

7416th AEROMEDICAL EVACUATION GROUP

LINEAGE

STATIONS

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

EMBLEM SIGNIFICANCE

MOTTO

NICKNAME

OPERATIONS

After careful staff evaluation of the aeromedical evacuation problem, the Twelfth Air Force organized the 7416th Aeromedical Evacuation Group with station at Ramstein, Germany, effective on 1 July 1954. The 7416th was placed under the operational control of the 322d Air Division (Combat Cargo).

Under the command of Major*J Edwin J. McBride, an experienced medical service corps officer who was a pioneer in air evacuation, the 7416th Aeromedical Evacuation Group was charged to integrate into a single system the tactical medical units necessary to operate an intra^ theater aero-medical system. At its establishment or soon after, the 7416th was assigned the 1st Aeromedical Evacuation Flight at Rhein-Main with its detachment at Athens, the 4th, 5th, and 6th Forward Aeromedical Evacuation Flights at

Hahn, Sembach, and Landstuhl Air Bases, and newly-organized 7417th and 7418th Casualty Staging Flights at Rhein-Main and Toul-Rosiere Air Bases. As soon as the 322d Air Division could operate there, the 7416th was supposed to take command of the 3d Aeromedical Evacuation Flight in the United Kingdom. According to concept, 322d Air Division aircraft returning from air landings were responsible for moving medical evacuees, and the 7416th Group accordingly staffed a patient movement control center in the 322d's transport movement control center. Beginning to function on 1 November 1954, the patient movement control center at Raiustein received requests for aeromedical transportation and monitored the accomplishment of the missions. Since approximately 45

percent of patient airlifts movements were non-scheduled efforts, the patient movement control center was kept active. The center was nevertheless unable to function according to doctrinal concepts because all of the 322d Air Division's troop carrier wings were equipped with C-119 aircraft. In time of war, these planes would have hauled patients, but the 322d ruled that they would be used for air evacuation under peacetime conditions only for urgent missions. The only theater aircraft available for air evacuation in Europe were the four air evacuation C-47's operated by the 60th Air Base Group at Rhein-Main, and standard C-47's which were allocated for air evacuation flights by the 7206th Air Transport Squadron at Athens and the Northern Air Materiel Area (Europe), Burtonwood, England. Only a couple of the C-47's were actually comfortable for patients, and the C-47 was not a safe plane for the over-water and over-mountain areas of the Mediterranean. Early efforts of the USAFE surgeon to secure C-54's or G-131A

aircraft for intra-theater patient airlift were disapproved. Despite the difficulties with aircraft, the 7416th Group's 1st Aeromedical Evacuation Flight handled 4,698 patients during 1954 and the 3d Aeromedical Evacuation Flight continued its small separate operation in the United Kingdom. In the first half of 1954, the 3d Flight cared for 161 locally-evacuated patients.[^]

After studying the problem of aeromedical evacuation in Europe during 1954, Major McBride and his staff of the 7416th Aeromedical Evacuation Group submitted a study of the system's defects to USAFE on 3 March 1955. This study demonstrated that the 322d Air Division (Combat Cargo) could not adequately provide air evacuation services for USAFE with only six poorly-equipped C-47's which belonged to three separate organizations. At Landstuhl, the 86th Fighter-Interceptor Wing's operations service section provided some local L-20 and H-19 air evacuation transport between the air

base and the Army's 98th General Hospital (thus sparing patients a long trip over narrow, winding roads), but the 322d Air Division had no helicopters for similar services elsewhere. MATS aircraft provided once-a-week evacuation service to Rhein-Main from the Middle East and North Africa, but convalescents from these areas had no way to return except on a space-available basis. In brief, the study revealed that there was a considerable "market" for air evacuation services which could not be adequately provided. It accordingly recommended the immediate organization of an air transport squadron (air evacuation) which would be capable of providing liaison, helicopter, twin-engine, and four-engine

airlift. Although the special aeromedical air transport squadron would not be organized, USAF undertook to provide USAFE with two C-54M's and to provide an exchange of aero-medically-configured VG-47's for the bucket-seat C-47's which 44 were being used for aeromedical transportation. The first

C-54M arrived from the United States in February 1955 and required considerable maintenance before it could be assigned to the 7206th Air Transport Squadron at Athens, Greece, to cover Eastern Mediterranean air-evacuation routes. In order to provide a few additional medical attendants for this area, the Twelfth Air Force activated the 7th Aeromedical Evacuation Flight on 8 March 1955 at Tjheelus Air Base, Tripoli. This understrength flight maintained its principal operating detachment at Athens. Using the C-54M, the 7th Flight collected patients from Ankara, Izmir and Athens and flew them to Tjheelus in the first half of a week. In the latter half of a week, the G-54M made flights to Maples, and to Rome if necessary, to evacuate patients to the general hospital at Tjheelus. Following this, the C-54M returned convalescent patients from Tjheelus to Athens and Ankara.

The schedule of 26 flying hours a week was too much for one C-54, but the maintenance technicians at Athens worked around

the clock to keep it flying. After a period of growth, the 322d Air Division's aeromedical evacuation function began to show decided improvements after mid-1955 as the division attained full control over its units and began to receive new type aircraft. In order to become more proximate to its troop carrier wings, Headquarters, 322d Air Division (Combat Cargo) opened at Evreux-Fauville Air Base, France, on 12 August 1955. Effective on 1 August, the 60th, 317th, and 465th Troop Carrier Wings, the 7416th Aeromedical Evacuation Group, and the 7167th Air Transport Squadron were relieved from assignment to the Twelfth Air Force and assigned to the 322d Air Division. The 7206th Air Transport Squadron at Athens continued under the 322d's operational control. In order to provide centralized direction to the aeromedical transport system through the operation of the patient movement control center, the 7416th Aeromedical Group headquarters accompanied the 322d Air Division's move to Evreux-Fauville³ but, in recognition that the main air evacuation burden was centered in the Wiesbaden-Landstuhl area of Germany, the 1st Aeromedical Evacuation Flight remained at Rhein-Main. Following the movement of the 60th Troop Carrier Wing from

Rhein-Main, the 7167th Air Transport Squadron (Special Missions) assumed responsibility for the G-47 evacuation flights within continental Europe in September 1955. Employing a G-54 aircraft, the 7167th Squadron took over the weekly round-trip air evacuation flight between Rhein-Main and Tjheelus via Rome and Naples on 9 November 1955, and upon the arrival of the additional G-54M in the spring of 1956, the 7167th began to provide weekly air evacuation flights between Rhein-Main and Houassour Air Base via Madrid.⁴⁷

At the same time that the 322d Air Division (Combat Cargo) was expanding its air evacuation services into the Mediterranean, it was also expanding into the United Kingdom. Late in 1955, the 7416th Aeromedical Evacuation Group took command over the 3d Aeromedical Evacuation Flight at Burtonwood, and, effective 30 January 1956, the 322d Air Division used 7167th Squadron C-47's to initiate twice-weekly air evacuation flights between the major air bases in the United Kingdom and a weekly air evacuation flight between Burtonwood and Rhein-Main. Because of adverse

weather in the United Kingdom, the intraisland schedules had to be discontinued after two months' trial, but the

Weekly C-47 flight between Rhein-Main and Burtonwood continued. Following the suspension of the twice-monthly MATS trans-Atlantic air evacuation stops at Burtonwood on 1 September 1956, all homeward-bound patients from the United Kingdom were first moved to the 7100th USAF Hospital at Wiesbaden and dispatched from Rhein-Main. In September 1956, the 4th and 5th Forward Aeromedical Evacuation Flights were relocated at Evreux and Dreux Air Bases in France to join the troop carrier units with which they would be actively engaged in maneuvers. Since the air evacuation aircraft were based at Athens, the 7th Aeromedical Evacuation Flight was moved from Wheelus to Athens in order to simplify administration. Profiting from all the improvements begun in late 1955, the USAFE aeromedical evacuation system moved 13,943 patients during 1956 — a marked increase over the 8,094 patients airlifted during 1955.

