

## 445 AEROMEDICAL EVACUATION SQUADRON



### MISSION

### LINEAGE

445 Aeromedical Evacuation Squadron constituted, 9 Sep 1994  
Activated in the Reserve, 1 Oct 1994

### STATIONS

Wright Patterson AFB, OH, 1 Oct 1994

### ASSIGNMENTS

445 Operations Group, 1 Oct 1994

### COMMANDERS

Lt Col Janis L Stangle  
Col Allen Gilbar  
Lt Col Catherine Siebert (Interim)  
Lt Col Linda Stokes-Crowe

### HONORS

**Service Streamers**

**Campaign Streamers**

**Armed Forces Expeditionary Streamers**

## Decorations

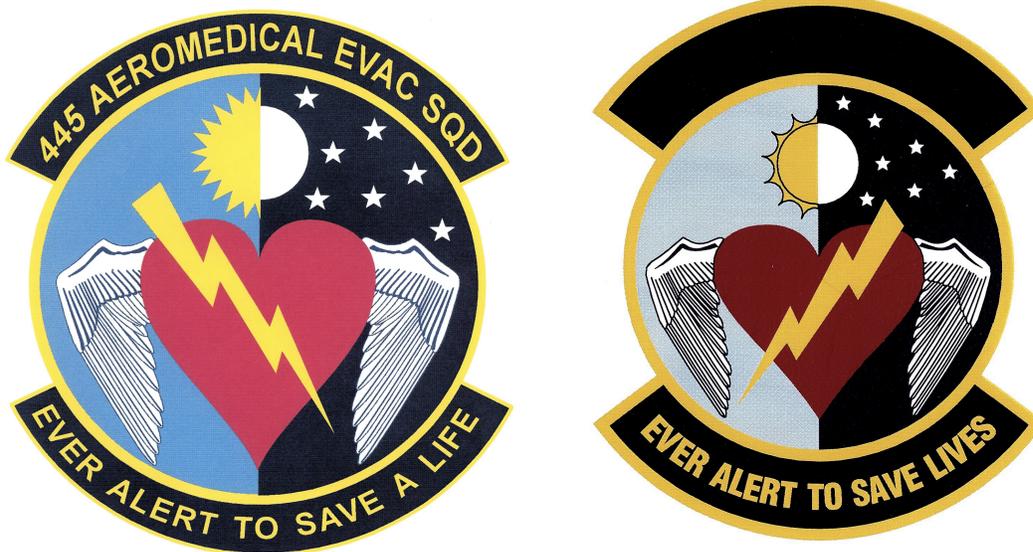
Air Force Outstanding Unit Awards

1 Oct 1999-30 Sep 2001

1 Aug 2005-31 Jul 2007

1 Jan 2008-31 Dec 2009

## EMBLEM



Per pale Celeste and Azure, a heart Gules winged in lure Argent garnished of the second surmounted by a lightning flash bendwise sinister, point to base Or, in chief a demi-sun of the like and demi-plate conjoined palewise; all within a diminished bordure Yellow. Attached above the disc a Blue scroll edged with a narrow Yellow border. Attached below the disc a Blue scroll edged with a narrow Yellow border and inscribed "EVER ALERT TO SAVE LIVES" in Yellow letters. **SIGNIFICANCE:** Blue and yellow are the Air Force colors. Blue alludes to the sky, the primary theater of Air Force operations. Yellow refers to the sun and the excellence required of Air Force personnel. The winged medical heart denotes compassion and care provided by unit personnel through air evacuation. The lightning flash represents rapid response by squadron personnel both day and night, as symbolized by the light and dark blue background. (Approved, 4 Dec 1996)

## MOTTO

## OPERATIONS

Oct. 1, 1994, the 445th AES was activated concurrently with its parent unit, the 445th Airlift Wing. Prior to that date, the unit's members and materiel were assigned to the 67th Aeromedical Evacuation Squadron under the 907th Airlift Group and the 906th Fighter Group. Though no longer able to claim a direct lineage to the 67th AES, members of the 445th AES

who served with the 67th AES prior to transferring, have been based at Rickenbacker ANGB, OH and Wright-Patterson AFB, OH, and have flown aeromedical missions on C-123 and C-130. At different times during the unit's history, these aircraft both served as the unit's primary aircraft prior to the conversion to the C-141. Many of the unit's members have participated in a wide variety of both peacetime and wartime missions, including; Operations Desert Shield and Desert Storm, Operation Just Cause, Panama, Operation Restore Hope, Somalia.

