

44 MEDICAL SERVICE SQUADRON (CSU)



MISSION

LINEAGE

44 Casualty Staging Squadron constituted, 18 Feb 1959

Activated in the Reserve, 8 Apr 1959

Redesignated 44 Medical Service Squadron (CSU), 8 Oct 1964

STATIONS

San Jose, Calif, 8 Apr 1959

Travis AFB, Calif, 8 Oct 1964

ASSIGNMENTS

2640 Air Reserve Center, 8 Apr 1959

2479 Air Force Reserve Sector 1 Jul 1961

Sixth Air Force Reserve Region, 1 Jul 1965

Western Air Force Reserve Region, 31 Dec 1969

349 Military Airlift Wing (Associate), 8 Oct 1976

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Award

8 Oct 1976-30 Jun 1977

EMBLEM

On a blue disc, a yellow demiglobe grid lined blue issuant from base supporting a red cross; all within a narrow yellow border. Attached above the disc a blue scroll bordered yellow. Attached below the disc a blue scroll bordered yellow and inscribed CARE WITH PRIDE in yellow letters.

SIGNIFICANCE: Blue and yellow are the Air Force colors. Blue alludes to the sky, the primary theater for Air Force operations. Yellow refers to the sun and the excellence required of Air Force personnel. The globe signifies that the unit is a worldwide mobility unit and part of the Aeromedical Evacuation System. The red cross, an international symbol for medical aid, refers to the medical mission of the unit. (Approved, 22 Sep 1988)

MOTTO

OPERATIONS

As soon as the Army National Guard air ambulance touched down, Air Force Reserve medical technicians rushed forward. They quickly unloaded three litters containing simulated wounded combat troops. Hunched low to stay clear of the whirling blades, the med techs moved toward an Air Force Reserve C-130 parked nearby. Two of the C-130's engines were running and its rear doors stood open. Within minutes, the patients had been transferred. The loadmaster closed the doors, the pilot started the other two engines and the C-130 took off.

The hot-load demonstration was an example of the type of rendezvous between Army and Air Force medical evacuation units that could be made during an isolated engagement involving American combat troops. It was the final event of a two-day joint service air evacuation fair held at Travis AFB, Calif., March 6-7. "The scenario for such a rendezvous would be authentic in limited warfare involving isolated units. Like in Iran," said SMSgt. James Richardson, administrative superintendent of the Air Force Reserve's 44th Medical Service Squadron, the unit which hosted the fair. "This hot-load technique, straight from a helicopter to a C-130, would not generally happen in a large-scale general war."

Believed to be the first of its kind, the fair involved people and equipment from the Air Force Reserve's 32nd Aeromedical Evacuation Group, Kelly AFB, Texas, and 65th AES and 44th MSS, Travis AFB; the United States Army Reserve's 352nd Evacuation Hospital, Oakland Army Base, Calif.; and, the Army National Guard's 126th Air Ambulance Unit, Mather AFB, Calif. "The purpose of the fair was to get a dialogue started between the various medical elements which move patients from front line combat areas all the way back to stateside hospitals," said MSgt. Robert Comrie, 44th MSS. "We want each other to know what the other is doing and why." "There are very few people in our medical service units who saw action in Vietnam when many of these techniques were developed," said Sgt, 1st Class Gavin Downey, first

sergeant of the 352nd EH. "Most of these first termers have no idea what happens to a patient at the various evacuation stages." "We figure that if the medical people are aware of what will happen to the patient down the line, they can tell the patient what to expect and allay his fears of the unknown," said TSgt. Warren Gayten, 44th MSS. "In that way the patient can be psychologically prepared for what happens to him."

The fair started on Friday afternoon when the 32nd AEG arrived from Kelly aboard a C-130. The Reservists quickly set up a mobile aeromedical staging facility and communications control center. The Army Reservists arrived by truck convoy from Oakland. Within hours they had erected a section of an inflatable field hospital. "We are a MUST unit," said Downey. "That stands for medical unit self-contained transportable. With our full equipment, we can set up a comfortable air-conditioned hospital with a 400 bed capacity in a combat zone or disaster area and provide almost all aspects of medical and surgical treatment. In an emergency we can treat 600 patients for a limited time. In all likelihood this is the first place an injured or ill soldier would receive definitive medical treatment after being brought to us by the MASF."

A mobile air staging facility, such as the one set up by the 32nd AEG, is a combat zone unit designed for one thing. It is to provide life-sustaining treatment of casualties direct from the front-line treatment areas until they can be transported by air to a field hospital. There are no doctors assigned to a MASF. Expediency is the byword in MASF to the extent that nine-level medical technicians are qualified to act as field nurses if the need arises.

These groups are completely self-contained and each can field six MASFs which can function for 30 days without resupply. The only thing a MASF needs that it doesn't carry is food. There are only three aeromedical evacuation groups tasked with operating MASFs. Two of them the 32nd and the 37th at MacDill AFB, Fla., are Air Force Reserve units. The third, the 1st AEG, is an active duty unit. These units are part of the national contingency force which means they would be the first called to active duty in a national emergency.

An actual scenario involving the units which participated in the fair would be: Army air ambulance to the MASF from a division clearing station; holding and treatment in the MASF while air transportation is being arranged; air evacuation by the 32nd AEG to the 352nd EH for definitive treatment; movement by C-141 from the field hospital by the 65th AES to a stateside hospital where they would be received by the 2nd Aeromedical Staging Facility and treated by the 44th MSS.

"We wanted to incorporate all phases of aeromedical evacuation that would take the patient through all the stages from the front-line medic to the stateside hospital. We wanted to look at each other's equipment and capabilities so that we could become familiar with them," said Richardson. "Everyone is talking about how well this went," said SMSgt. Ben Johnson, 32nd AEG. "Especially since it was totally Reserve forces participation. It would be a good thing if all Reserve forces medical resources could get together locally for fairs like this." A sidelight of this kind of localized training was alluded to by Sergeant Richardson. "If there was a large scale disaster in the San Francisco area such as a major earthquake, the local units that participated today would be

called in to assist. Now that we've worked together, we would be better prepared to handle such an emergency."

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Sources

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

The Institute of Heraldry. U.S. Army. Fort Belvoir, Virginia.