In the autumn of 1956, USAFE initiated action to reorganize the 7416th Aeromedical Evacuation Group and its assigned units under the new organization tables for such units. Seeking to give the aeromedical evacuation commander better control and to permit greater flexibility of units, the 322d Air Division on 8 April 1957 activated the 2d

Aeromedical Evacuation Group and the 18th Casualty Staging Flight. The 1st, 3d, and 7th Aeromedical Evacuation Flights were redesignated as Aeromedical Evacuation Squadrons, and the 4th, 5th, and 6th Forward Aeromedical Evacuation Flights were inactivated. The table of redistribution organizations

the Headquarters, 7416th Aeromedical Evacuation Group and the 7417th and 7418th Casualty Staging Flights — were discontinued. According to plan, the 18th Casualty Staging Flight divided its strength into three detachments located at Chateauroux, France; Wiesbaden, Germany; and Burdett Park RAF Station, England. The new aeromedical evacuation squadrons were located at Rhein-Main, Bockingdeji EAF Station (moving there from Burtonwood) and Athens. The 1st Squadron organized detachments at Landstuhl and Phalsbourg; the 3d sent a detachment to Itzehoe SAF Station; and the 7th moved a detachment to Rhein-Main. Each squadron was thus located to support the prime geographical areas of USAFE: The European Continent, the British Isles, and the Mediterranean - Middle East.

The assignment of more modern aircraft to the 322d Air Division (Combat Cargo) during 1956 promised benefits to air evacuation during 1957. Having arrived from the United States on 2 June 1956, the 309th Troop Carrier Group, Assault was stationed at Dreux Air Base; its C-123's would not be regularly employed for air evacuation but they had good capabilities for such work. Effective on 1 November 1956, the 23d Helicopter Squadron was assigned to duty at Phalsbourg, France, and it sent flights to Wethersfield and Wheelus. On 11 February 1957, the 23d Squadron initiated a thrice-weekly H-21 helicopter aeromedical transport service between Landstuhl, Sembach, Hahn, and Bitburg, Germany.

Using this service, patients would be picked up, treated, and returned to their home base the same day. Possibly the greatest development in USAFE air evacuation, however, was the assignment of two C-131A Convair Samaritan aero-medical transports to the 7167th Air Transport Squadron at Rhein-Main in December 1956. These speedy and pressurized aircraft could transport 37 ambulatory or 27 litter patients, and they could fly the shortest air routes over the Alps to Italy and Tripoli. In addition to the C-131s, the 7167th Squadron retained four C-

47's and one C-54 for air evacuation purposes, but it expected to retire the C-47's when it received a promised two additional C-131's. The first two C-131's were employed on three weekly flights:

one to Naples, Verona, Ariano, Pisa/Leghorn, Landstuhl, Wiesbaden, and Rhein-Main, a second to Nice, Chateauroux, Orleans, Landstuhl, and Rhein-Main, and a third to Rome, Tripoli, and Rhein-Main. The C-131's were also frequently employed on emergency flights where patients required pressurised cabins.

During the first half of 1957, the USAFE Aeromedical evacuation service lifted 9,511 patients, but in the latter part of the year USAF economy programs began to affect the 322d Air Division and to force a realignment of the air evacuation mission in Europe. Although the 322d began to receive new C-130 Hercules transports as replacements for old C-119's, its strength in flying units was reduced to the two-group 317th Wing at Evreux-Fauville, the two-group 60th Wing at Dreux, and the 7167th Air Transport Squadron at Rhein-Main. The 7168th Air Transport Squadron at Athens was discontinued on 1 November 1957 when a 60th Wing detachment took over there. Suspending operations earlier, the 23d Helicopter Squadron was officially inactivated on 8 January 1958. In November 1957, the 7167th Squadron at Rhein-Main received two additional C-131A aircraft, and in December the C-54M which had been at Athens was transferred to the 7167th. For air evacuation purposes, USAFE now possessed in the 7167th Squadron a total of four C-131's and two C-54M's. Because of an impending inactivation of the 7th Aeromedical Evacuation Squadron at Athens, two of the unit's flight nurses were assigned to the hospital at Ankara and two to the hospital at Dhahran.

The reduction in USAFE aeromedical transport strength necessitated a general realignment of air evacuation routes late in 1957, and the task of formulating the new concepts for air evacuation in Europe proved to be a first order of business for Maj. Gen. Harold H. Twitchell who was assigned to duty as USAFE surgeon on 16 January 1958. The local helicopter patient transport flights flown by the 23d Helicopter Squadron were dropped when the squadron was inactivated. Since each C-131 could potentially do the work of two air evacuation C-47's, the USAFE aeromedical airlift capability was theoretically unaffected if the 7167th Air Transport Squadron released its C-47's. Actually, however, the establishment of USAFE's aeromedical transport strength at four C-131's and two C-54's forced the 322d Air Division to limit air evacuation services to trunk-line schedules out of Rhein-Main. Local air commanders would have to provide feeder-line service. The 322d Air Division employed a C-54 for a weekly air evacuation flight to Ankara, Turkey and used C-131's for weekly trunkline flights to Naples, Bologna, Nausseur, and Teneles. Each flight stopped at way-stations while returning to Rhein-Main. On four days a week C-131 flights evacuated patients from airbases in France and Germany. According to international agreements,

other peripheral commands improvised feeder-line air evacuation schedules to meet 322d Air Division flights. Front Dhahran, the 2d Air Division transported patients to meet the 322d C-131 flight at Ankara. In Spain, the newly activated Sixteenth Air Force employed an evacuation-configured VC-47 to gather patients from outlying bases to the hospital at Madrid, where they were either hospitalized or placed

aboard the trunkline flight from Toulouse to Rhein-Main.

Using organic aircraft, the Seventeenth Air Force provided intraj country air evacuation flights in Libya and parts of North Africa and Turkey. The Third Air Force stationed an organic C-47 at Bovingdon which transported patients to the larger hospitals at Burderop Park, Wimpole Park, and 55 South Ruislip.

The new USAFE trunk-line air evacuation schedules instituted in the winter of 1957-1958 proved able to handle 8,032 patients in the last half of 1957 and 6,401 patients in the first half of 1958. In view of retrenchment pressures and the fact that USAFE was now operating predominantly a

trunkline air evacuation service, USAFE submitted a proposal to reduce the strength of the 2d Aeroaical Evacuation Group, Initiated in January, the reorganization became effective on 8 August 1958. Only an enlarged Headquarters, 2d Aero-medical Evacuation Group, the 3d Aeroaical Evacuation Squadron, and the 15th Casualty Staging Flight remained when the reorganization was completed. The 1st and 7th Aeromedical Evacuation Squadrons were inactivated. During 1958, the USAFE surgeon also secured remedial action to two major defects which had developed in the new air evacuation system. Operating with only six aeromedical evacuation planes, the 322d Air Division had to schedule as many as nine stops for its evacuation flights in France and Germany. With such a number of stops and poor flying weather, air evacuation planes which left Rhein-Main early in the morning frequently did not return with their loads of patients until midnight. Such service was hard on patients and aircrews. Upon the intercession of General Twitchell, USAFE allocated

two additional C-54's to the 7167th Squadron, enabling it to initiate new schedules on 16 June 1958 which gave each French air base at least a twice-weekly evacuation service and required no flight to make more than six scheduled stops. Under the USAFE trunkline system, patients from Dhahran or Turkey had to be flown to Germany instead of to the closer hospital at Wheelus. To relieve this situation,

