

## 67 AEROMEDICAL EVACUATION SQUADRON



### MISSION

Primary mission is to provide tactical aeromedical evacuation support to combat ground forces from forward assault airfields during contingency operations or other various conditions of heightened tension up to and including full mobilization. The secondary mission of training prior to mobilization is to provide medically qualified personnel and services to move patients by air.

### LINEAGE

67 Aeromedical Evacuation Flight

Constituted, activated, and allotted to the Air Force Reserve, 27 Oct 1966

Activated, 1 Jan 1967

Organized, 1 Jan 1967

Discontinued and inactivated, 1 Jun 1968

Activated, 1 Dec 1971

67 Aeromedical Evacuation Squadron constituted and activated, 7 Mar 1968

Organized, 1 Jun 1968

Inactivated, 1 Dec 1971

67 Aeromedical Evacuation Flight and 67 Aeromedical Evacuation Squadron consolidated, 1 Nov 1990. Consolidated unit designated 67 Aeromedical Evacuation Squadron

### STATIONS

Laurence G. Hanscom Field, MA, 1 Jan 1967

Westover AFB, MA, 17 Sep 1973

Lockbourne AFB (Later, Rickenbacker AFB), OH, 1 May 1974

Wright-Patterson AFB, OH

### **ASSIGNMENTS**

Continental Air Command, 27 Oct 1966  
901 Military (Later, 901 Tactical) Airlift Group, 1 Jan 1967  
439 Tactical Airlift Wing, 1 Apr 1974  
906 Tactical Airlift Group, 1 Jun 1974  
907 Tactical Airlift Group, 25 Oct 1974  
302 Tactical Airlift Wing, 1 Sep 1975  
907 Tactical Airlift Group, 1 Apr 1981

### **COMMANDERS**

Capt Calvin G. Perry  
Lt Col Patrick J. Abbott  
Lt Col Freida M. Cassidy, 25 Jun 1986

### **HONORS**

**Service Streamers**

**Campaign Streamers**

**Armed Forces Expeditionary Streamers**

### **Decorations**

Air Force Outstanding Unit Awards  
12 Dec 1971-9 Apr 1972  
1 Jan 1977-31 Dec 1978

### **EMBLEM**



A disc divided horizontally into two halves, edged with a narrow yellow border, the upper half

divided irregular vertically medium blue to dexter and black to sinister, the lower half white; on the medium blue portion a stylized yellow sun; on the black portion a white crescent within a pattern of five white five-pointed stars. On the white portion an eagle in profile, in horizontal flight with wings elevated, surmounting the upper portion of the disc, brown and white with yellow beak, transporting a red cross in perspective and grasping a yellow olive branch in its beak. Above the disc a medium blue scroll edged yellow and inscribed SEMPER ALACER SERVARE VITAM in black letters. Below the disc a blank medium blue scroll edged yellow. **SIGNIFICANCE:** The eagle symbolizes strength and courage, and his flying pose represents aeromedical evacuation. The red cross symbolizes the sick and wounded. The moon and stars, sun and sky, represent the unit's readiness, day or night, to save a life. The olive branch stands for peace, and the white background symbolizes purity and goodness. The yellow color represents the sun and excellence required of Air Force personnel. The blue symbolizes the sky, primary theater of Air Force operations. (Approved, 21 Jul 1977)

### **MOTTO**

SEMPER ALACER SERVARE VITAM--Always alert to save a life

### **OPERATIONS**

Members of the 67th Aeromedical Evacuation Flight at Rickenbacker ANGB were among those who participated last month in one of the most complex medical training exercises ever staged for Reservists. The medical exercise was conducted in Massachusetts as part of Condor Redoubt 81. Two tactical air evacuation systems and one strategic system were operated during the exercise according to Maj. James Fischelli.

He said the training scenario was designed to fully test the ability of Air Force Reserve medical Reserve personnel to respond to wartime conditions in the combat zone, the combat zone periphery and the air transportable hospital. The air transportable hospital amounted to almost an acre of tents at Westover. The medical scenario involved four sites in Massachusetts and used four different aircraft, the C-123, C-130, C-7 and C-141.

All medical personnel attended a two-day classroom training session conducted at the University of Massachusetts before taking to the field. The university combat medicine course provided instruction for nurses, medical technicians and support personnel.

The medical exercise focused on handling mass casualties under adverse conditions. Adverse conditions for the 67th amounted to working out of tents at the end of a runway on a remote part of the U.S. Naval Air Station at South Weymouth, Mass. There, members of the 67th accepted "wounded" volunteers from ambulances, tended them and prepared them for transport in airplanes to other medical facilities.

