

## 64 AEROMEDICAL EVACUATION SQUADRON



### MISSION

64 Aeromedical Evacuation Squadron mission was to coordinate and control the movement of wounded patients by aircraft through the operation of an aeromedical evacuation control center.

### LINEAGE

64 Aeromedical Evacuation Flight

Constituted, activated, and allotted to the Air Force Reserve

Activated, 1 Jan 1967

Redesignated 64 Aeromedical Evacuation Squadron, 16 Jul 1990

Inactivated, 1 Oct 1994

### STATIONS

Dobbins AFB, GA

### ASSIGNMENTS

3 Air Force Reserve Region

918 Military Airlift Group, 2 Jun 1969

94 Operations Group, 1 Aug 1992

### COMMANDERS

Capt James R. Fischelli

Capt Clement H. White

Lt Col Mary Martin

Lt Col Anis Shaw

Lt Col Elizabeth Williams, 1 Jul 1991

## HONORS

### Service Streamers

### Campaign Streamers

### Armed Forces Expeditionary Streamers

### Decorations

## EMBLEM



64 Aeromedical Evacuation Flight emblem: On a blue disc edged with a narrow yellow border a red stripe bendwise between a red cross coupé winged fesswise white detailed blue surmounted by a yellow vertical rod entwined by a white serpent on the sinister portion and two stylized aircraft in horizontal flight one above the other, both above a stylized white cloud on the dexter portion, all within an arc of thirteen white five-pointed stars. Attached above the disc a white scroll edged yellow and inscribed "FLYING SAMARITAN" in blue letters. Attached below the disc a blank white scroll edged yellow.

On 27 June 1980, request for approval for a unit patch was submitted to Manpower Personnel Center (MPC) at Randolph AFB, TX. On 8 September 1980, the approval was received, granting authority for the new unit patch, which bears the logo "Flying Samaritan" and has 13 stars which represent the original 13 states. The unit patch was received during the first quarter of 1981 and distributed to all unit personnel.

The members of the 64th AEF are no longer nameless aeromedical evacuation experts; they are now known as the "Flying Samaritans". The new name is their motto found on a brand new patch designed by TSgt Harry Williamson, 700th TAS. TSgt Richard Mathews, 64th AEF Air Reserve Technician, assisted in the long task of submission and approval. "Harry made his first sketch of the patch in August 1979," said Mathews, "and we submitted it over a year ago. We finally got approval in December and we should have them in the spring sometime." Sergeant

Williamson was a natural for the job of patchwork as his personal collection of military patches numbers more than 300. "I've got some World War II patches and even a pre-WWII Conservation Corps patch which are my favorites and most valuable." say Williamson who works in the life support branch and teaches survival techniques . "I started collecting over 11 years ago but have gotten more serious about it in the last three years." Normally, flights are not authorized patches, explains Sergeant Mathews. But because aeromedical evacuation flights are independent units and could be mobilized separate from the Wing, they are authorized their own patch.



TSgt Harry Williamson, Right, and TSgt Richard Mathews look over the 64 AEF emblem which Williamson designed.

## **MOTTO**

### **OPERATIONS**

A MAC NCO advisor was assigned in Jul 1967, two Air Reserve Technicians in the grades of Major and Master Sergeant were hired in September and an active duty flight nurse was assigned in November 1967. The flight is authorized one MSC officer, 25 nurses and 40 airmen. All positions are now filled except for the nurses. Only two are presently assigned, neither of which are flight nurses. Twelve flight crews are authorized with each crew consisting of two flight nurses and three technicians. No crews have yet been formed in the flight. The March 1967 statistics of the Georgia Department of Health indicated a pool of 5,005 nurses in the 16 counties surrounding Dobbins.

The recruitment and retention of flight nurses in the Reserve Forces remains the primary problem in advancing the 64 AMEF to an operationally ready status. To complicate matters, there is a very cumbersome and time consuming process required from the time a nurse is recruited until she is crew qualified and current.

One year after activation, the flight remains operationally ineffective with no flight crews formed and future prospects for the unit are not good.

On 1 January 1967, the Unit was initially organized as a MAC gained aeromedical evacuation flight at Dobbins AFB, GA, with the support of C-124 aircraft.



Maj Roger L. Aardema, 1973

On 1 June 1974, the Unit became TAC gained, with C-7 aircraft providing flying support.

On 29 November 1974, as per General Order #591, the 64th Aeromedical Evacuation Flight was assigned to the Military Airlift Command.