MATS agreed effective on 8 December 1958 to fly patients

from Dhahran to Wheelus aboard its regular passenger-cargo

flight. If the patient required it, the 322d Air Division flight could move him from Wheelus to Wiesbaden,

Because of USAF budgetary restrictions, the 322d Air Division (Combat Cargo) was slated for severe force reductions in the fiscal year beginning in July 1958, and the 2d Aeromedical Evacuation Group was already planning its personnel reductions. Despite the impending reductions, the 322d Air Division and the 2d Aeromedical Evacuation Group were still strong enough to respond immediately when President Caiaille Chamoun of Lebanon appealed for American assistance against threats of aggression posed to his country by Communist uprisings in Iraq. Minutes after word was flashed from Washington to implement "Operation Bluebat,"

performed within Korea by C-47's of the 6461st Troop Carrier Squadron; C-46's of the 315th Wing or C-54's and C-124's of the 374th Wing handled patient airlift between Korea and Japan* and C-46's of the 315th Wing usually managed intra-Japan patient movements. Where possible, the 315th Air Division handled air evacuation as a backload complement of cargo airlift into Korea, but, when necessary, transport aircraft were always scheduled on special missions to pick up patients.

Although the FEAF air evacuation services had been a splendid accomplishment, the system of air evacuation in the Far East Command represented many spur-of-the-moment improvisations which were accepted as actualities when the Far East Command belatedly issued a regulation governing theater air evacuation. Early in the Korean war, the USAF Medical Services had lacked an ability to expand the small 801st Medical Air Evacuation Squadron into an organization requisite to the tasks it should have performed. For this reason, the 801st had been gradually expanded principally in liaison personnel and in aeromedical evacuation crews, while the Army Medical Service had operated the holding facilities at airfields in Korea and Japan. Late in the

Korean war, on 18 June 1953, the 315th Air Division was at last able to inactivate the 801st Medical Air Evacuation Squadron and to organize the table of distribution 6481st Medical Air Evacuation Group, with an authorized strength of 50 officers and 222 airmen. Organized on a cellular basis, the 6481st was capable of providing processing temporary care, and staging of casualties for air movement. The Army Air Forces Far East, however, were reluctant to give up control of the patient-holding facilities for aero-medical evacuation and presented arguments in favor of maintaining the existing arrangement. Settlement of this jurisdictional controversy would require several years of negotiation.

In view of its failure to receive the patient-holding function, the 6481st Medical Air Evacuation Group under the continuing command of Colonel Jesse K. Grace kept the same strength (45 officers and 70 airmen) and organization possessed by the inactivated 801st Medical Air Evacuation Squadron. Patient loads continued to be substantially large for several months following the Korean armistice. During the months of August through December 1953, the 315th Air Division transported 174,119 patients intra-Korea, out of 62 Korea, and intra-Japan. The outstanding activity in the post-hostilities months began on 6 August 1953, when a G-124 Globemaster with Colonel Grace and an air evacuation crew brought 14 litter and 50 ambulatory patients from Seoul to Tachikawa to initiate the air evacuation of men repatriated from Corattutiist captivity as a part of "Big Switch." Subsequently employing C-46's and C-124's for the repatriation flights, the 315th Air Division completed the movement of 812 men to Japan on 21 September 1953. Since most of the repatriates were presented for airlift on the day following their release from Red captivity the 6481st air evacuation teams gave them special care while in flight. All reached Tachikawa safely.

The last of the large-scale aeromedical evacuations from Korea began on 23 January 1954 when the 315th Air Division employed four C-46's and four C-54's to lift 145 Chinese war prisoners who had refused to return to Communist China, from Seoul to Taipei on Formosa (Taiwan). Most of the 22,000 Chinese who refused repatriation were carried to Formosa by surface vessel, but those too ill to travel were flown to the Chinese

Nationalist stronghold. Including these Chinese, 8,318 patients were airlifted by the 315th Air Division during the first six months of 1954, but a new aeromedical evacuation task was shaping up in another battlefield in the Far East. To support American troops aiding the French in the war against Communist guerrillas in Indo-China, Colonel

William D. Preston, who had taken command of the 6481st Group on 8 February 1954, established an air evacuation detachment at Clark Air Force Base in the Philippines on 20 April 1954.

This detachment sent air evacuation teams aboard the carrier flight to Saigon to evacuate patients. Soon after the fall of Dienbienphu on 7 May 1954, discussions took place between American and French officials relative to United States assistance in evacuating the French wounded from Indo-China. In preparation for assuming the mission, Colonel Preston

sent his adjutant, Capt. Robert H. Jones, to Saigon and

dispatched nearly sixteen tons of aeromedical supplies and

equipment to Clark Air Force Base. On 23 June, French authorities at Saigon finally accepted the American proposal to move 500 wounded men to France, via Japan and the United States. The 322d Air division would be responsible for moving patients from Saigon to Tokyo, with an overnight rest stop at Clark. Commencing its portion of "Wounded Warrior" on 28 June, the 322d Air Division employed five C-124 flights. When the last flight was completed on 11 July, the 322d had

successfully transported 502 French patients on the first leg of their homeward journey. Except for a delay in unloading cargo at Saigon and a consequent delay in loading patients aboard the second C-124 flight on 30 June, the whole

operation went smoothly. The 6481st employed full air evacuation crews on each C-124.

As declining requirements for aeromedical evacuation in the autumn of 1954 marked the beginnings of a somewhat

uncertain peace in the Far East, Brigadier General Oliver K. Niess, the USAF Surgeon, looked toward the establishment of a peacetime system of aeromedical evacuation. During the summer of

1954 many of the flight nurses of the 6481st had been "farmed

out" to USAF hospitals to keep active, but Colonel John F. Fickey,

Jr., who took command of the newly-redesignated 6481st Aero-medical Evacuation Group on 19 October 1954, undertook to form a smaller but more active organization. The group was organized with its main body at Tachikawa, a detachment at Kirapo Air Base in Korea, and operating locations at Kadena Air Base on Okinawa and at Ashiya Air Base in southern Japan. By February 1955 all flight nurses had returned to the group except for one who chose a permanent change of station to

the organization where she was on temporary duty. At USAF's

insistence, the Far East Command established a Joint Medical Regulating office at Camp Zama in Japan under the executive agency of the Army Forces Far East. Becoming operational on 29 March 1955, the theater JMSO issued orders for evacuation

and hospitalization of patients both inter-theater and intra-theater. Following the end of the Korean hostilities

the importance of patient-holding activities at most airfields had dwindled, but the Army Forces Far East had continued to operate an active medical holding detachment at Tachikawa. On 24 June 1955, the Army discontinued this detachment and the USAF hospital at Tachikawa took over the duty for the time being. On 22 August 1955, the 2d Forward Aeromedical Flight arrived for duty with the 6481st Group, and, since the 315th Air Division possessed no rotary-wing aircraft to serve as vehicles for the flight's primary speciality, the 2d Flight was divided between Kimpo and Tachikawa and charged to operate holding facilities. Serving under Air Force operational control, a detachment of

>\ Army medical troops would continue to handle ambulance movements of patients into Tokyo. "FEAF's assumption of these patient holding responsibilities/1 said General Niess, "places the Air Force in the proper perspective for the first time since the beginning of the Korean conflict. "

