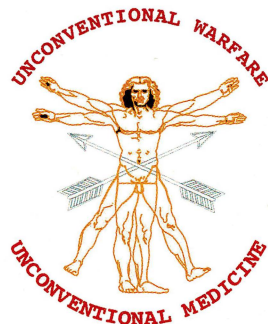


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ANYTIME



ANYWHERE

Dedicated to the Indomitable Spirit & Sacrifices of the SOF Medic

Legacy

THANKS FOR MY EVERYTHING

James L. (Jim) DeVoss, 1/Lt, USAF
(Ret.)



"Party flight suits" were worn to squadron mates' end of tour celebrations. I didn't make mine, but I'm told my mates were able to hold one in my honor--thanks to those who risked their lives and got me out!

For over 32 years I have been telling groups of one or more a story at every opportunity. On December 10, 2001, I had my most recent and greatest opportunity to tell the story. Appropriately, it was modified from the "civilian" version in which I focus more on training before, rather than on my life and accomplishments after, being shot down during the Vietnam War. The audience on that date was the most special group of people I have ever had the privilege to address. The group was comprised of individuals just like you--SOF medical professionals, those who serve that others may live. Like June 16, 1969, I will remember December 10, 2001, for the rest of my life.

THE SHOOTDOWN

From the first time I heard and saw an airplane soar overhead, I had the desire to fly. This desire grew as I grew up, while I attended middle school, high school, and, ultimately, college at the University of Michigan. My bachelor's degree was one of the requirements for entering the Air Force's Officer Training School (OTS). Following OTS, I entered the Undergraduate Pilot Training (UPT) Program.

The training I had was standard to UPT. In extreme summary, we were taught that whenever we got into a cockpit and situated ourselves--setting all the fittings, harness, lapbelt, oxygen connection, anti-G suit connection, etc.--we were never, ever "strapping in" to the aircraft. Rather, we were strapping the aircraft on. When an aircraft is strapped on,

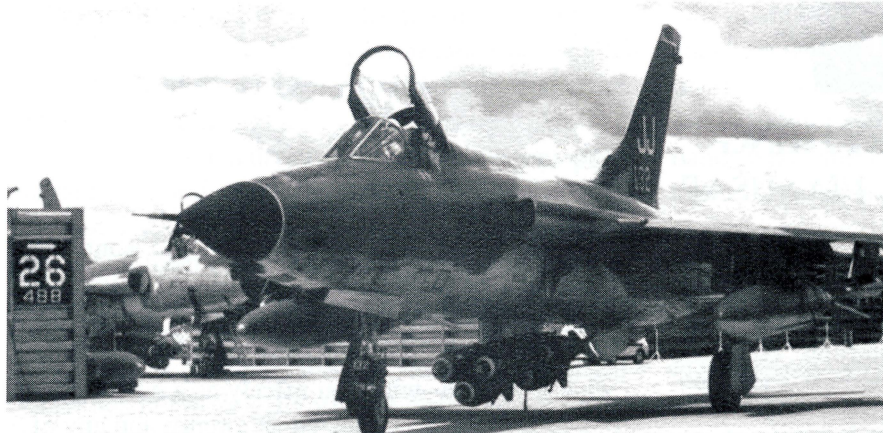
it is part of you, always doing what you want it to (provided, of course, its systems allow). If you are ever strapped into an aircraft, there is always the likelihood that, one day, one time, it could do what it wanted--with you merely as a passenger.

We always realized an aircraft and any of its systems could break--at any time. Thus, a critical and extensive part of our training was recognizing emergencies and, even more importantly, recovering from them. Recovery ranged from (1) fixing the challenge and continuing the mission to (2) continuing the mission, if possible, with something broken to (3) terminating the mission and landing as soon as practical if the challenge precluded continuing a safe, mission-fulfilling flight. Ultimately, "recovery" could entail having to leave the aircraft as soon as we recognized the challenge was so severe as to preclude getting the aircraft on the ground, safely or otherwise. Recovery, in that instance, was utilizing the ejection seat to maximize the probability of escaping with minimal or no injury. After ejection training, we were trained to get on the ground safely and survive no matter where we went down, even if in enemy territory.

Near the end of my UPT program, we were given the opportunity to array the selection of aircraft for which pilots were needed. Naturally, we ordered our preferences from the aircraft we most wanted to fly to the aircraft we least wanted to fly. The F-105 Thunderchief, affectionately known as the "Thud"--and one of only two single-seat fighters available at the time--had always been my goal. It led my list. Fortunately, pilots were needed to fly it.