Cross-country training missions were conducted to MacDill AFB, Florida, and Tyndall AFB, Florida, during the quarter. One member attended Physiological Training at MacDill AFB. 1975

During 1980, the unit participated in several AFRES and unit exercises including deployments to Westover AFB, Mass., MacDill AFB, Fla. and Volk Field, Wis. It also has been involved in many other activities at Dobbins, such as, conducting blood pressure screening at local shopping malls and conducting annual physicals for underprivileged children in a local children's home and for handicapped adults at a local vocational rehabilitation center.

During the May and June UTA's members of the unit have been performing medical duties at the Veterans Administration Hospital in Atlanta. This service provided valuable training in hospital routine.

Cross-country training missions were conducted to Patrick AFB, Fla., Ft. Walton Beach, Fla., and New Orleans, La. Two members attended physiological training at MacDill AFB.

Sgt. Barbara Mitchell performed 23 special tour active duty days in support of the refugee program at the USAF Regional Hospital, Eglin AFB.

The unit was visited during the April UTA by members of their new Military Airlift Command advisor unit, the 375th Aeromedical Airlift Wing of Scott AFB, Ill. The 375th AAW, the Air Force's primary medical airlift organization, has advisory responsibilities to all MAC reserve air evacuation units within the United States. The seven-member group came to Dobbins as part of its continuing efforts to acquaint themselves with the reserve units under its jurisdiction. The three-hour visit included a briefing and tour of the 64th AEF's facilities conducted by Capt. Roger Aardema, 64th AEF commander, and Maj. Jo Ann Bugg, chief nurse. According to the visitors, much more direct involvement by the reserve units in the day to day medical airlift duties is currently in the planning stages. When the plan becomes operational, the reservists will receive valuable training and at the same time provide cost and time saving assistance to the regular Air Force. 1975

The unit's annual active duty tour was held 19 July - 2 August 1975. The highlight of the tour was the five days of TAC Air Evac training at Westover AFB, Mass. While at Westover, the unit attended classes on Life Pak III, Electrocardiograms, Lox systems, Bird Respirator, and Cardio-Pulmonary Resuscitation. On return to Dobbins AFB, the unit's personnel completed their annual training requirement in aerobics, race relations, and drug and alcohol abuse.

The unit participated in cross-country training missions during the period to MacDill AFB, Fla., Keesler AFB, Miss., and Patrick AFB, Fla.

The 35th and the 64th Aeromedical Evacuation flights from Maxwell and Dobbins took part in the largest aero- medical evacuation field training operation in reserve history. The flights were part of a 10 day aeromedical evacuation field training exercise conducted at Westover AFB, Mass., by Eastern Air Force Reserve Region Headquarters and the 375th Aeromedical Airlift Wing from Scott AFB, Ill. For two days intensive training was held involving more than 500 aeromedical personnel from the Eastern Region. The purpose of the exercise was to train reservists in the operation of a tactical aeromedical evacuation system under like-real conditions.

with litter stanchions to accommodate combat casualties. Field activity for the reserve aeromed units during the exercise centered around the mobile aeromedical staging facilities set up along the Westover flightline. This is where the patient awaits his airlift. C-130 and C-123 aircraft flew 36 sorties between Westover staging facilities during the exercise. Each reserve aeromed unit operated its own staging facility.

"This is where the real aeromedical evacuation action takes place," Maj. Bruce Carlile, 35th commander, said. He was standing in front of a 24 by 60 foot hospital tent with a cardboard "MASK #4" sign dangling from the front flap. "Our primary job here is to hold the patients until

the plane arrives, then configure the plane for litters, load the patients and see that they are delivered to the hospital in a medically stable condition.

The chief flight nurse, who provides the key element of medical care throughout the TAES chain, is responsible for planning the configuration and arrangement of the patient load aboard the aircraft. Maj. Shirley Woodard is chief nurse of the 35th AEF.

Where should the litters of the most seriously injured patients be located to maximize accessibility? How many ambulatories will have to be seated? How high will the litters be stacked? There are the chief nurse's concern shortly before the plane arrives and if it's a C-130 such as those used in the exercises, she has up to 74 litter positions or 92 seats to juggle. One airman who participated in the exercise said, "I've worked on various aspects of medical evacuation during UTAs. But this is the first time I've ever seen it all work together like it's supposed to. It was worth the trip just to know we can actually perform our entire mission when we have to."