In addition with other tasks assigned to the 315th Air Division (Combat Cargo), the aeromedical evacuation function quantitatively declined after the termination of active hostilities in Korea and Indo-China. In the last half of 1954, 5,125 patients were transported by 480 flights in FEAF, but only 2,926 patients were lifted by 335 flights in the first six months of 1955. Although BEAF's combat cargo command was slated for reduction, Brigadier General Gene-rari Russell L. Waldron insisted that his 315th Air Division must continue to direct the theater airlift and General Niess demanded that the 315th continue to possess aircraft suited for air transport of patients. Especially in the latter stages of the Korean hostilities, the C-46's of the 315th Troop Carrier Wing had provided much patient airlift, but the patient load

was low enough not to be affected by the inactivation of this wing on 18 January 1955. More significant to the aeromedical transport task were planned inactivations of the 6461st Air Transport Squadron and the 21st Troop Carrier Squadron, for the C-47's and C-54's flown by these units were essential to air evacuation. Diligent efforts on General Niess' part convinced FEAF and USAF of the need to prolong the life of the 21st Squadron, and, when the 6461st Squadron was inactivated on 24 June 1955, five of its C-47's were transferred to a detachment at Ashiya to continue to perform airlift and air

evacuation at the smaller airstrips in Korea. After much discussion with the Army, the 6481st Aeromedical Evacuation Group's Kimpo detachment was moved to Ashiya to join the operating location of the C-47's on 6 August 1955. At Ashiya, one C-47 was generally made available for routine and emergency air evacuation operations each day, but throughout the Far East the 6481st Group in the autumn of 1955 depended more and more upon scheduled courier flights for aeromedical transport purposes. The 315th Air Division's G-119's were unsuitable for air evacuation, the C-124's were too large, and the C-54's were usually available only in sufficient numbers to sustain scheduled courier requirements. The employment of courier flights — some of which were flown by contract service of the Civil Air Transport (GAT), joint-corporated with C-46's — worked well enough from Okinawa, Formosa, and the Philippines, but delays in the courier flights between Kimpo and Japan often caused hardships to patients. Accordingly, Major Clyde Hansen, the medical service corps officer who took command of the 6481st Group on 15 September 1955, secured approval for a more elaborate

service in Korea. Each day a medically staffed C-47 from

Ashiya made a round-robin flight to pick up patients at Korean airfields and deliver them to the Anay's 121st Evacuation Hospital near Kimpo. Two C-54 aeromedical evacuation flights each week transported patients from Kimpo to Tachikawa. Within FEAF, in the latter half of 1955, 154 flights transported 2,183 patients. In the first six months of 1956, 3,129 patients were airlifted, including 974 intra-Japan, 301 from Okinawa to Japan, 327 from Formosa (Taiwan) to Okinawa or Japan, and 30 between other islands.

Because of troubled world affairs in the Far East, the Far East Air Forces and the 315th Air Division (Combat Cargo) had undergone no sudden demobilization after hostilities ceased in Korea, but, early in 1956, the 315th had to reduce its strength still more. One of its C-119 groups and the C-54 squadron had to be inactivated. As he had done before, General Hiess strongly insisted that C-54's were required for over/water air evacuation in the Far East. USAF ruled that the 21st Troop Carrier Squadron must give up its C-54's, but it nevertheless permitted the 315th Air Division to retain four of the planes for air evacuation purposes. Effective on 17 September 1956, the 6485th Operations

Squadron at Tachikawa Air Base took over three C-47's and four C-54's and became virtually responsible for all aero-

medical evacuation flights, except such as were flown by the C-47 detachment at Ashiya or Civil Air Transport scheduled

70 C-46 flights. Early in 1956, General Niess also made

recommendations looking toward the reorganization of the 6481st Aeromedical Evacuation Group and the 2d Forward Aero-medical Evacuation Flight into a single compact squadron.

Since the end of the Korean war, the 6481st had been progressively reduced in size, and the 2d Flight had never practiced its forward-area air evacuation speciality. Effective on 18 December 1956, the 6481st Aeromedical Evacuation Group was discontinued and the 2d Forward Aeromedical Evacuation Flight was inactivated. Concurrently, the 9th Aero-medical Evacuation Squadron was activated, with a headquarters at Tachikawa, and detachments at Ashiya, Kirapo, and

Kadena Air Bases. Strength of the 9th Squadron was established

71 at 22 officers and 55 airmen.

Even though American troop strength in the Far East declined throughout 1956, the number of patients transported by air showed some increase over 1955. During the last half of 1956, more reliable air evacuation services together with

the loss of medical specialties at many Far East hospitals

contributed to an increase in the number of patients transported by air to a total of 3,141, lifted by 361 flights.

Under the command of Major Clyde Hansen, the 9th Aeromedical

Evacuation Squadron made on, a few changes in the opera-

tional procedures of the 6481st Group, and most of the changes were attributable to declining workloads in Korea and increasing requirements to the south of Japan. Using a locally-based C-

47, the aeromedical detachment at Ashiya cut its daily round-robin flights in Korea to twice a week, but the patients were still delivered to Kimpo for flight by C-54 to Tachikawa. From Tachikawa, twice weekly C-47 air evacuation flights served airfields in northern Japan. At the request of the Thirteenth Air Force's surgeon, caused by a loss of medical specialists at Clark AFB, the 315th Air Division on 5 November 1956 extended its weekly C-54 courier flight which

ran from Tachikawa to Taipei via Kadena on to Clark AFB. The flight nurse on this flight was authorized to control the number of passengers and freight handled in contest with the number of patients to be returned northward to Tachikawa from Clark, Taipei, or Kadena.

One of the anomalies of American command in the Pacific, which had originated during the war in Korea, was the fact that the Far East Air Forces owed allegiance to the Far East Command for operations in Korea and Japan and to the Pacific Command for operations elsewhere in the Pacific. According to U.S. Department of Defense plans, the U. S. Pacific Command on 1 July 1957 would assume control of a unified Pacific theater. At the same time, the Pacific Air Forces (PACAF) would open its headquarters in Hawaii and the historic Far East Air Forces would be inactivated. As General Niess viewed the matter, a major problem of the theater organization was the disposition to be made of the Joint Medical Regulating office located at Camp Zama, Japan, under the supervision of the Surgeon General's Army Forces Far East/Eighth Army. On 27 February 1957, General Niess recommended that PACAF should be designated the coordinating authority for a Joint Medical Regulating office (JMRO) in Hawaii. Knowing that a large number of patients would require medical regulating

services in Japan, Korea, Taiwan, the Philippines, and Okinawa, PACAF's Fifth Air Force would be the coordinating authority in Japan, General Niess recommended that a field extension of the theater JMRO should be located under Fifth Air Force supervision at Fuchu Air Station near Tachikawa in Japan. Since a majority of patients in the Pacific would

The 9th Aeronautical Evacuation Squadron operated the air evacuation operations office in conjunction with the 315th's transport movement control center and provided in-flight aeromedical evacuation services. During the first six months of 1957, 73 per cent of aeromedical evacuees were transported on C-54D aircraft, 19 per cent on leased C-46's, 6 per cent by C-47's, and 2 per cent by O124's. The 9th Squadron drew all of its C-54 support and most of its C-47 service from the 6485th Operations Squadron which was based at Tachikawa. A total of 33043 patients were transported by 339 flights, and the increase in patients handled by flights bespoke improvement in planning and scheduling patient movements.