More fortunately, I had done well enough throughout UPT to get to fly it. That led to 120 more flight hours preparing for combat. Suffice it to say that throughout that training, too, recognizing and recovering from emergency situations was a continual emphasis, especially given our next assignment would be flying combat missions with an operational squadron.

Every second of all that recognition and recovery training was put into action on June 16,



F-105 Thunderchief- The Thud. "The biggest, badest, fastest fighter that's ever flown." (Jim's personal opinion)

1969. I was on my 71st mission, flying as Kingfish 1, leader of a flight of four Thuds. We were fragged to work with a Forward Air Controller (FAC) who would locate and have us put our ordnance onto suspected "truck parks" along the Ho Chi Minh Trail in Northern Laos. I had made only one pass on such a park when enemy guns came up. All of the rest of our ordnance was expended on the 37 and 57mm gun sites that had begun shooting at us.

While pulling off my last pass and calling for my wingmen to join on my aircraft to head for the post-strike tanker, things began to happen in the cockpit. Namely, my emergency panel lit up like a Christmas tree. I had taken sufficient hits to, among other things, knock out my aircraft's hydraulic systems--all three of them. Instead of the 3,000 PSI hydraulic pressure needed to move the Thud's flight control systems, my aircraft had zero. There were a number of other things going wrong, too, but the loss of hydraulic pressure was the most critical.

As the pressure went to zero, I initiated the slab-lock procedure by flipping a switch that caused a big vice grips-type device to grab and hold fixed the bar connecting the two sides of the elevator (the horizontal sections of the tail). Supposedly, this procedure would allow the aircraft to maintain straight and level flight-allowing me to egress the target/enemy territory-at an "equilibrium" airspeed of approximately 400 knots. Because the aircraft was going faster than 400 when I locked in the slab, it initially started climbing-trading airspeed for altitude while attempting to get to 400. When it reached 400, my Thud did start to level off. Naturally, it didn't get

level at exactly 400, a bit under actually, so it should have started a slight descent to again trade altitude for increasing airspeed.

What happened, however, was the aircraft attempted to maintain the altitude at which it had leveled off. Almost immediately I observed that I lacked the power to maintain altitude and airspeed. Given that my Thud was maintaining altitude, speed immediately bled off. Within seconds I had to be most concerned about the aircraft going

below stall speed and into a spin. To preclude this for as long as possible, I blew off all the external stores to lighten the load and reduce drag. When that happened, instead of slowing down less rapidly, the nose of the aircraft merely fell, and she started towards the ground, rapidly accelerating-with me strapped in.

Initially, my only thought was back to what we had been told in training: "If your butt is more than one-half inch out of the seat when you initiate the ejection system, the force of its explosion will drive the seat into your butt with sufficient force to compress your spine, causing at least paralysis and most probably death!" When the aircraft nosed over, a force of 3 negative Gs hit me. Compare that, if you will, to the first downward motion of a roller coaster. In that situation, riders experience about one-half of a positive G. At 3 negative Gs, I found myself pushed out of the seat, and I knew there were inches between my butt and it. And the aircraft was accelerating like a rocket towards the ground. Bottom line, by the time (1) I had mentally gone over all procedures confirming I had done them all and (2) the aircraft had stabilized into its dive (so that negative G forces were as low as they were going to get and I was as firmly in the seat as I was going to get), the aircraft had accelerated to at least 600 knots. The thoughts in my mind by then were two: (1) ejection at speeds in excess of 500 knots are always lethal and (2) if I don't get out of this alive, my wife is going to kill me!

A standard ejection from a Thud goes as follows: You grab one or both of the ejection handles located to the outside of each knee. Raising them causes the triggers directly under the handles

to spring down. Squeezing one or the other or both of the triggers first causes the canopy to unlock and be blown from the aircraft by the slipstream. Two-tenths of a second later, an explosive charge equivalent to five pounds of TNT goes off, starting the seat up the rails on which it is positioned to give it an upward trajectory. Once the seat has moved 8 inches, a lanyard is pulled that fires a rocket on the back of the seat. That rocket is capable of pushing 400 pounds (the pilot and the seat) 250 feet into the air. That allows clearance over the tail plus allows for a zero airspeed/zero altitude ground ejection should that ever be required. One second after the rocket fires, three things happen simultaneously. First, the lapbelt and shoulder harness are explosively blown apart. Second, take-up reels at the front of the seat and the top of the back of the seat spin in opposite directions causing a strap connecting the two to become taunt, thus pitching the pilot out of the seat. Third, a small drogue parachute is blown out of the back of the seat. That drogue chute slows the seat, completing man/seat separation and preventing the seat from tumbling into the pilot. One second after those three things happen, another small drogue chute is blown from the pilot's parachute pack. This catches in the wind and immediately deploys the main parachute. From rocket fire to parachute deployment, the pilot is fully suspended in a canopy within 3.2 seconds.