The 64th Aeromedical Unit simulated an actual emergency situation on November 9, 1976, by utilizing a mobile aeromedical staging facility which was in a large tent. To make the situation seem even more real the tents are sometimes placed out in the "boon docks", but since the weather looked bad, the unit stayed close to home. Patients were brought in an ambulance to the staging. After they had been separated according to the seriousness of the injuries and stabilized, they were boarded on aircraft. The entire unit participated in the exercise. About twelve people were on the aircraft, four serving as crewmembers and the others as patients, while the remainder of the unit manned the staging facility.

Two weeks of active duty were conducted in the Base Hospital at Langley AFB, VA, 24 Jul - 6 Aug 76. Training focused on patient care in a controlled environment to improve the unit's medical skills required in the air-evacuation mission. Capt Karen O'Conner and Sgt Ray Allen attended a three week tour with the 375th AAW at Scott AFB for transition cross-training aboard the C-9A.



As Capt Wanda Manning demonstrates the proper taking of blood pressure from TSgt Betty Bacon, Lt Peggy Oaks, Sgt Dana Sentinella and SMSgt Fred Swett look on with apparent approval during the blood pressure screening at Cumberland Mall, 11 Sep 11.

Dobbins Air Force Base Community Relations Council will sponsor a blood pressure screening program on Sept. 11, in Cumberland Mall, from 10 a.m. to 4 p.m. Members of the 64th Aeromedical Evacuation Flight stationed at Dobbins, will perform the screening with a team of eight medical technicians. This will be the first Dobbins AFB reserve medical unit to perform a community assistance project of this kind. A pilot effort, if successful, it will be repeated periodically in the Cobb County area. Capt. Wanda Manning, USAFR, who will supervise the medical team, is a registered nurse, employed at the Cobb County Health Dept. A veteran of seven years service in the Air Force Reserve and National Guard, she has a BS degree in nursing from Georgia State University.

Dobbins AFB Community Relations Council was organized in 1972 and has performed many community assistance projects. Among them the painting of Marietta's City park and playground a variety of improvements on the Happiness Hill, South Cobb and Rose-garden schools for retarded children and four annual Christrras parties for 250 students and parents of the schools.

Follow up on individuals found to have high blood pressure, will be made by the Cobb County Health Dept., as soon as possible after Sept. 11.

Everybody has "blood pressure", but do you know yours? Hundreds of persons learned theirs during a screening at Cumberland Mall held last UTA by volunteers from Dobbins AFB.

Capt. Wanda Manning, a flight nurse in the 64th Aeromedical Evacuation Flight, termed the clinic highly successful.

"Of those screened," she said, "seven per cent were considered above the normal values and were referred either to their physician or to the Cobb County Health Department for further follow-up."

Because the consequence of uncontrolled high blood pressure is death, she said, identifying these persons so they could be treated is significant. Those going through the screening process, according to Flight Nurse 1st Lt. Peggy Oakes, gave such information as their age, occupation and address. Ullis information is kept by the Cobb County Health Department and is used in referring persons for further medical care if necessary. It is also used by the department for study.

The clinic was a project of the Dobbins Community Relations Council in conjunction with the 64th AME. Captain Manning, a public health nurse, arranged the screening and follow up through the county health department. Captain Manning cited statistics noting that of the 800,000 Georgians with high blood pressure, at least half do not even know they have it yet, she said, high blood pressure is a major cause, not only of death, but disability from heart attack, stroke and kidney failure.

Because an individual can have high blood pressure and not know it. she noted, the only way to find out is by having a check. A clinic such as this is a good means of providing people a convenient way to be checked. Those from the 64th AME who helped with the screening included SSgt. Robert Clark, SSgt. Bill Mosley, SSgt. George Johnson, SSgt. Robert Gluth, SSgt. Barbara Mitchell, TSgt. Harvard Davis and MSgt. Billy Maxwell. Those from the Community Relations Council who assisted in the screening included Sgt. Dana Sentinella, TSgt. Bette Bacon and Chaplain Capt. James Marshall.

Focus was centered on training this quarter for the 64 AMEF. Instruction rides in the C-7A aircraft were administered to members of the 37 Aeromedical Evacuation Group, MacDill AFB, Fla. Several personnel attended a seminar hosted by 14 Air Force (Reserve) at Colony Square, Atlanta, Ga. on Mar. 18 - 19. The seminar provided an update for all medical crew members and chief nurses. 1978