Both as a part of the reorganization of the Pacific Air Forces and for reasons of economy, the troop carrier organization in the Far East would be somewhat changed effective on 1 July 1957. Under the command of Brig. General C. H. Pottenger, the 315th Air Division (Combat Cargo) would continue to be a major air command directly responsible to the Pacific Air Forces, but it was to be an operational headquarters. The Fifth Air Force was charged to provide administrative and logistical support to the 315th Air

Division, According to Department of Defense policy making such a worldwide disposition of heavy troop carrier organizations on 1 July 1957, the 374th Troop Carrier Wing with its two G-124 squadrons was transferred to the MATS 1503d Air Transport Wing, which moved its base of operations from the Tokyo International Airport (Haneda) to Tachikawa. The 315th retained operational control over C-124 aircraft operations in the Far East. After the 1 July reorganization, the 315th Air Division retained the 483d Troop Carrier Wing at Ashiya which was slated for conversion from C-119 to C-130 aircraft, the 24th Helicopter Squadron, and the 6485th Operations Squadron which would continue to be based at Tachikawa. Inasmuch as the C-130's and C-119's were unacceptable for aeromedical evacuation, the 6485th Operations

Squadron would continue to provide most of the aircraft employed for air evacuation in the Far East. The 6485th continued to possess four C-54's and six C-47's, but, in deference to the fact that its old bucket-seat planes were not suitable for ambulatory patients, the squadron exchanged its C-54's for

C-54M's beginning in July 1957. Having airline seats and galley facilities, the C-54M's were much more comfortable to patients.

Employing G-54 aircraft as the "work horse" of aero-medical evacuation in the Far East with some assistance from

C-47's and civilian contract C-47's Major" Morton H. Reed

made few changes in existing air evacuation, programs when he took command of the 9th Aeromedical Evacuation Squadron on 12 August 1957. The aeromedical evacuation system consisted of weekly scheduled flights to northern Honshu and

Hokkaido and to southern Honshu and Kyushu. Korea was served

by two scheduled C-54 flights each week. Okinawa, Taiwan, and the Philippines were served once a week by a C-54 flight which originated at Tachikawa, made route stops at Okinawa and Taiwan, terminated at Clark, and then returned to Tachikawa with the same stops as the outbound flight. The detachments of the 9th Squadron at Ashiya, Kiiapo, and I Cadena were chiefly concerned with liaison activities, but the detachment at Ashiya employed a 483d Troop Carrier Wing C-47 to evacuate urgent and priority patients from southern Japan and the smaller airfields in Korea. After July 1957, the 315th Troop Carrier Division's patient airlift system would be little changed, and the numbers of patients transported would vary according to the local availability of medical specialties and troop strength in the Far East. From July through December 1957,

297 flights lifted 3,125 patients. Chiefly because of an Army roll-back from Japan and increased medical specialties available in Korea, only 2,202 patients were lifted by 255 flights in the last half of 1958. The aeromedical evacuation workload performed by the 9th Squadron in the first half of 1959 was virtually the same as for the final six

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months of the year before: 218 flights lifted 2,186 patients.⁷⁰ "The intra-theater air evacuation system,¹¹ reported Brig. Gen. Richard L. Bohannon, who became PACAF Surgeon on 1 February 1959, "has continued to provide an excellent capability to render the best medical care possible to all personnel within the theater."⁷⁷ 4. Aeromedical Transport in the Military Air Transport Service

The experience of the Korean war amply indicated the U.S. Defense Department's need for strong air transport forces capable of immediate action at a war's beginning. The accomplishments of MTS in support of the United Nations war effort in Korea bespoke the wisdom of the creation of the Military Air Transport Service on 1 June 1948 to provide centralized control of American strategic airlift. But even though there was general agreement that the United States defense effort required a centrally-controlled fleet of

From the waning months of the Korean hostilities through the remaining 1950's, aeromedical transport activities in the Military Air Transport Service in part reflected a growing degree of specialization, which paralleled other MATS fleet developments. In recognition of a special requirement for domestic air evacuation aircraft to replace the Continental Division's old C-47's, the Air Force Council in the autumn of 1951 approved the procurement of a number of Convair 340's, or C-131A's, which were scheduled for

delivery with an interior configuration suited for aero-

89 medical transport in late 1953 and mid-1954. After 21

July 1950 the Continental Division performed domestic aeromedical transport with first five and later six air transport squadrons (air evacuation) assigned to two different air transport groups and stationed at Kelly, Brooks, Travis, Brookley, Westover, and Scott. For more than two years, the Continental Division studied and discussed the formation of one air transport group to direct the five air transport evacuation squadrons. Finally, in recognition of the fact that a special air evacuation group would relieve Continental Division's headquarters staff of many of its supervisory concerns and would facilitate the conversion to C-131 Samaritan aircraft, the MATS effective on 1 February 1953 established the 1706th Air Transport Group (Air Evacuation) with its headquarters at Brooks AFB and assigned the five air transport squadrons (air evacuation) to it.⁹⁰

When it assumed responsibility for this mission of providing expeditious and medically acceptable air transport service for sick and wounded armed service personnel within the United States on 1 February 1953, the 1706th Air Transport Group (Air Evacuation) made few changes in the domestic air evacuation system. Although the group was responsible for the operation of the patient movement control centers at Westover, Andrews, Brookley, Scott, Kelly, Travis, and Lowry,

these air evacuation control centers continued to receive requests and to schedule the pickup and delivery of patients within their areas of operations. The group, moreover, exercised operational control over domestic air evacuation

operations through the Continental Division's transport

control center at Kelly. The 1706th Group continued to

operate two transcontinental C-54 air evacuation routes, the northern route between Travis and Westover via Lowry, Scott, and Andrews which was flown by the 1733d Squadron at Travis and the southern route between Travis and Westover via Biggs, Kelly, Brookley, and Andrews which was operated by the 1734th Squadron at Kelly. The other squadrons continued to provide feeder air evacuation operations with C-47 aircraft. Following the end of the Korean hostilities, the number of patients

received at Travis declined and, as a result, the 1706th

Group moved 32,377 patients in the last half of 1953.

The operation of the transcontinental air evacuation routes could be justified as long as large numbers of Korean war casualties arrived at Travis, but the northern route transected the Rocky Mountains and was somewhat hazardous for turn-pressurized C-54M aircraft. The twin-trunkline system,

moreover, resulted in planes and crews being away from their home stations for several days and was expensive in per diem funds and complicated maintenance. Because of manpower curtailment, the 1706th Group was scheduled to lose one of its squadrons at about the same time that it had to make arrangements to provide transition training to the G-131A Samaritan aircraft. Taking all these factors into consideration, the 1706th Group secured the movement of the trunk-line flying 1734th Squadron from congested Kelly AFB to Brooks AFB where it was planned that the 1736th Squadron was to be consolidated

with the 1734th, under the latter's designation. The augmented 1734th Squadron was to handle trunkline work and also to provide all transition training for Samaritan crews. Effective on 1 December 1953, Continental Division eliminated the northern "Transcontinental" air evacuation route from Travis to Andrews but continued to operate the southern route across the continent

from Travis to Westover, via Brooks, Brookley, and Andrews. All patients on the trunkline got an overnight stop at Brooks. Coincident with the change in the trunkline, all feeder squadrons of the 1706th Group commenced a new interlocking system, whereby all squadrons operated scheduled connecting trips on specified days of the week. The new system was more economical of aircraft and flight personnel and it reduced backtracking of patients, patient handling, and increased patient comfort.

