

142 AEROMEDICAL EVACUATION SQUADRON

MISSION

LINEAGE

142 Aeromedical Evacuation Flight activated, 22 Oct 1962
Redesignated 142 Aeromedical Evacuation Squadron

STATIONS

New Castle, DE

ASSIGNMENTS

COMMANDERS

Cpt James E. Schuyler, 1962
Cpt Carolyn R. Doolittle Mar 1972, acting commander
Maj Carolyn R. Doolittle, 1974
1LT William H. Hunt, 1984

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

EMBLEM SIGNIFICANCE

MOTTO

NICKNAME

OPERATIONS

On 22 Oct 1962 a new unit "142nd Aeromedical Evacuation Flight," was added to the Delaware Air National Guard.

Capt. James E. Schuyler became the unit's first Officer In Charge (no Commander slot was authorized), and Emedio A. Nardone became the first full-time Technician. The first building that they occupied is now the Audio-Visual Studio, Building 2810. The original manning document called for one Medical Service Corps Officer, 12 Flight Nurses, and 36 Medical Technicians, but this Unit Manning Document was delayed due to a shortage of members to fill these vacancies. Sandra L. Cooper, Emedio A. Nardone, Michael R. Shaw, and Frederick Noss were the four original members that transferred from the dispensary, while James E. Schuyler, Barry A. Norton, and Frederick F. Long, Jr. were later recruited from the civilian population.

The only guidelines the AEF had for training and regulations came from the 21st Air Force Staff Surgeon General's Office. The primary concerns at this time were training and equipment procurement.

The sequence of events for aeromedical evacuation medical training included: 10 weeks at Gunter AFB, Ala., then to Andrews AFB, MD. Aeromedical Staging Facility for eight weeks of air-evac training, then four weeks of live airevac missions out of McGuire AFB, NJ. Finally, crewmembers would return to the unit to begin ground and flight training for air-evac, which usually took 4 to 12 months. Because most recruiting at this time was by word of mouth, the unit did not grow at a very fast rate.

The C-97s that arrived here were old refuelers that had to be redesigned to transport live patients. Because of this need to redesign the airplanes, the members first loaded patients onto the C-97 with a special box lifted by a forklift. Soon afterwards, a ramp was installed to hasten onloading of patients.

Onloads at this point were always accomplished via cold engine starts. Another unique problem encountered by air-evac members was the C-97s were not equipped with stanchion poles or litter straps, both necessary items for patient transportation. The wartime mission during the 1960s was live aeromedical evacuation and the peacetime mission was training and supporting civilian projects.

Flight training periods were performed during 2-3 hour flights during weeknights, mixed in with the 142nd Tactical Airlift Squadron proficiency flights. Weekend trips included destinations like Puerto Rico, Miami, New Orleans, and Las Vegas.

During the late 1960s the 142 AEF was supplementing aircrews in transporting wounded

soldiers from Japan to the United States, while also supporting aeromedical evacuation flights from Europe. These missions brought about several newspaper and magazine articles.

With the arrival of the C-130As in 1971, the mission changed from strategic to tactical. This change didn't affect the medical care much, but getting requalified as aircrew members became a primary concern. Most everyone in the unit became non-current due to the training of the flight crew. Examiners from the 375th Aeromedical Airlift Wing, Scott AFB, Ill were sent to requalify the 142 AEF examiners, so they could: requalify their members shortly afterward.

Only one actual live aeromedical evacuation mission was ever requested of the unit. This involve guardsman that was injured in a motorcycle accident in California. He was in a coma and needed long-term nursing care; so the National Guard Bureau activated a crew from the 142 AEF to transport the patient back to Delaware.

Most people were amazed at the speed of the C-130A, but many members were also disappointed because of the increase in noise level. This prompted the 142 AEF to ask Avionics to create an intercom system which wasn't in existence for the medical crewmembers. Another advantage of the C-130A is the total patient load capacity; the C-97 could only hold 50 whereas the C-130A may transport up to 70 litter patients.