A mass casualty exercise was held by the 64th AME, the 94 TAC Hospital and the personnel from the Navy Clinic. It was a mock crash response exercise involving numerous casualties of

various degrees ranging from broken bones to death. It was a simulation, designed to test how well the medics would react to an aircraft crash with mass casualties. The scenario held during the December 1978 UTA was the first joint training exercise between the medical personnel and the U.S. Navy Branch Clinic at Dobbins. More than a dozen medics responded to the site and began immediate treatment. A body count was made, patients were categorized for priority of treatment and assistance was requested. The Navy Clinic received the patients after medics carried them on litters through dense woods and smoke made by grenades for effect. Four ambulance runs were made to get all patients to the Clinic. Col. John W. Ellis, Jr., Commander of the 94th Tactical Hospital stated "it was good training and I hope we can have more of these realistic type exercises'

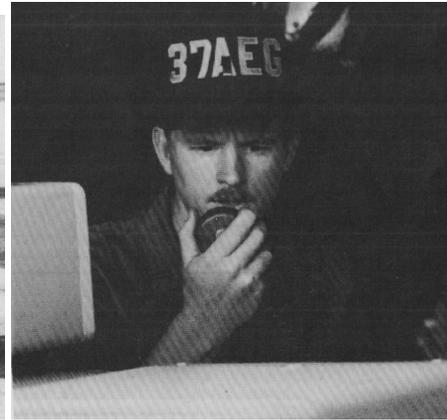
The entire unit participated in the Tactical Aeromedical Evacuation FTX at Westover AFB, MA in July-August 1978. The unit ran one of the six Mobile Aeromedical Staging Facilities at the exercise. Unit AECMs flew training missions on the C-130 and C-123 as well as their own aircraft, the C-7. Ten members of the 64 AEF performed a portion of their annual tour at the USAF Hospital, Pease AFB, NH. Other unit members performed a portion of their annual tours in hospitals or at medical centers at Robins AFB, GA, Maxwell AFB, AL, Langley AFB, VA, and Keesler AFB, MS. One flight nurse responded to a request from the Air Force and worked as an obstetrics nurse at USAF Hospital, Davis-Monthan AFB, AZ. The unit flew 27 local aeromedical training missions and six cross-country flights during the quarter. 1978



The medical crew charge technician SSgt Dave Spohn left center, gives a briefing to the simulated patient, Amn Shawn Crouch while other 64 AEF members get ready to load the patient on to an aircraft. From left Sgt Graham Westerman, Sgt Spohn, Capt Ann Taylor and SSgt James Gasque. 1978 (USAF photo)



1978 (USAF photo)



37 AEG personnel unload patient from UH-1 helicopter. Left to right TSgt Dave Barlett, SSgt Leon Rogers and SSgt John Young and SSgts James Gasque and Willie James. 1978 (USAF photo)

The flight has a nine-room complex on the third floor of Building 802, Dobbins AFB, GA. Located within this complex are administration offices, a medical storage area, a large classroom for instructional purposes, and a smaller classroom for demonstrating medical equipment. The inflight operational center for the 64th AEF is also located within this complex. The aeromedical staging facility for the unit is located in a separate area adjacent to the operations building of the base, Building 743.

Plans call for an extensive aeromedical facility to be built. This building will contain offices, classrooms, locker rooms, and other necessary facilities. The projected completion date is FY 84.

During September 1981, Capt Brenda Harris completed C-9 Training at Scott AFB, IL. A1C Kenneth Duke received Hospital Training at Maxwell AFB, AL. A1C Kenneth Duke and Sgt Robin Turoff attended Physiological Training in October 1981. In November 1981, Capt Judy Ryor was on a 36 day AD Tour at the USAF Medical Center, Wright-Patterson AFB, OH. Maj Roger Aardema and Maj Wanda Symmes attended the AMSUS Conference in San Antonio, TX. During the year, the 64 AEF participated in four field training exercises (FTXs). Three medical crews deployed to MacDill AFB, FL in February where they participated in Operation REX AMETHYST 81 with the 37 AEG. In April and July the 64 AEF staged a FTX at Dobbins. Thirty members deployed to CONDOR REDOUBT 81 in August. In these exercises, the 64 AEF members employed and operated a Mobile Aeromedical Staging Facility (MASF). During the July exercise, the members demonstrated their skills and knowledge of aeromedical evacuation operations to a VIP group of MAs visiting Reserves bases. During 1981, a Medical Service Corps officer and a medical administrative specialist from the unit augmented ASFs at Andrews AFB, MD and Keesler AFB, MS as part of the Total Force Policy

1984 Seven members of the 64th Aeromedical Evacuation Flight flew to Ramstein Germany on September 28 to participate in the Reforger Exercise with over 60 other medical crewmembers from all over the country. Capt. Montez D. Bowers, Capt. Joyce Shannon, MSgt. Richard E. Mathews, MSgt. Billy D. Maxwell, TSgt. Fredrick Bingay, SSgt. J. David Spohn and TSgt. Maria Rivero participated in the exercise and represented the 64th in the medical training. "We worked hard, sometimes 12 to 14 hours," Sgt. Rivero said. The crew members from the 64th were integrated with other units and worked in administration, patient care and flight operations.