The ejection system in my crippled Thud worked perfectly; less than one second after I pulled the triggers, the charge under the seat went off. Although I was in the seat as tight as I could be, my spine was still compressed, much like a diver's is if he attempts a dive into too shallow a body of water and his head hits the ground. Not too long ago, 32 years after my butt and the seat had their troublesome experience, I had x-rays done before a medical exam. Before I entered the exam room, the doctor greeted my wife, and his first question was, "How long has it been since your husband has been able to walk? When was his diving accident?" What they told us in class was true!

The real challenge, however, beyond the tenuous connection between the seat and I, was the estimated 600 knots of airspeed to which my Thud had accelerated during the time necessary for me to be able to get down onto the seat as best I could. As the seat and I started out of the cock-

pit, the 600-knot windblast initially hit my head and shattered my visor, blowing pieces of it back into my face, causing a number of cuts. The windblast then hit my oxygen mask. At speeds over 500 knots the deadly concern is the mask being blown off and the windblast entering the nose so rapidly it over-expands the lungs, causing the lungs to rupture and the pilot to bleed to death. In my case, however, my face must have been positioned directly into the wind because the mask was driven straight back. It was driven back hard enough, however, that even the soft, pliable rubber at the top of the mask blackened both of my eyes and, at the bottom, cut into my neck.

As the seat and I continued up, the windblast next hit my shoulders and drove them both backwards, causing them to separate. Then the wind caught my arms. In the Thud's seat, there were small devices designed to catch the pilot's elbows so that the forearms were tucked into the stomach area. My right arm did tuck, but the left was pushed outward and then flailed behind the seat. That flailing against the back of the seat shattered the upper arm bone, shattered the elbow, broke both bones of the forearm, and also several bones in the hand. When the windblast hit my abdominal area, it pushed my torso backwards. With my thighs on the seat, both of my hips were separated. As the seat and I fully exited the cockpit, the windblast finally hit the tops of my boots. The 14 G ejection force caused them both to point straight down and the windblast caused them to tuck under the seat. This caused both of my knees to separate. Surgeons later told me that the right knee was separated to one-eighth of an inch to being "chicken leg torn from chicken thigh"-everything in the knee was completely torn apart with only one nerve, one blood vessel, and the skin around it holding the lower leg on. I am sure this was an exaggeration, but obviously there was considerable damage. As for the left knee, it was in similar shape, but while everything else was ripped apart, the patellar tendon was only torn three-quarters through. Unfortunately, though, I must have done a really lousy PLF (parachute landing fall), as the bones in my lower leg were broken when I hit the ground. Finally, I landed in a patch of bamboo, impaling myself on some of the younger shoots.

So when I hit the ground, my shoulders, hips, and knees were separated; many bones in my body were shattered and broken; and my face and

neck were bleeding. I landed over 130 miles behind enemy lines, well north in Laos--south of the "fishes' mouth" and East of the Plaine des Jars. I was actually closer to Hanoi than to friendly territory. We had been told during the intelligence briefing before the flight that we were "doing such a good job of halting the flow of military supplies down the Ho Chi Minh Trail that, if we went down and they couldn't walk us to a POW camp, they would stick a knife in us rather than waste a bullet." In the briefing, that sounded good. On the ground and in my condition, it didn't.

Despite my broken limbs and bloody body, I felt relatively calm (adrenaline is AMAZING!). My three wingmen were overhead and I thought I was doing a pretty good job of keeping conscious. Most importantly, from participating in ResCaps myself, I knew that everything literally came to a halt when a pilot was down, with whatever it took ready, willing, and able to do the necessary to "make the save."

