Duty.

“It all depends on how the bone in my hip heals. ... If my bone doesn’t heal, I’ll have to get a fake hip and there is not a lot of great hip technology out there right now, so I’ll be pretty limited,” said Rhyner. “The plan is to get healed up. Get this brace, and find out exactly what the limitations are and get back to work.” ■

sure on the wound, so she walked with him to the ER where she handed him off to Bagram-based medical professionals.

Then she climbed back in the aircraft and went back to work, spending another six hours in the air.

“It’s great to see what a difference our aeromedical evacuation mission makes for folks who are wounded on the battlefield,” said Lt. Col. Sean Barden, 772nd EAS director of operations, in the April release. “It’s rewarding to know that our teamwork and use of technology made such a big difference for one of our fellow airmen.”

After the mission, Valadez tried to keep track of the patient’s recovery. She was able to piece together snippets here and there. She learned he had made it to Germany, he was stabilized, and his leg was going to be OK, but she never did learn his name.

It wasn’t until Welsh told their story at the AFA conference that she learned

she had helped save the life of TSgt. Zachary J. Rhyner—one of three combat controllers to receive an Air Force Cross, the award second only to the Medal of Honor for heroism in combat.

In 2008, Rhyner was “directly responsible” for saving his 10-man special operations team in a “brutal ambush” deep in the mountains of Afghanistan. The mission—designated “Commando Wrath”—was to capture or kill a group of insurgents gathered in a remote region near the Pakistan border.

Rhyner was wounded in that battle as well, but he pushed on—spending three hours calling in close air support.

He “walked away from that with the respect of some very, very capable warriors and the nomination for the Air Force Cross, which he richly deserved,” said Welsh in September.

As images of Rhyner and Valadez were displayed on a movie theater-sized screen at the conference, Welsh stopped