Active duty Army troops were used as mock patients in the air evacuations. The medical crews averaged over 100 patient evacuations per day while training. The patients were evacuated from Ramstein to England. Ramstein was the battlefield area and England was the medical evacuation area, according to Sgt. Bingay. Patients were moulaged to simulate actual injuries. "We concentrated on medical patient care and went to the tents to treat patients," said Sgt. Rivero. "While we are here (at Dobbins) we don't see the total aspect of a combat situation. There we learned ways to make us better able to approach a real combat situation."

"The judges were happy with job we did. In fact, every plane was loaded and ready to take off in no less than 30 minutes," according to SSgt. J. David Spohn. Spohn said that by going to Reforger, the 64th was able to bring back specific techniques that will help the medical operations here. "For instance, we came up with a universal way of doing patient litter care. We can now take that knowledge of transporting patients back and improve," he said. "It was just a super learning experience and we got a chance to work with our counterparts in a very productive learning environment," said Maj. Roger L. Aardema, 64th commander.

1982

Sixteen members from the 64th Aeromedical Evacuation Flight at Dobbins spent a weekend in January simulating emergency medical treatment procedures and patient evacuation techniques on board two C7As on a trip to Florida and back. The 64th, also known as the Flying Samaritans, is under the command of Maj. Roger L. Aardema. Each crew member took turns at being a simulated patient during a flight to allow "patients" and medical technicians to realistically simulate procedures for an illness or injury.

Crew members set up oxygen masks, applied bandages and slings and administered "IV's" to patients in litters. The planes were equipped with all essential medical equipment. Incidents" occurred which forced the crew to react quickly. One patient who was a mock nerve gas victim began shaking wildly. He had nausea and was given an injection and oxygen. His condition had been diagnosed at a hospital near the battle zone and was on his evacuation tag.

"People are under the misconception that we're merely an ambulance service," said Capt. T. Alan Burden, an Instructor Flight Nurse. "There are certain in-flight factors affecting the body such as a decrease in oxygen, thermal stress and vibration. We have to handle these stresses in flight. Some treatment can't be done in an aircraft environment. Certain medicines given on the ground might have adverse effects on a patient in an aircraft."

Another simulated emergency was a fire under a patient litter. The crew responded swiftly. These emergencies are evaluated by the medical crew chief (MCC) who decides when and what kinds of emergencies are to be simulated. A medical crew director (MCD) however, is in charge of that flight's operation. To be either an MCC or an MCD, one must have at least a seven skill level as an aeromedical evacuation crew member. Each qualified crew member can take turns as MCC or MCD. After landing at Patrick AFB, the crew practiced loading and unloading patient litters. The commands "prepare to lift" and "lift" were used to keep the patient litter level while evacuating patients.

Saturday morning, the planes departed for MacDill AFB in Tampa, Fla. The same medical procedures were again practiced while flying. "Each member must fly every 60 days," according to Capt. Susan M. Richter, an Instructor Flight Nurse. "It helps us to be ready for combat situations." The 64th AEF is under Military Airlift Command and should the flight be needed it would be at the battlefield. It would evacuate and treat patients and fly them to a hospital away from the battle zone. If necessary, patients could be flown back to The United States. The Sunday flight back to Marietta on board one plane had yet another emergency situation. A patient went berserk. He was a mock mental patient who attacked a crew member and threatened to set fire to the plane. He was wrestled to the ground and restrained for the trip back to Dobbins. Maj. Aardema pointed out that cross-country flights not only help prepare the 64th for combat, but also serve as morale builders since the unit gets to travel.

A C-130 can fly a mission in one-third the time it took the C-7s to fly the same mission," according to A1C Lee M. Golden, medical technician, 64th Aeromedical Evacuation Flight, (AEF) here. Golden was one of 16 members of the 64th AEF who qualified as aeromedical evacuation crew members (AECMs) during a five-day cross-country training exercise. Their C-130 left Dobbins Sunday, Nov. 7, during the November unit training assembly and returned Thursday, Nov. 11. The 16 reservists, who were already flight qualified, were cross training from the C-7 to the C-130. They had completed their ground training for the conversion earlier.