And make the save they did. My three wingmen stayed overhead and other flights of two and four stayed on standby in case they were needed. Indeed, things did come "to a halt" until I had been successfully rescued. Most importantly, an Air Rescue and Recovery Service task force of two Jolly Green Giant helicopters and four A1E Skyraider Sandies came to get me. Upon entering the area, the Sandies first dragged the area, flying low and slow, doing all they could to entice any enemy in the area to shoot so they could wipe them out before the slower, and even more vulnerable, Jollies came in. When the area was deemed reasonably clear, a Jolly came in, hovering while lowering one PJ. While he stayed on the ground determining a second PJ was necessary to pick me off the bamboo and put me in a litter, the Jolly stayed close by, in harm's way, awaiting his evaluation. Once the evaluation was relayed, the crew again put themselves directly over me while the litter and the second PJ were lowered. The two PJs picked me straight up off the bamboo and gently placed me in the litter. The Jolly then returned and pulled us all out of enemy territory. Never once, in 70 previous missions, did I spend so much time directly over enemy territory! Yet, they did it freely, as part of their job, to get me out. They risked everything for me.

I am convinced it was the initial, skillful stabilizing of my limbs accomplished by the PJs

during the 90 minutes it took to get back to Udorn that allowed me to recover so successfully. Once at Udorn, I was immediately put into an ambulance to head for the hospital. This despite my loudly verbalized desires to stay for the end-of-tour celebration for the PJ--T/Sgt. Lorenzo (don't call me Lorenzo, my name is "Tony") Willis--who had been the first at my side deep within enemy territory.

THE RECOVERY

When I hit the Udorn "hospital," I was checked over and declared to be in mild acute distress and in severe need of orthopedic surgery. I was later told that when the base commander learned of this--and the fact that there was no orthopedic surgeon in Thailand at the time--he fragged in the soonest available aircraft capable of transporting me to the USAF Medical Center at Clark AFB in the Philippines. That aircraft was a C-141! I clearly remember being in a litter at the base of the flight deck bulkhead and being able to look towards the tail of the aircraft and see nothing but the nurse who attended me on the flight from Udorn to Clark. That huge airplane, just for me.

On June 17, the day after the shootdown, a medical team operated on me to repair my left upper arm and right knee. Twice during that surgery, while my brain was anesthetized, my body quit on them. But they didn't quit on me--they brought me back both times. They also decided that to continue to try and repair the left knee was inappropriate, and waited a week to perform the second surgery. Once again, during that repair, my body quit on them. For the next 2 weeks, it was touch-and-go; most of the medical staff was convinced I wasn't going to make it. Over the following 8 weeks, the doctors eventually agreed I would make it, but, because of the extent of my injuries, I would never walk again. During that 10-week period, I was airlifted from Clark through Japan to Scott AFB and then to the AF Medical Center at Wright-Patterson AFB. There they replaced the original casts put on after surgery and sent me home for a month of R&R. Throughout, my care was constant and professional.

At Wright-Patterson the first week of September, Major LeGalle, the head nurse of the Orthopedic ward, came into my room. The Major was one very unique lady. To this day I feel her twin sister must have been Nurse Kratchet in One

Flew Over the Cuckoo's Nest. She ruled the Orthopedic Ward with an iron fist, but, believe me, it was necessary to keep us broken but not sick guys from terrorizing her staff at every opportunity. Deep down, I knew she was devoted, professional, and extremely caring.

Upon entering my room for the first time, she announced, "Lieutenant, you stink!" "Ma'am, when you spend 10 weeks half plastered, well, half in plaster, that happens!" I replied. She gave directions to have my leg casts removed so I could be given my first real bath in 10 weeks! Unfortunately, only bivalving of the casts occurred that day. More unfortunately, when my legs were picked up out of the bottom halves of the casts, I could see what had happened to them while they were in the casts.

While convalescing at home as well as in the hospital, I had been doing hundreds of leg lifts a day. I thought that when the casts came off, I would hit the ground running, back to join my squadron and complete my tour. When I saw my atrophied legs, I began to wonder if what was being said about my never being able to walk again was true. About 3 am the next morning, during a sleepless night, my concern overcame common sense. The cast pieces had merely been taped together because, again, there had not been time for a bath the previous evening. I undid the tape, removed the cast tops, and swung my legs over the side of the bed. There was zero range of motion in both, and the right was bent backward 5 degrees at the knee. Nonetheless, I grabbed the back of the bedside chair with my good right hand and stood up. At that moment, I had to know if I could stand on my own two feet. When I found I could, I pushed the chair ahead of me and shuffled across the room and back. It was only later that I realized I had done the most stupid thing I could have done--what would have happened had my legs given out, either knee had twisted, or I had fallen over onto my left arm?