2008 Medical personnel from the 445th Aeromedical Evacuation Squadron can pin on another ribbon. The squadron was one of seventeen in the Air Force Reserve Command to earn the Air Force Outstanding Unit Award for 2007. AFRC, located at Robbins AFB, Ga., recently announced the award. The 445 AES trains to provide inflight medical care aboard the C-130, the C-17 and the KC-135. The medical unit has 22 aeromedical flight crews, making it the largest number of flight medical crews assigned to one squadron in the Air Force. A five person aeromedical flight crew consists of two flight nurses and three aeromedical technicians.

The 445th Aeromedical Evacuation Squadron has displayed unrivaled support for Aerospace Expeditionary Force cycles in support of the Global War on Terrorism, transporting over six-thousand, four hundred and eighty patients on nine-hundred and sixty global missions," said Col. Allen Gilbar, commander of the 445 AES. "Members participated in two multi-national contingency training events, ensuring the highest levels of wartime medical readiness. Squadron members responded to national disasters, transporting over five-hundred civilian casualties of Hurricanes Katrina and Rita." Colonel Gilbar went on to say, "The men and women of the 445th Aeromedical Evacuation Squadron have displayed selfless dedication and hard work, contributing significantly to the accomplishment of the unit's peacetime and wartime missions. I am honored to be the commander of this outstanding unit." Maj. Gen. Allan Poulin, AFRC vice commander stated in a letter to assigned units that members should be extremely proud of their many achievements and contributions resulting in this prestigious award.

445th Aeromedical Evacuation Squadron. The squadron commander, Col. Allen Gilbar, said, "I'm very proud of the members of the 445th Aeromedical Evacuation Squadron (AES) for the accomplishments that led to these awards. The members of the AES continue to provide unprecedented support in a variety of very challenging military operations." Individual medical awards given to their squadron include Lt. Reserve medical squadrons are winners again Col. Valorie Jarreau for Outstanding Reserve Officer Assigned to an Aeromedical Evacuation Squadron and Master Sgt. Tina McNamara for Outstanding Air Reserve Technician Noncommissioned Officer Assigned to an Aeromedical Evacuation Squadron. The 445th Aeromedical Staging Squadron had their share of awards as well. They were named the Outstanding Aeromedical Staging Squadron (250/150 bed) for 2007.

Individual medical awards given to their squadron include Lt. Col. Sheri Gladish for Outstanding Reserve Officer Assigned to an Aeromedical Staging Squadron, Senior Master Sgt. David Bloomfield for Outstanding Air Reserve Technician NCO Assigned to an Aeromedical Staging Squadron and Senior Airman Adam Longberry for Outstanding Reserve Airman

Assigned to an Aeromedical Staging Squadron. The 445th Aeromedical Evacuation and Aeromedical Staging Squadron's reservists deploy to evacuate wounded soldiers out of the Middle East and back to the states in military aircraft. Their job is truly about saving lives.

2010 Six reservists from the 445th Aeromedical Evacuation Squadron, recently returned from MacDill Air Force Base, Fla., where they supported on-going relief efforts for Operation Unified Response in Port-Au-Prince, Haiti. A five-person crew consisting of two flight nurses and three AE technicians provided in-transit care on Air Force aircraft. The unit also sent three AE ground crew members to support the aeromedical evacuation operations team. The medical crew and one AE ground crew member returned Feb. 13 while two ground crew members remain to continue supporting the relief efforts. First Lt. Shannon Simon, an AE ground crew member currently at MacDill, said her role is to help support the AEOT. The AEOT, operates 24 hours a day, seven days a week and is responsible for managing all the AE crews assigned to their "stage" or hub that includes five AES crews and three critical care air transport teams.

"I got here Jan. 23 and was literally out recovering my first mission within 48 hours of getting called by the unit to go," Lieutenant Simon said. Lieutenant Simon said the AES mission at MacDill has been a Total Force effort. She's been working with AES members from the reserves, active duty and the Air National Guard. "We just went through our third rotation of AE crews. The initial compliment of crews included four active duty and three reserve. Our next rotation had two active duty, three Air National Guard and two reservists. Our latest rotation included three Air National Guard, one active duty and one reservist." One function of working in the AEOT has been to support the ground medical personnel flying in and out of Haiti for the mobile aeromedical staging facility.