"The conversion for an AECM is a relatively simple process," said Maj. Roger L. Aardema, 64th AEF commander. He explained that one day of ground training is needed to familiarize with the new aircraft's equipment characteristics and locations. In addition, at least one instruction ride, during which members receive practical inflight instruction, is needed prior to taking a two part, open- and closed-book, written test and a check ride or inflight examination.

"Our people took their written tests in the evenings while on the cross country flight mission. That way they could finish their check ride on the flight back home," Maj. Aardema remarked.

Major Aardema pointed out that two members qualified as instructors and two as examiners during the mission. Anyone already qualified as an instructor or examiner is automatically permitted to give instruction or to examine in another plane after he himself completes cross training qualification in that plane. Seven and one quarter hours after leaving Dobbins, the C-130 had stopped at McGuire AFB, N.J., Nashville, Tenn., and finally touched down at MacDill AFB, Fla. where the passengers and crew spent the night.

They received as much as four hours of inflight training per day. For each mission, some members played "patients" while others were training. The week's missions included stops at Kelly AFB, Texas, Richards-Gebaur AFB, Mo. and Keesler AFB, Miss. "Now that we have instructors and examiners qualified in the C-130," said Maj. Aardema, "we can use our own people to qualify the rest of our 45 members who need cross training." Two members of the 37th AEG from MacDill AFB, Fla. were instructors for the training exercise and two from the 375th Aeromedical Airlift Wing, Scott AFB, Ill. were examiners. 1982

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1988 The mission of the 64th Aeromedical Evacuation Flight is to deploy trained aeromedical] evacuation crews to any location for tactical aeromedical evacuation missions. During peacetime, training is the primary focus. The 64th AEF can provide qualified medical crews to respond to natural disasters or to augment active duty forces anywhere in the world. In 1988, the 64th AEF has been tasked with a new mission--live aeromedical evacuations across the southeastern United States on C-130s. during a six-month pilot program. This is a new challenge for domestic aerovac. It is an excellent oppor- tunity for the Air Force Reserve to gain "hands on" experience with patients and to interface with the aeromedical) evacuation system.

The 64th AEF crews have been training for tactical aerovac which is different from domestic aerovac. In tactical aerovac, the type of patients would be adult battlefield trauma/injuries. These patients require triage, emergency treatment and care in Mobile Aeromedical Staging Facilities located near the battle zones. Tactical aerovac requires fast paced emergency care to sustain life and involves objective, rapid decisions. Domestic aerovac in peacetime involves patients who usually have diseases or illnesses rather than injuries. A patient could be from any branch of service, a dependent child, pregnant woman or retired service member.

These patients need to be trans- ported to a regional medical center for treatment and care. They may not be very ill, or critically ill, traveling on a litter with support equipment such as a ventilator, oxygen or cardiac monitor. Caring for patients in-flight is not the same as treating them in a hospital. The effects of altitude and cabin pressure become a critical factor for someone with breathing difficulties, cardiac problems, or eye injuries where hemorrhaging could occur. The noise, vibrations, temperature changes and unusual atmospheric pressure combine to make an unfamiliar environment for patients. The medical crew are trained to treat patients specifically under flying conditions.

Preparing for this live aerovac program has required a cohesive team effort. Everyone has been extremely helpful and cooperative in this preparation. The 375th Aeromedical Airlift Wing, Scott AFB, Ill., sent a team to the 64th AEF for a three day staff assistance visit Our own flight instructors and examiners attended an equipment workshop with the 57th Air Evacuation Squadron, also at Scott AFB, and returned with some vital medical equipment. The 94th Consolidated Airlift Maintenance Squadron was instrumental in the development of the aerovac configuration along with the 700th Tactical Airlift Squadron loadmasters. The 64th AEF project team has performed an extraordinary job in deve]oping the procedures to implement this program. AH aerovac crew members have attended additional training classes in medical equipment, procedures, and quality assurance/risk management briefings. Members of the 64th AEF have made a supreme effort to prepare for this mission and to meet the challenge in an outstanding manner. It is an honor to serve as commander of a unit with such a talented, committed group of reservists

The 64th AEF is assigned to the 94th TA W at Dobbins. It provides 13 officer and 33 enlisted personnel to coordinate and control the movement of wounded patients by aircraft by the operation of an aeromedical evacuation control center. During the last year the unit participated in several AFRES and unit exercises including deployments to Westover AFB, Mass., MacDill AFB, Fla., and Volk Field, Wisc.