Continuing to operate the southern trunkline and the interlocking feeder routes, the 1706th Air Transport Group (Air Evacuation) handled 26,552 patients during the first half of 1954 in spite of the inactivation of the 1736th Squadron on 1 April. The biggest news in air evacuation, however, was the delivery of the first Convair C-131A Samaritan which made its public debut at the Washington National Airport on 26 March 1954. Mindful of the Air Force Medical Service's long dream of an especially configured hospital plane, Brig. Gen. W. F. Hall, the K&TS Surgeon, said: "For me ... the delivery of this airplane was truly a dream come true." The twin-engine, pressurized Convair had a normal cruising speed of 235 knots and a capacity for 37 ambulatory patients or of 27 litters and 4 ambulatory patients, plus a medical crew of three members. Passenger seats were rearward facing and capable of withstanding heavy gravity forces, the plane was air-conditioned aloft and ventilated on the ground by

an integral electric blower. The plane was a flexible hospital ward which would accommodate almost any special medical equipment, such as an iron lung, orthopedic bed, an artificial kidney, or an infant incubator. When they were placed in use, the Samaritans were marked with a large red cross on their vertical stabilizers. The 1706th Group received its first C-131A at Brooks on 1 April, and the 1734th Squadron began to provide transition training. Without adverse effect to the domestic aeromedical transport operation which moved 6,677 patients on the trunkline and 16,329 on the feeder routes, the 1706th Group completed its transition from C-47's to C-131A's in the last half of 1954 and was fully operational in the new aircraft at the end of the year. The last C-47 was transferred from the Group on 9 February 1955, and the group then possessed its full authorized strength of 26 C-131A's and 6 C-54M aircraft. As planned the 1734th Squadron had six C-131's and the six C-54's. Although the civil airlines regularly employed Convair transports in mountainous areas, the Continental Division at first preferred to have four-engine planes on transmountain patient lift and continued to operate the C-54's on the trunkline. Already long tested in civil flying, the C-131's revealed no adverse characteristics in military usage. Stations served by the C-131's, however, had to build new loading ramps, and the 1706th developed a new portable litter lift which was carried aboard the Samaritans for use where loading ramps were not available. Many mercy missions went to civil airfields where regular

military sources were not available.

The pattern of trunkline and feeder operations flown by the 1706th Air Transport Group, Light (Air Evacuation) changed very little in the first half of 1955. Along with other MATS units, the

1732d Squadron moved from Westover to the new Atlantic air terminal at McGuire AFB during April,

and on 1 May this station became the eastern terminus of the

aeromedical evacuation trunkline. Patient handlings which

had been slowly declining since the end of the Korean war totalled 22,097 during the first half of 1955, but, despite decreasing patient loads, the 1734th Squadron began to encounter difficulties getting enough flying hours out of its old C-54's to maintain trunkline operations. In original planning, the 1706th Group had not wished to use the Samaritans over mountain areas, but declining C-54 capabilities demanded this in the latter half of 1955. The 1733d Squadron at Travis and the 1734th at Brooks now employed C-131A's to fly thrice-a-week schedules between Brooks and Travis via El Paso and Kirtland; the 1734th used its C-54 complement for thrice-a-week round trips between Brooks and McGuire. Most of these trips went by way of Brookley, but one round trip a week was flown via Scott. Using the new trunkline schedules and interlocking feeder flights (three of which were specially scheduled into Barksdale while "Sagebrush"

was in progress) the 1766th handled 20,883 patient movements

96 in the latter half of 1955.

After tapering downward for several years, the Continental Division's domestic aeromedical transportation task

showed remarkable stability in 1956. In the first half of the year 20,288 patients were handled; and in the second half 20,085 were moved within the United States. Closing of the port of aerial debarkation at McChord in favor of direct routing of patients to Travis in February simplified air evacuation on the west coast. In March, the transfer of the port of aerial embarkation from Brookley to Charleston gave some difficulty since it extended the flying time of the eastbound trunkline flight to go there. Accordingly,

Charleston was carried as a trunkline flag/stop, but whenever possible the 1735th Squadron at Brookley picked up Charleston's patients in a feeder operation. In recognition that "air evacuation" did not aptly describe a function which could better be called "aeromedical transport," MATS accepted a new designation on 2 November 1956 when the 1706th Air Transport Group, Light (Air Evacuation) was discontinued and the 1st Aeromedical Transport Group, Light, was activated. Simultaneously the old squadrons were discontinued and activated with new numerals: the 11th (Scott), the 12th (McGuire), the 13th (Travis), the 14th (Brooks), and the 15th (Brookley) Aeromedical Transport Squadrons, Light, were the new designations. Patient-lift requirements were relatively stable and

the aeromedical transport mission gained status with regular constituted units, but the 1st Group inherited a host of aircraft problems from its predecessor. The old C-54's were plagued by mechanical disorders, and in June 1956 the 1706th Group began to return C-131A's to a contract maintenance organization for inspection and repair as necessary (IRAH) maintenance. By September, four C-131's were in IKAST and, in November, the Continental Division received prearranged orders to transfer two C-131A's to Europe. In preparation for the IRAN activity the 1706th on 26 April commenced an "over-the-top" coast-to-coast schedule flown eastward to Scott by C-131's from Travis and westward to Scott by C-131's from McGuire. The scheduled Travis-Brooks trips were suspended. Because of inadequate staffing of hospitals, aeromedical transport flights were seldom scheduled at night or on week-ends, but, on 19 November, aircraft shortages compelled the 1st Aeromedical Transport Group to fly its available planes as much as possible. The feeder flights then

began operating on ground-the-clock schedules over two geographical triangles: Travis-Scott-Brookley and Scott-Brookley-McGuire. Crews on the triangle schedules rotated at each squadron station. The round-the-clock schedules gave prompt service to using hospitals, but the night work was an undesirable burden. As a result of pressure placed on M&TS by using agencies, Atlantic Division's 1611th Air Transport Group furnished a C-118 aircraft and aircrew to begin on 15 December 1956 a twice-weekly "Hightingale" aero-medical round-trip between McGuire and Travis via Andrews, Scott, and Loxley. The 12th Aeromedical Transport Squadron provided the medical crew members for this trunkline flight, The 1st Group's triangular operations were discontinued.

Since it was projected to transfer two additional C-131A's to Europe and to seek some replacement for its old C-54M's, the 1st Aeromedical Transport Group continued to experience aircraft difficulties during 1957. In March, USAF authorized MATS to accept nine C-131E aircraft, eight to come from the Strategic Air Command and the ninth from Convair production in November. The C-131E was enough different from the C-131A to require aircrew transition training, and, having been designed for cargo hauling, they had to be configured with 12 litters and 9 double seats for aeromedical transport. It was decided to convert the 14th Squadron at Brooks to C-131E aircraft. On 10 May, the squadron transferred out its last C-54M and by the end of

June it possessed seven C-131E's, On account of the impending C-54 transfer, the Continental Division's 57th Air Transport Squadron at Kelly, supported by medical crewmen from the 14th Squadron, began on 1 May to fly the trunkline to McGuire with its C-54 aircraft. During the spring and summer of 1957, the 1611th Air Transport Group continued to make the C-118 bi-weekly aeromedical flight from McGuire to Travis. This more direct trip and the larger size of the C-118 (it carried 18 litters and 30 ambulatory patients) theoretically provided an effective aeromedical services but the Travis-based 13th Aeromedical Transport Squadron complained that the C-118 crews often missed their schedules. Following the completion of C-131A IRAM maintenance and the modification of the C-131E's, the 1st Aeromedical Transport Group again assumed responsibility for all aeromedical transport routes on 1 September 1957. Anticipating delays in operating the new C-131E's with little enroute support, the

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Continental Division operated on an improvised basis for the remainder of 1957. A feeder-type operation was set up in September whereby each area hospital was served on a pre-arranged day at least once a week. The hospitals were notified of the feeder-type schedules and reported their patients the day before a flight was scheduled in their geographical area. Despite difficulties incurred among its aeromedical transport

aircraft, the Continental Division handled 41,578 patient movements within the United States during 1957.