But none of that happened. The next morning I did the second most stupid thing: I told my wife what I had done. She immediately told Major LeGalle. Within minutes the major was in my room with a gurney. She picked me up (my weight was 175 when I was shot down; now--well, when next I stood on a scale--I was at 123), put me on it, and then pushed me into a small treatment room. There she gave me a 5-minute lecture on stupidity

and finished with the ultimate threat to a fighter pilot: "Lieutenant, anyone who does something that dumb belongs in Pediatrics!" She left and my wife had to retrieve me from the treatment room.

I finally had a bath and then later that day a corpsman came into the room asking, "Are you Lt Dumbdumb?" He must have been talking with Major LeGalle. He put me in a wheelchair, gave my wife directions, and told her to pack me up. Admittedly, I wondered if we were going to the Pediatric ward. The directions, however, led us off base and I wondered if Major LeGalle had somehow gotten me discharged. Thankfully, the directions then led us back on base and to a Quonset hut. Inside we were told to wait in a curtained area. Soon a gentleman in a white coat came in, and he, also, inquired if I was Lt Dumbdumb. I replied, "I guess so, who are you?" His response was, "I am the brace man. Major LeGalle said that if you were going to do it, we are going to make sure you do it right!"

I was measured for leg braces then and there. The very next morning they were delivered to the hospital and fitted to my atrophied legs. That afternoon I was sent to Physical Therapy. There I was introduced to two corpsmen therapists who said they were going to bend me, and I should tell them when it hurt. I asked if they would know if they were about "to hurt it." When they responded in the affirmative, I kindly asked that they "stop just short of hurting it, and let's not worry about hurting me." My wife used to say I would return from the twice-daily sessions with my whole body looking that pale yellowish-green color you see just before a bruise completely heals. My wife was a saint throughout my recovery; she was by my side in the hospital whenever she could be throughout each and every day. At night she stayed in base housing, alone. I am convinced the support and encouragement she gave me was every bit as important as the professional care bestowed upon me by the medical professionals.

Although the initial physical therapy was most uncomfortable, things did get better. Once I regained some flexibility, another therapist--whom I called the "nerve lady"--was assigned to me. In addition to being a therapist, she was also Miss Wright-Patterson 1969. She was about five feet four inches tall with long blonde hair and deep blue eyes. She was beautiful. And did she ever stimulate me! Admittedly, however, to this day I wish that

just once she had not used electricity to do it! The results of the continuous medical, therapeutic, and personal attention resulted in my being placed on Temporary Duty Retirement List (TDRL) status, admittedly under a 100% disability rating, just over 6 months after being shot down. Although I had leg braces on both legs and the fingers of my left hand were suspended in a contraption we called a monkey swing, I left the hospital able to get on with the rest of my life.

The care didn't stop, though. Using benefits under the GI Bill, I earned an MBA. Twelve months after first being put on TDRL, I went back to Wright-Patterson for re-evaluation. Physicians, nurses, and specialists continued to look after me to assure there was no deterioration in my condition. Instead of deterioration, the evaluation confirmed nerve regeneration would allow me to get rid of the short brace on my left leg. Then, at the 24-month evaluation, a physician found that one of the tendons in my right knee had somehow reattached along the interior side. He felt that if it were again severed and relocated to the lower front of the knee, I could possibly get rid of the right full-length brace. He went on to say that chances were one in a million and even if it did work, I would have to exercise and maintain condition for the rest of my life--but, but, but. It was obvious he wanted to try the surgery, but it was just as obvious he had extreme doubts about whether the tendon could stay attached to what basically amounted to scar tissue.

Regardless, he was telling me about the possibility of not having to strap in to what I had come to call my "leg iron" just to walk around every day. Therefore, I asked him to stop talking about all the "buts" and to please schedule the surgery. It was done, and I have never again worn a leg iron. Indeed, 6 weeks after recovering from this

last surgery, I was permanently retired with only a 60% disability.

THE EPILOGUE

Obviously, I was given not just life, but a capability for a wonderful quality of life. That quality has included so many additional blessings. My wife and I have thoroughly enjoyed over 32 more years of marriage. We have been truly blessed by two incredibly special children. Our daughter, Danielle Nicole, was recently awarded a Ph.D. at Michigan Technological University and is currently a tenure-track Assistant Professor at Michigan State University. Our son, Jason James, having graduated Magna cum Laude (and a Phi Beta Kappa) with a BS in Cellular Molecular Biology from the University of Michigan, is now pursuing a Ph.D. in Immunology at the Stanford University School of Medicine. My wife and I both wonder and dream about the differences they are each making and are going to make in the lives of thousands of people.