The 1970s also saw some changes in executive members Capt. Carolyn R. Doolittle took over as Commander. The unit nickname became the Amazon Group because the 142 AEF was managed by two women.

The unit strength had increased to 30 by this time, but nurses were never at 100 percent in manning. Cpt. Carolyn R. Doolittle arranged medical in-service training at the Wilmington Medical Center on Unit Training Assembly weekends because hands-on patient care was, and still is, a requirement for this unit.

Active duty training has involved hospital training at the VA Hospital in Wilmington, DE, Pease AFB, NH, and Wilford Hall USAF Medical Center at Lackland AFB, TX. Tactical training was, and is, performed at the National Guard Facility at Bethany Beach, DE. The tactical Field Training Exercise was originally performed at Pope AFB, NC until 1979; the unit then decided they needed more control over their own training and that it would be less costly to conduct their own exercise, now known as Sentry Medic.

During the early 1980s, the unit's manpower rose from 40 to 70. First Lieutenant William H. Hunt is now the Commander, because Maj. Carolyn R. Doolittle resigned in 1984.

With the arrival of the new C-130H in Sep 1985 and an increased Unit Manning Document of 120 members on 1 Oct 1985. With these changes, they could be tasked to fly domestic live air- evac missions if the need arises. They have already been asked to send a list of emergency crewmembers available for live airevac. As far as the future is concerned, the flight members hope they will become a Squadron in 1987.

In 1982, Hercules, Inc. hosted a simulated civilian disaster and the 142 AEF was asked to participate. The scenario was a simulated radioactive chemical explosion. This unit provided emergency air-evac from Hercules' disaster site to the Wilmington Medical Center.

DuPont Chambers Works in New Jersey had an actual disaster in 1978 and many medical guard members were phoned to assemble for emergency evacuation support. Fortunately, it wasn't necessary, but it did advertise the fact that the unit is ready and willing to respond in civilian emergency situations.

In 1981, the Delaware Technical and Community College, Stanton Campus hosted a mock disaster. The 142 AEF and 116th Combat Support Hospital erected tents to demonstrate battlefield operating rooms and recovery rooms. The unit explained casualties on the UH-1, and as always, they had a great working relationship with the 116 CSH (now the 116 MASH) from the Delaware Army National Guard.

In 1980, Salem County Hospital sponsored a mock air crash on the New Jersey side of the Delaware River. The unit was alerted, along with the local emergency organizations and the Delaware Army National Guard, to support this simulated disaster. The volunteers from the unit were divided into three groups: One on-site, one helicopter crew, and the third group stationed at Salem County Hospital to receive patients and assist the hospital staff. This disaster was filmed for use in planning future disaster exercises.

Samaritan Exercise: In 1978 and 1979, the 142 AEF participated in the Good Samaritan Tactical Field Exercise, hosted by the 1 AES at Pope AFB, NC. It was very similar to the Sentry Medic Exercise, with all participants operating under tactical conditions. Other participants included AEF members from West Virginia and Minnesota, many of which have been involved in other training events. This Samaritan exercise was filmed and is now a tape presentation for training purposes at many other Air-Evac units throughout the nation.

C-9 Training is hosted by the 375th Aeromedical Airlift Wing at Scott AFB, Ill. Unit members are sent to the 375 AAW to function as "shadow" medical crewmembers during live Air-Evac missions. This training deals with live patients being transported to hospitals throughout the United States. Members feel it is a good opportunity for them to become more proficient in hands-on nursing care aboard aircraft.

Reforger Exercise is an ongoing exercise with many different phases. This training encompasses many elements of the NATO Forces working together in a wartime situation. This is essentially an overall view of the different forces playing war games in tactical settings, thus enabling everyone to become more proficient with their wartime missions.