Although the heavier G-131E aeromedical transport aircraft would cause some operational problems, the 1st Aeromedical Transport Group was being equipped during 1957 with a whole fleet of modern, pressurized aircraft. According to plan, the 14th Squadron at Brooks was receiving nine C-131E's for employment on trunklines (they could not land at many smaller airfields) and for transporting the polio teams from the School of Aviation Medicine and burn teams from the Brooke Army Hospital. Each of the four other aero-medical transport squadrons was authorized five O-131A's. Visualizing the domestic air evacuation system as a unified whole

which should be controlled by one central agency, Col. O. H. Rigley, Jr. 3 commander of the 1st Group, proposed early in 1957 that domestic in-transit patient-holding responsibilities ought to be assigned to the aeromedical transport group. Up until this time, patients at remain-overnight stops were accommodated according to varying arrangements made with local hospitals. Recognizing the need for special

patient holding facilities at McGuire, Travis, and Scott, USAF in September 1957 directed MATS to organize casualty staging flights at those bases, but MATS was not willing to assign the flights to the 1st Group under peacetime conditions since to do so would cause a duplication of facilities already established in MATS hospitals. On 18 January 1958, MATS activated the 1st, 2d, and 3d Casualty Staging Flights at Scott, Travis, and McGuire. The 1st and 3d flights were assigned to MATS medical facilities at Scott and McGuire, but, since MATS did not yet command Travis, the 2d Flight was assigned to the 1st Aeromedical Transport Group and attached to the Travis hospital for operational control and 99 logistical support. The mission of the casualty staging flights was to receive and process patients for movement; to provide nursing service for patients awaiting air transportation; to transport patients to and from aircraft; and to load and unload patients on or off aircraft.

Possession of a fleet of C-131's and the completion of aircrew training allowed the 1st Aeromedical Transport

Group to reinstitute its system of trunkline, inter-blocking feeder, and local feeder flight schedules in 1958. After January, the 14th Squadron ran thrice-weekly round-trips eastward from Brooks to Andrews via Brookley and westward from Brooks to Travis via Lowry. Although Charleston had

become an aerial port of debarkation in 1956, it continued

to be a trunkline flagstop and the 15th Squadron at Brookley generally evacuated this port. Actually the possession of C-131's by the squadrons at Travis, Scott, and McGuire diminished the importance of the old transcontinental trunk lines for interlocking schedules gave a direct route from Travis to McGuire via Lowry and Scott. Each of the squadrons also provided feeder services in their geographical areas of operation. Effective on 1 February 1958, the U.S. Public Health Service was authorized to request movement of its beneficiaries directly to the nearest aeromedical evacuation control center and vouchers for reimbursement were submitted to the Public Health Service. In June 1958, Veterans' Administration Hospitals were also permitted to report their patients directly to the nearest aeromedical control center, and charges for the service (a first class airline ticket plus one dollar) were ordinarily paid by the originating hospital. The fleet of new aircraft gave better service, and, in the first half of 1958, the 1st Aeromedical Transport Group handled 20,846 patient movements.

At Travis AFB on 1 July 1958, the Western Transport Air Force became responsible for the supervision of all aeromedical evacuation activities throughout the Continental United States, as well as over established MATS routes serving Alaska and the Pacific. With the movement of the former Continental Division to the West Coast, however, the commander, 1st Aeromedical Transport Group gained added responsibility for operating transport flights for aeromedical purposes and controlling the operations of assigned aircraft.

Seeking to make the most efficient use of his available resources, Col. L. B. Matthews, commander of the 1st Group, organized a group-wide flight-following and aircraft movement control center at Brooks. At the same time, the commanders of the several squadrons were given operational control of any group aircraft operating in their geographic area. The purpose of these actions was to permit an aircraft to be diverted from prebriefed flight when it was in the vicinity of an area requiring an emergency patient pick-up. New schedules were published based upon detailed study, designed to improve the weekly trip frequency to the hospitals within each squadron's area of responsibility, and also to increase trunkline operations which cleared the airports on the east and west coasts. The new route structure decreased patient enroute time by 37 per cent. The new schedules also insured that an aircraft was flying within the area of using hospitals 80 percent of each day and could be called for in the event the area hospital had an urgent requirement to move a patient. In the last half of 1958, the 1st Aeromedical Transport Group handled 21,245 patient movements. Under the new industrial fund program, the total cost was reckoned at about \$2,800,000 of which some 1 per cent was incurred by non-Department of Defense agencies. From the beginning of its history to the end of 1958, the 1st Aeromedical Evacuation Group reckoned that it had flown 264,685 patients and had accumulated 234,475 flying hours without the loss of human life attributable to 103 aircraft accident.

Unlike the self-contained organization for aeromedical transport in the Continental United States, the MATS Pacific Division's mechanism for air evacuation in the post Korean war years continued to employ evacuation teams of the 1453d Medical Air Evacuation Squadron to accompany patients from the Far East aboard regularly-scheduled transport flights. Operating directly under the Pacific Division in mid-1953, the 1453d was based at Hickam AFB, Hawaii, and it maintained a liaison detachment at Haneda Air Base, which would soon be renamed Tokyo International Airport. Navy flight nurses and medical corpsmen assigned to Navy Squadron VR-8 were attached for duty to the 1453d Squadron. In the war's aftermath the movement of the bulk of 508 repatriated sick and wounded United Nations war prisoners during August and September swelled the number of patients evacuated from Tokyo during the last six months of 1953 to a total of 5,207. In this same period, 5,673 patients were delivered at Travis. Beginning in October 1953 however, the number of patients requiring evacuation from Tokyo declined and the Pacific Division cut back the size of its evacuation squadron and reduced evacuation flights. Effective on 1 January 1954, the strength of the 1453d Squadron at Hawaii was reduced to include only 17 air evacuation teams and the 1453d detachment at Tokyo was built up by the assignment of nine air-evacuation teams. Thenceforward, the Tokyo detachment would provide air-evacuation teams which would accompany patients to Hickam and the main body of the 1453d would handle air evacuation in the remainder of the Pacific and accompany 104 patients to Travis AFB.

During the Korean war, the Pacific Division had made some use of G-97's for evacuating patients, but its C-54's and SSD's had provided most of the trans-Pacific patient airlift. After Korea, Pacific Division Air Force transport squadrons began converting to G-97 and C-124

aircraft and the Navy transport squadrons received R7V Super Constellations, The C-124's would be unsuited for

trans-Pacific patient evacuation except in emergencies, but

1C

C-97M Stratocruisers were specially modified for air

evacuation purposes in the latter half of 1953 and assigned

to the Pacific Division. Each C-97 could lift 58 passengers or a normal load of 42 litter

patients. In the first half of 1954, the C-97's handled most of the 2,882 patients

evacuated from Tokyo and transported the largest number of

any type plane of the 3,410 patients landed at Travis.

The air evacuation Stratocruisers were invaluable to the Pacific Division in June and July 1954

when MATS commenced its contribution to "Wounded Warrior" -- the aeromedical

transportation of 502 sick and wounded French soldiers and 20 French medical attendants from

Tokyo via the United States to Orly Airport at Paris and La Senia

Airport in Oran, Algeria. As has been seen, "FEAF troop *

1954. By the end of the year, air evacuation service from Tokyo was exclusively conducted in

C-97's, which, during the favorable wind months of the winter, were authorized to over-fly

Midway Island and make non-stop trips to Hickam. Earlier in the year, the 1453d Squadron had

had its first experience evacuating patients aboard the new Navy R7V Super Constellations. In

the spring of 1954, these planes had begun to lift from Guam patients who had been transported

there by FEAF's 315th Air Division from Clark AFB in the Philippines, and, effective on 1

January 1955, the Pacific Division would begin to evacuate directly from Clark to Hickam via

Guam and Kwajalein with twice-monthly R7V trips. Because of their high-density seating for

78 people, the R7V's were tricky to configure with litters, but, after much study, the 1453d