Reserve members of the 64th Aeromedical Evacuation Flight, Dobbins AFB, performed their annual tour at Kennestone Hospital June 19-30, 1989. Working side-by-side with civilian counterparts helps to medical personnel's the improve operational readiness through medical training and practice of patient skills and provides the opportunity for a most important aspect of medical care: team work. This type of training also helps them to maintain the highest possible degree of operational readiness through learning and developing patient care skills that will be useful in the threat of worldwide conflict. Working in the emergency room and intensive care units of a hospital provides realistic training and helps to prepare the aeromedics for working with combat casualties during war.



Three medical technicians assigned to 64th Aeromedical Evacuation Flight, Dobbins AFB, TSgts. Harold Bennett, (lower left) and Leon Rogers, along with SSgt. Brenda Lee, work together in setting up a tank in case oxygen is needed for one of the patients during a domestic air evacuation mission aboard the C-130 Hercules. (USAF photo)

Reservists from the 94th Medical Squadron and 64th Aeromedical Evacuation Squadron put on their familiar military uniforms and carefully packed their duffle bags. But this time they weren't headed for an exercise at Dobbins AFB as they had so many times in the past, they were called up to support a real-world crisis: Operation Desert Storm. The 94th MS headed to Charleston AFB, S.C., on Jan. 30 to augment a unit stationed there. According to CMSgt. Don Simmons, 94th Tactical Airlift Wing assistant deputy commander for medical resources, the squadron has established a 250-bed aeromedical staging facility to augment the existing medical facility at Charleston AFB. Reservists from the 64th AES deployed on Feb. 4 to an undisclosed overseas location. Their mission is inflight medical care aboard C-130s which have been reconfigured for patient movement.

When Capt Becky Gentry, flight nurse, and SSgt Scott Richards, aeromedical technician, arrived for their unit training assembly early last December, they had no idea that their Christmas season would be spent in Somalia. They, along with three other members of the 64th Aeromedical Evacuation Squadron, volunteered for active duty to support Operation Restore Hope. Operation Restore Hope is the United Nations action that uses military forces to provide food to the starving masses in Somalia, a country located on the east coast of Africa

AFRES made the decision to redesignate the 64th as a squadron," said Capt. Roger K Beatty 64th AES squadron operations officer. "As an aeromedical evacuation flight, we had 15 Medical crews. As a squadron we added eight crews and an aeromedical evacuation control element.

The Aeromedical Evacuation Control element is responsible for exercising operational control and crew management functions over all assigned aeromedical crews. The control element also supervises the ground handling and on and off loading of casualties. The aeromedical evacuation crew, which consists of two nurses and three medical technicians, provides inflight medical care aboard aircraft which has been reconfigured for patient movement.

"The 64th is an outstanding unit," said Captain Beatty. "AFRES figured we could handle the growth without any problem. We have airlift support at Dobbins and a large population center to draw from for our personnel needs." "We are in a period of growth," he said. "We expect to obtain our manning requirements by early next year. " The training process for new crew members is quite involved and lengthy, according to Col. Carolyn Stone, commander of the 64th AES. "We will accomplish the training as expediently as we can," she said.

Colonel Stone said that the 94th Tactical Airlift Wing recruiters have been very supportive and helpful. In addition to the AFRES professional recruiters, she said 64th AES personnel help attract new people. "The people in our unit are some of the best recruiters we have," she said. "As a squadron we will do the same things we've always done, except more of it with more people," said Maj. Ann Taylor, chief of aeromedical nursing. "The upgrade to squadron is another challenge," said Colonel Stone. "The 64th welcomes challenges and we meet them all."

Patriot Ace '90 takes place in a wartime scenario said TSgt. Keith Farrell, charge medical technician in the 37th Aeromedical Evacuation Group, MacDill AFB, Fla. "Bullets are flying and bombs are bursting," said Sergeant Farrell. "We have to get the patients on the plane and out of the combat zone. After the injured are unloaded and secured, the medical evacuation team and their war-injured patients become airborne. "After takeoff we check the patient's condition," said Sergeant Farrell. "While we are in flight, we are given a medical emergency and an aircraft emergency to respond to.

"Our medical emergency was tension pneumothorax-air forcing the lung to collapse due to chest trauma (gunshot wound)," said Sergeant Farrell. The crew member responsible for the emergency announces what procedures to take and the team has five minutes to react, he said.

For its aircraft emergency, Sergeant Farrell's team had to respond to a simulated crash landing. "Wake up, sir!" said Sergeant Farrell to a patient. "We're going to roll you over on your stomach out of the stretcher." The medtechs assisted the patient rolling off the stretcher and walked him to a seat.