Since most of the Medical Technicians don't work in a hospital setting on a routine basis, they receive annual hospital experience. They gain proficiency by working with actual patients in many Air Force medical facilities. They have worked in many different areas of the hospitals,

including Intensive Care

Operating Room, Recovery Room, and several of the specialized wards. They have also worked in an Aeromedical Staging Facility (ASF), gaining expertise preparing patients for nationwide aeromedical evacuation. In the ASF, they are able to function in a peacetime situation, thus enabling them to view the role they play in the overall aeromedical evacuation system. This experience helps them prepare for the annual Sentry Medic exercise by providing live patient care.

Sentry Medic Field Training Exercise (FIX): Members feel this is the most valuable experience they have had the pleasure of hosting. It provides outstanding training in a tactical wartime scenario. The unit has sponsored six Sentry Medic exercises, involving many individuals from other units on base, as well as participants from many other Aeromedical Evacuation units throughout the United States. This exercise has grown from a small five-day deployment to a grandiose seven-day war. Members had the opportunity to learn more about each other in stressful as well as social Members feel this training makes their unit a family. It also provides excellent relations between the Air National Guard and the Army National Guard. A typical day would be similar to the following scenario: The tents are erected during the first day of the FTX by medical crewmembers of this unit. The following day, the "war" begins. Tents are prepared for receiving patients at approximately 7 a.m. A helicopter is heard in the distance and a medic grabs the marshalling paddles and vest to marshal the helicopter near the tents. The remaining members assigned to the Mobile Aeromedical Staging Facility (MASF) don goggles, ear protection, gloves and other gear while they wait for the chopper to land. Patients are then deplaned and antihijacking procedures performed. A nurse makes a quick assessment (performs triage) before the patients are placed in the tents. After the helicopter is offloaded, the members perform basic patient care and make sure the patients are as comfortable as possible. Shortly, the unit receives a message that a C-130 is enroute and to prepare the patients. When the C-130 is sited, a medic is assigned to act as marshaller. The crew then is responsible for configuring the aircraft. In the airplane, they are again responsible for performing patient care until the patients reach their final destination. They are also trained to handle any emergency situations that arise. In addition to this scenario, the 142 AEF members also participate in the Survival Continuation Training and Escape and Evasion techniques as well as Chemical Warfare Defense training. The unit is usually divided into groups and would rotate between the different phases of the simulated war. The unit is very proud of their Sentry Medic Exercises. The members feel it is a very realistic, concentrated exercise that trains them for a wartime mission. And that's why they are here to provide trained, enthusiastic nurses and medical technicians to care for patients when they need medical attention. According to Maj. Carolyn Doolittle, commander of the 142nd Aeromedical Evacuation Flight, "this is the fifth year the exercise has been held, and every year it grows bigger. This year the 142 AEF hosted the 109 AEF, Minnesota ANG, the 139 AEF, New York ANG and the 167 AEF, West Virginia ANG, as well as elements from the 1st Aeromedical Evacuation Squadron from Pope AFB, and the 375th Aeromedical Airlift Wing at Scott AFB.

In Aug 1990, nurses, medical technicians, medical service corps officers and radio operators

from the 142nd Aeromedical Evacuation Flight became involved in Operation Desert Shield very shortly after the invasion of Kuwait. This group provided the first aeromedical evacuation liaison team in the theater of operations. These individuals served in Saudi Arabia, Turkey or Germany depending on their specialties. Before activating full units of the Delaware Air Guard, over 150 members would participate on 30- or 60- day tours to the Middle East.

Chief Nurses

Rebecca Parsons (1962-1964)

Lorraine Niemczura (1964-1966)

Veronica Wingert (1966-1969)

Sandra L. Przybylski (Mulrooney) (1969-1974)

Janet Muzzi (1974-1979)

Elizabeth A. Samuel (1979-1985)

Sandra L. Mulrooney (1985-Present)

USAF Unit Histories

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Sources

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