Squadron worked out a plan for the use of 19 seats and a normal maximum load of 47 litters

aboard the Constellations. Employing an average of eight C-97 air evacuation trips a month from

Tokyo, two R7V trips a month from Clark Field, and ten C-97 trips a month from Hickam to

Travis, the Pacific Division transported 2,444 patients from Pacific stations

and 2,331 patients from Hickam to the United States during

108 the first half of 1955,

between 300 and 400 a month. The Jffavy continued to attach a good many of its flight nurses to

the 1453d Aeromedical Evacuation Squadron, but MATS manning documents progressively

reduced the Air Force component of the squadron in context with its declining workload. Prior

to the removal of the Pacific Division to California, the 1453d Squadron was assigned to the

1502d Air Transport Wing on 15 September 1956 in order

that it might continue to be based at Hickam AFB. Detach-

ment #, 1453d Squadron continued to operate at the Tokyo

International Airport until 14 May 1958 when the MATS air terminal was transferred to

Tachikawa Air Base. In view of the prior assignment of the 1453d to the 1502d Wing, the

establishment of the Western Transport Air Force on 1 July

1958 had no appreciable effect upon the conduct of air evacua-

tion in the Pacific. Despite the routine nature of trans-

Pacific aeromedical evacuation, one important administrative change was made looking toward

more efficient patient hand-

ling. Based upon the suggestion of the MATS Surgeon, the

Armed Services Medical Regulating Office recommended a test whereby Tripler General Hospital would dispatch coding messages to Washington as to a patient's medical condition and indicated hospitalization at the same time that he left

Hickam by air. Begun on 21 September 1956, the tests showed that the ASHRO could have the destination hospital worked out and the Travis hospital so informed by the time patients were landed in California, thus speeding the evacuation process. Such a procedure became standard for operations in the Pacific.

Since the air evacuation organization and the patient airlift requirements in the Pacific after 1955 were remarkably stable, only the availability of aircraft and the routes that they flew affected the accomplishment of the aeromedical evacuation mission. The only planes operating for air evacuation on the mid-Pacific route to the Philippines were Constellations, but both Constellations and Stratocruisers were often available for patient lift out of Tokyo and Hawaii. Since the C-97's were more comfortable planes, the 1453d made them the "aircraft of choice" for patient movements. Taking advantage of favorable air currents, the C-97's customarily flew nonstop from Tokyo to Hickam during the winter months, but in the summer they landed at Midway for refueling. Although the planes seldom remained at Midway for more than two hours, the 1453d Squadron customarily kept an air evacuation team on rotational duty at the

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114 from Japan, the Philippines, and Hawaii.

The end of the Korean hostilities in mid-1953 had little effect upon the aeromedical transport activities of the MATS Atlantic Division which continued to be responsible for evacuating sick and wounded from Europe and the North-east to the United States and for certain intra-theater air evacuation activities between North Africa, the Middle East, and Europe. Based at Rhein-Main Air Base, Frankfurt, Germany, the 1454th Medical Air Evacuation Squadron operated the MATS European aeromedical evacuation control center and provided air evacuation teams for the flights from Rhein-Main to Westover AFB, Massachusetts, and for the air evacuation flights from the Middle East and North Africa to Rhein-Main. The 1600th Air Transport Wing at Westover flew twice-weekly C-97 "Benefactor" flights which transported passengers to Germany and returned patients from Rhein-Main to Westover via the Azores. Twice a month, a "Benefactor" flight returned via Burtonwood, England, to evacuate casualties from the United Kingdom. The trans-Atlantic air evacuation flights were "guaranteed" service, and, when the C-97's were having difficulty with their supply support, the 1600th Air Transport

Wing on 11 December 1952 began making the Benefactor flights with new Douglas G-113 Liftmaster transports. These faster planes cut two hours off the trans-Atlantic flying time, and they were each capable of transporting 76 passengers or 60 litter patients and six to eight attendants. These Liftmasters displayed a much greater mission reliability than had the C-97's and they would continue to ply Benefactor schedules throughout the 1950's. At first, because of improper installation, the litter supports in the C-118's were known to pull loose from bulkheads, but immediate remedial action soon corrected this defect.

In view of the fact that the United States Air forces in Europe had no four-engine aircraft for aeromedical evacuation, the Atlantic Division's 86th Air Transport Squadron at Rhein-Main employed C-54 scheduled flights staffed by 1454th Squadron air evacuation teams to lift patients to Germany. In the spring of 1953, two flights a month of the "Sheik" from Nouasseur Air Base to Rhein-Main and two flights of the "Nomad" from Wheelus Field to Rhein-Main via Ellinikon Airfield at Athens and Ciampino Airport at Rome were utilized for air evacuation. On 1 April 1954, the 86th Air Transport Squadron had to suspend operations in order to transfer to Charleston, South Carolina, but the Atlantic Division continued to provide much the same air evacuation services by extending its Westover-based C-118 flights twice a month to provide air evacuation services from Nouasseur and Wheelus to Rhein-Main. The 1454th Squadron continued to staff the MATS planes until the winter of

1955-1956 when, as has been seen, the USAFE theater aero-medical evacuation services procured C-54M aircraft and were able to undertake the flights from Nouasseur and Wheelus. After 1955, MATS had no intra-theater aeromedical airlift responsibilities in the USAFE area of operations. As seen above, however, USAFE needed an air evacuation route between Dhahran Air Base, Saudi Arabia, and Wheelus Field, Tripoli, and effective in December 1958 the Eastern Transport Air Force agreed that the return trip of its C-121 flight out of Charleston could transport patients weekly along with passengers from Dhahran to Wheelus.

Employing C-54 aircraft in the immediate post-Korean war period, the Atlantic Division borrowed air evacuation teams from the 1732d Air Transport Squadron (Air Evacuation) at Westover to accompany patients loaded aboard the "Argentinian" once a week at Torbay Airport, St. Johns, Newfoundland. Although the operating squadrons charged with these flights varied and the name of the flight was changed to the "Newfoundlander," patients from the Northeast

were debarked at Westover until 1 June 1955 when the Northeast Command's patients began to be debarked at the Atlantic Division's new terminal at McGuire AFB, New Jersey. Effective on 1 July 1956, the Atlantic Division implemented C-118 passenger operations to Newfoundland, and, once a week with a 12th Aeromedical Transport Squadron air evacuation team aboard, a return trip evacuated patients from Torbay Airport and Argentia Naval Air Station. These arrangements for handling patients from the Northeast continued throughout the remainder of the 1950's.

Throughout the 1950's the Atlantic Division and the Eastern Transport Air Force found their major aeromedical transport task to be the trans-Atlantic flight from Germany to the United States. Based at Westover under the 1600th Air Transport Wing and at McGuire under the 1611th Air Transport Wing, C-118's flew twice-weekly "Benefactor" schedules with few delays. Effective on 1 May 1955, the port of debarkation for the Benefactor flights was shifted from 120 Westover to McGuire AFB. Stationed at Rhein-Main the 1454th Aeromedical Evacuation Squadron (it was so redesignated on 10 September 1954) eventually became solely responsible for staffing the Benefactor flights. The main sources of patients for MATS evacuation from Europe continued to be the 7100th USAF Hospital at Wiesbaden, the Army's 97th General Hospital in Frankfurt, and the USAF Hospital at Burtonwood.

As long as all patients to be moved from Germany were delivered to the Rhein-Main flight line from a concentration point at the 7100th Hospital, the 1454th Squadron experienced few difficulties, but, in the autumn of 1954, at the request of the Army, MATS agreed to pick up Army patients at Landstuhl Air Base rather than Rhein-Main. Since the Army's 2d General Hospital at Landstuhl was the principal source of Army patients, the arrangement seemed logical, but it was productive of much operating difficulty.

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