"All the parts were still there; they just needed--and received--the healing touch!"

As for me, while working towards my MBA, I also had the opportunity to collaborate on the script for and be featured in the Air Force film *Faces of Rescue*. I have been told this award-winning film was not only the documentary of concerted air rescue and recovery efforts in Southeast Asia, it was also used in PJ training for some 20 years. Personally, I still use it when giving my "civilian" talk and loan it to anyone who shows even the slightest interest in viewing it.

Following the awarding of my MBA, I took a position with Amway Corporation and served there for over 28 years. I also used Veterans' Benefits to obtain both Flight Instructor Airplane and Flight Instructor Instrument pilot ratings. I was given back the capability to teach people to do what I loved so very much. And, in

my "spare" time before job, family, and other obligations precluded being able to take the time, I did just that. Job responsibilities did increase rather quickly as I moved through taking on different roles and performing different tasks with Amway. The culmination of all this work came throughout the 1990s when I worked in an area called New Market Development. While I worked in this exciting new department, I had the huge good fortune to be able to personally start seven new affiliate companies in Hungary, Poland, the Czech Republic, Slovakia, Slovenia, Greece, and Romania. I lived in most of these countries for over one year each and had the privilege of getting to know their people, their cultures, their customs, and their lands.

Since the early development, the companies started have generated well over one billion dollars in sales. Over six hundred million of those dollars have gone right back into the hands of individuals who, mostly, had not dared even dream of starting their own businesses and earning that kind of money just years before, while they lived behind the Iron Curtain. My years with New Market Development also provided the opportunity for me to return to Southeast Asia. Ironically, I stepped off an airplane in Hanoi to start researching company-starting possibilities in Vietnam shortly after celebrating my 50th birthday. Unbelievably, when I checked a cal-

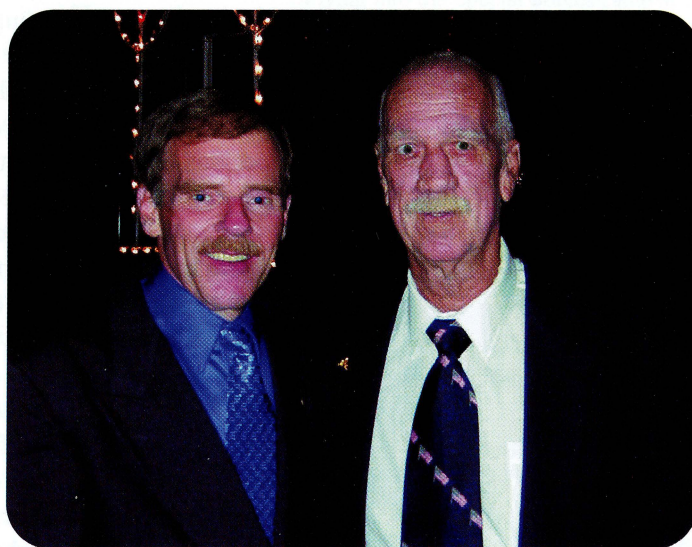
endar while reflecting on being 25 when I was shot down, I confirmed the day I stepped off that plane was the day on which I had lived exactly as long after my shoot-down as before.

To note just one more phenomenal life experience, I noted earlier that I missed the end-of-tour celebration for the PJ who initially dropped from the Jolly to assess my condition on the June day in 1969 when I was shot down. On December 10, 2001, after I told my story before an audience for perhaps the 200th time, Tony Willis came on stage. I had the chance to meet and again thank this phenomenal individual who plucked my butt out of the jungle. In the midst of the hugging that ensued, Tony said to me, "Man, I'm a PJ, I can't cry!" I told him "Tony, I'm a steely eyed fighter pilot; I'll cry for both of us!" Tony later told me he had personally rescued ten downed pilots, and I was the first he had ever met again. What an incredible thrill - and honor - for me.

Truly, it has been an incredible life. I have looked forward to every sunrise and enjoyed every sunset. And, I look forward to many, many more. America, in general, and all of you reading this in particular, thank YOU for my everything!

ACKNOWLEDGMENT

I would like to thank my daughter, Dànielle, for assisting with the editing of this piece and helping to prepare it for submission.



"Isn't it wonderful that I can grow old
thanks to the gentleman next to me!

And to so many others!!"

Jim DeVoss (left) with Lorenzo Willis (right)

Photo courtesy of MSG Samuel R. Rodriguez