Her team helped the MASF, currently working in a bare base location, with logistical issues and other issues that arise. The MASF would identify their needs to the AEOT and they would try to get them what they need or the work around they request, according to Lieutenant Simon. "We've helped them with their logistical needs but we've also sent down pizza, Chinese food, sandwiches and a regular rotation of snacks to the medics on the ground in Haiti to give them a break from MREs and for morale," Lieutenant Simon said. The AES mission has been used with increasing regularity as part of Operation Unified Response to move patients from austere locations in Haiti to hospitals and trauma centers in the United States. On the ground in Haiti, the air evacuations are directed by a combination of a medical air staging facility, which provides triage and stabilization, and an air evacuation liaison team, which arranges airlift with Air Mobility Command's Tanker Airlift Control Center at Scott Air Force Base, Ill.

"A typical day for us includes monitoring current and upcoming missions along with keeping track of patient information. The process begins when the TACC confirms there is a mission ready to go. We then alert the AE crew and CCATT. After they are alerted, we prepare their gear and load it onto vehicles to be ready to take out to the aircraft. When the crew arrives, they conduct their briefings and review their patient load before heading to the aircraft. At that time, any configuration of the airplane that needs to be completed is done and the equipment is loaded onto the aircraft. The plane is then airborne. Once the plane has taken off and we are waiting for it to return, we continue to monitor that mission to see if

there are any delays with the flight times, diversions to other airfields, or if they are coming back early,” Lieutenant Simon said.

The Lieutenant said when the plane returns back to MacDill, typically 12-14 hours later, everything is reversed. The AE and CCATT inventory all their equipment and make sure it is mission ready for their next mission. They identify any shortfalls and resupply what they need at that time so they are always ready to go on the next mission. As of Feb. 11, the AEOT has flown 23 missions and moved 213 patients from Haiti to the United States as part of Operation Unified Response. Lieutenant Simon said one of the missions she was involved in made an impression she won't forget.

“The earthquake probably saved the life of one 6-year-old little boy. He had a broken bone in his leg. The AE crew said while getting treated for his earthquake injury, a mass was discovered that may very well be cancer. If he hadn't been hurt in the earthquake, it may never have been diagnosed in Haiti. Coming to the United States for medical care will probably save his life and get him the care he needs not only for his leg injury but the mass,” the lieutenant concluded

More than 60 reservists from the 445th Aeromedical Evacuation Squadron and 445th Aeromedical Staging Squadron worked side-by-side during a joint training mission onboard a C-17 Globemaster III March 19. “This was our first opportunity to work together on the wing's assigned aircraft in quite some time,” said Lt. Col. Todd Mulhorn, 445th AES operations officer. “Our main goal was to get together and function as a team, and it worked out perfectly,” he added. Colonel Mulhorn said in the past they had to rely on aircraft support from other wings, such as the 910<sup>th</sup> Airlift Wing, Youngstown Air Reserve Station, Ohio, and the 911th Airlift Wing, Pittsburgh International Airport Air Reserve Station, Pa.

Another drawback in the past has been a lack of having a static aircraft available to train on during a unit training assembly weekend. “Training for the ASTS and critical care air transportation teams without local aircraft was difficult due to the varied and limiting schedule of off-base aircrews,” said Lt. Col. Philip Frederick, 445th ASTS critical care air transportation team flight commander. Colonel Frederick said joint training is essential because the AE mission requires the expertise, equipment and unique skill sets that each unit brings to safe and professional patient movement and treatment.

The training provides camaraderie, cooperation and familiarity ensuring seamless continuity medical care from point of injury to transport aboard military aircraft. During the recent joint training mission, mock patients were shuttled in stretchers under the medical care of the ASTS to the preassembled patient stations onboard the C-17. Once onboard the aircraft, ASTS transferred medical care to the members of AES.

“Normally this is something that we simulate with our own people. Having ASTS adds realism and reinforces the importance of concise communication and direction from our aircrews and ground management teams to the aeromedical staging squadron personnel,” Colonel Mulhorn said. Colonels Frederick and Mulhorn both agree that having the availability now of AES capable airframes locally will ensure increases in training participation and proficiency in real-world contingency AE and ASTS missions. “Real-world missions will be improved just by the sheer increase of opportunities to train and repetition of skills, thereby delivering the best possible care to today's and tomorrow's war fighter,” Colonel Frederick

said. As the unit continues to gain its projected number of C-17 assets, the opportunity for AES and ASTS to participate together on more training missions continues to grow as well. "We wanted to establish a foundation to build on for future training opportunities.

We started small by just working on procedures for the aircraft load and off load patients. In the future we would like to stage our simulated patients for our UTA training missions at the ASTS so that we get the opportunity to receive the patients just as we would out in the AE system. This would also give us the opportunity to fully integrate the ASTS's CCAT teams into the scenario," Colonel Mulhorn added. 2011

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USAF Unit Histories

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#### Sources

Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, AL.

Air Force News. Air Force Public Affairs Agency.