Since his injury was classified as 2B, he was not too injured to be removed from his stretcher. While seated, the patient was instructed to place his hands behind his head and to bend over. This would improve his chances for surviving a crash landing. After 30 minutes in the air, the C-130 arrived at its destination. The litter patients were removed from the aircraft, with blankets placed over their heads to protect them from the blast. The 21st Medical Services Evacuation Squadron from Patrick AFB, Fla. received the patients for treatment after the flight. Patients who needed immediate medical attention, such as surgery, x-rays or lab work, would receive it then. The 37th AEG was ready for their next challenge in Patriot Ace '90

The aeromedical evacuation units were put to the test on Friday and Saturday of Patriot Ace '90. Each five-member team had two nurses and three medical technicians. To add realism to the competition, ROTC cadets from the Georgia Institute of Technology and other volunteers were transformed into moulaged patients with the help of the 35th Aeromedical Evacuation Flight unit. The "casualties" were transported by helicopter, ambulances and trucks to a mobile air staging facility where they were sorted by injury for evacuation and prepared for flight. The first step in the aeromedical competition was a preflight briefing. Next, the teams had to configure the aircraft and on load patients from a mobile air staging facility. Each unit had two crises to handle while in flight: an aircraft emergency and a medical emergency. Finally patients were offloaded to the 21st Medical Services Evacuation Squadron third echelon treatment and holding facility. A separate competition involved the squadron medical units, the air transportable clinics. ATCs, consisting of a flight surgeon, two medical technicians and one aerospace medical technician, are medical units assigned to a flying squadron which they can support for up to 30 days during an actual contingency. CMSgt. Don Simmons, 94th TAW assistant deputy commander for medical resources and Dobbins coordinator for Patriot Ace '90, said, "A lot of hard work and pride went into preparing for this ATC competition - the first competition of its kind in the Air Force Reserve, and possibly in the Air Force."

The first part of the ATC evaluation covered the set up and organization of the clinic and the marking and packing of medical supplies. Later, evaluators rated the ATC team's ability to examine and triage four patients. Col. Lewis Bartles, 94th TAW deputy commander for medical resources, commented on the importance of this realistic training. "Previously, we just hauled the pallets to the location, left the ATC packed up, then hauled them back. This time they opened the trunks, set up the tent and heater and used the medical supplies to treat patients," he said.

Maj. Betty Williams, 357th chief nurse and project officer for Patriot Ace '90, commented, "The competition let the medical units, both aeromedical and squadron, demonstrate their capabilities and fostered a comradery between units. It was an excellent opportunity to see the other units doing what they are tasked to do, and to see everyone working together." She added, "Everybody there proved they were capable of performing their tasking. They all left with a feeling of accomplishment." The 67th AEF from Rickenbacker walked away with top

honors in the aeromedical competition for a second year in a row. Youngstown's 757th TAS/ATC unit was the winner in the ATC exercise. The medical competitions, however, were only part of the vital training going on during Patriot Ace '90 according to Colonel Tassone.

Drop missions on Thursday and Friday provided loading experience for MAPS and APS units, drop experience for the C-130 crews and drop zone cover experience for the A-10 Warthog crews. Other non-competing units which got realistic training while supporting the exercises include the 145th Medical Detachment, an Army Reserve unit which provided helicopter ambulances, Prime RIBS which supplied chow to the troops in the field and the 21st MSES which provided a treatment. Colonel Tassone added that these other activities brought a element to the exercise. "We are a multimission asset with multimission requirements," he said. For example, C-130s were deployed on airdrop missions then, upon return, reconfigured for aeromedical evacuation. The colonel said this could be expected in a real wartime contingency because the wing's mission is not strictly aeromedical, but encompasses all facets of tactical airlift. Commenting on the success of the exercise, Col. Jack Blair, commander of the 94th TAW, said, "The Patriot Ace series of exercises is an evolutionary process. Each builds on and challenges the previous competition.

1978 The 64th Aeromedical Evacuation Flight (AMF) is a subordinate of the 94 TAW. The mission of the 64th AMF is to provide medical support in medical evacuation of patients and to provide field treatment prior to and during transport of patients. During the period the unit flew 20 local aeromedical training missions, and six cross country flights. One member of the unit participated in REFORGER 78 in Europe. The unit provided nurses and medical technicians to administer influenza immunizations to personnel at Dobbins AFB, Georgia in November and December. The 64th participated in a mass casualty exercise along with the 94th Tactical Hospital and the Naval Reserve Medical Center during the December UTA

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Sources

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