1983 During the May UTA, members of the 67th AEF participated in a joint civilian-military medical exercise at Greater Cincinnati International Airport to test the Civilian-Military Contingency Hospital System (CMCHS). This is a state-wide plan whereby the military would use civilian hospitals in case of a situation where military hospitals could not handle the

patient load. Participants were shown how to handle patients for air and ground transport and how to deal with a rush of patients in a disaster situation. The response received by the USAF Medical Center at Wright-Patterson AFB from all the participating hospitals throughout the state of Ohio, and particularly in Cincinnati, was excellent. Civilian medical personnel who observed the demonstration were extremely impressed by the 67th's professionalism.

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 not 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 Air National Guard Base, Ohio 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.

A C-130A assigned to the 356th Tactical Airlift Squadron airlifted a 12-year old girl with meningitis from Sheppard AFB to Kelly AFB, Texas, on February 8, 1984. The aircrew had been flying local, low-level routes out of Dyess AFB when Military Airlift Command made the request. A nine-member medical team from the 67th AEF, also in the area, joined the airlift for training purposes. The Rickenbacker C-130A was the only immediately available aircraft in the area. The crew had been flying local, low level routes out of Dyess AFB near Abilene, Texas when the request was received from MAC to fly an air evac mission. A nine member medical team of Rickenbacker's 67th AEF, which was also in the Texas area at the same time, was given permission to join the airlift for training purposes. A doctor and nurse, who were picked-up at Kelly AFB to administer to the child, had no air evac experience. Therefore, more responsibility and involvement was placed on the reserve 67th AEF team during the flight. The C-130A arrived safely at Kelly AFB where the young girl was transferred to an awaiting ambulance.

For 1984, flying participation of unit participation was excellent. Ninety (90) aeromedical readiness training missions were flown involving 211 flight nurses and 402 aeromedical technicians for a total of 294.3 hours. In addition, seven nurses and twelve technicians attended Tactical Aeromedical Training Classes (TATC) at one of three locations (MacDill AFB, FL, Pope AFB, SC, and Kelly AFB, TX). Three nurses and three technicians attended C-9 Orientation at Scott AFB, IL. Two technicians attended the 90270 skill level course at Sheppard AFB, TX and four technicians attended the Aeromedical Evacuation Course at Brooks AFB, TX. This year also showed an increase in exercise participation where one Medical Service Corps Officer attended Crested Eagle, two flight nurses, three technicians attended Wounded Eagle, and one technician attended Reforger Exercise. Attending these exercises is a very valuable learning experience for assigned personnel and hopefully this opportunity will continue in 1985.

The 67 AEF was involved in one Field Training Exercise (4 Aug 84), two Mass Casualty Exercises (9 Sep and 13 Oct 84), and three Civilian Military Contingency Hospital System (CMCHS) Exercises (30 Mar, 23 Jun, and 20 Oct 84). The Field Training Exercise was planned by the 67 AEF and utilized several units (906 TAC Clinic, 907 TAC Clinic, 35 MSES, a Naval Reserve Medical Detachment, Junior Air Force ROTC Cadets (simulated patients), and the 356 TAS for C-130 aircraft support. Approximately 275 persons were involved in the exercise. The Mass Casualty Exercise involved only the 67 AEF, where field triage procedures and transport of casualties were practiced. The CMCHS exercises supported the USAF Medical Center, Wright Patterson AFB, OH. The 67 AEF provided medical crews with unit assigned C-130A aircraft to airlift a large number of simulated patients to a civilian airport. Besides the training received, the CMCHS exercises provided excellent community relations for the Air Force Reserve.

67th AEF members and a C-130A with a 356th aircrew, involved an aeromedical evacuation of 21 "patients" from Wright Patterson AFB to Port Columbus International Airport. The purpose was to test the airport and Greater Columbus Community's ability to bring sufficient resources into play in the necessary time span to deal with a mass casualty incident or evacuation. The exercise also gave local hospitals the opportunity to test their CMCHS Contingency Plan and their internal emergency plan. The 67th AEF was able to demonstrate its combat readiness to meet a wartime mission. The exercise was considered successful in testing the interface between the military and civilians in handling simulated casualties, in spite of the fact that bad weather was experienced and ground transportation support of simulated patients was inadequate. Better preflight co-ordination was recommended between the flight crew, ground medical crews, and base operations.

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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.