

# 903 AEROMEDICAL EVACUATION SQUADRON



## MISSION

## LINEAGE

903 Aeromedical Evacuation Squadron

## STATIONS

## ASSIGNMENTS

## COMMANDERS

Col John C. Delahunt

Col John H. Hunter

## HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

## EMBLEM



#### **MOTTO**

#### **NICKNAME**

#### **OPERATIONS**

903d Aeromedical Evacuation Squadron was organized at Tan Son Nhut on July 8, 1966, under the 9th Aeromedical Evacuation Group in Japan. The squadron manned the AECC with instructions "to work closely with the 7th Air Force ALCC to provide an integrated, immediately responsive in-country aeromedical evacuation system."

The 903d included detachments at Cam Ranh, Nha Trang, Qui Nhon, and Da Nang, and soon added detachments at Pleiku and Vung Tau. Each detachment included two male flight nurses and up to ten aeromedical evacuation technicians. Female flight nurses, previously used only on overwater missions, were assigned in Vietnam beginning in late 1967. Besides providing medical flight crews, the aeromedical detachments operated control elements that coordinated patient and aircraft movements with the local hospitals, airlift control elements, and the aeromedical evacuation control center.

The Air Force after mid-1966 also operated casualty staging flights at five major airfields. Each functioned as part of the local Air Force medical facility, caring for patients near the flight line while awaiting airlift out of Vietnam. Most had beds for one hundred or more patients; few patients stayed longer than twenty-four hours.

The number of flight nurses, medical technicians, and administrators assigned to the PACAF aeromedical system reached three hundred by mid-1967. The five-fold expansion over three years, coupled with the twelve month duty cycle in Vietnam, was responsible for low experience levels. Fewer than half of the flight nurses arriving in Vietnam had previous training in flight medicine. Training was on a person-to-person basis within the squadrons and detachments. Newcomers flew missions with experienced individuals until they acquired the necessary knowledge and self-confidence. Many medical technicians, whose duties included

the loading of patients and who assisted the flight nurses in flight, also arrived untrained. Supply shortages too were occasionally a problem, although rarely a critical one.

The 903d Aeromedical Evacuation Flight was transferred to Phu Cat from Pope Air Force Base in February 1967 and assigned to the 903d Squadron. The 903d Flight was a self-contained unit of mobile teams to provide patient care at forward airstrips. The unit's personnel had diverse flight and ground medical skills and sufficient equipment for four twenty-five-bed forward facilities. Teams were sent to Khe Sanh in April 1967, to Dong Ha in May 1967, and again to Khe Sanh in early 1968

903 AEROMEDICAL EVACUATION SQUADRON (AES) PERSONNEL DEPLOYED TO DAK TO (RVN) TO SUPPORT 173 AIRBORNE BRIGADE, 21 NOV 67. During the battle at Dak To during the fall of 1967, a mobile close support force from the 903d Flight received patients brought to the fixed-wing airstrip by Army helicopters. The group worked with Army personnel to schedule patient transfers out and coordinated numerous C-130 evacuations. Although the joint service concept advanced no further after 1968, the existence of the mobile forces indicated the Air Force's willingness to undertake greater aeromedical roles in the blurred area left by existing agreements with the army.

The 903d Squadron treated and moved over ten thousand patients during the thirty days after Tet 1968 and earned the Air Force Presidential Unit Citation.

Patient flow gradually returned to normal, and by June 1969 the Air Force aeromedical effort reached its maturity. Of the 9,000 patients hauled within Vietnam in that month, 5,900 were moved by C-130, 1,100 by C-123, 300 by Caribou, and 1,700 by C-118. Hostile action injuries made up thirty-seven percent of the cases. Two-thirds of the missions were scheduled, a higher ratio than formerly. One principal C-130 schedule linked Cam Ranh Bay and Tan Son Nhut with Vung Tau, Binh Thuy, and Bien Hoa; another reached north from Da Nang to Quang Tri, Dong Ha, and Hue. C-123 and C 7 schedules generally reached the smaller fields. Operations were reduced as American casualties declined after 1969. 903d personnel were consolidated at Cam Ranh Bay in mid-1970, and two years later the squadron was phased out. Remaining aeromedical activities were directed by the 9th Group, now at Clark. Future theater aeromedical operations were spelled out in a revised AFM 3-4, September 22, 1971. The document plainly reflected the system in Vietnam and envisioned the aeromedical evacuation control center as the central element in a system extending to casualty staging operations at forward airfields. The manual asserted that scheduled aeromedical missions should begin as early as possible. Specialized aircraft like the C-9 and the standard tactical airlift planes would both retain aeromedical roles. Division of responsibility between the strategic airlift force and the Army was not resolved.

1968 - The 903rd Aeromedical Evacuation Squadron, Phu Cat AB, RVN, established the first mobile casualty staging facilities through several operating locations (OLs) in South Vietnam.

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Air Force Lineage and Honors

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Sources

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