

## 440 MEDICAL SQUADRON



### MISSION

### LINEAGE

440 Medical Group constituted, 10 May 1949  
Activated in the Reserve, 27 Jun 1949  
Ordered to Active Service, 1 May 1951  
Inactivated, 4 May 1951  
Activated in the Reserve, 15 Jun 1952  
Redesignated 440 Tactical Hospital, 18 May 1954  
Ordered to Active Service, 28 Oct 1962  
Relieved from Active Duty, 28 Nov 1962  
Discontinued, and inactivated, 11 Feb 1963  
Activated in the Reserve, 1 Jul 1976  
Redesignated 440 Medical Squadron, 1 Nov 1990

### STATIONS

Wold-Chamberlain Muni (later, Minneapolis-St. Paul) IAP, MN, 27 Jun 1949-4 May 1951  
Fort Snelling, MN, 15 Jun 1952  
Minneapolis-St. Paul IAP, MN, 8 Jan 1953  
Gen Mitchell Field, WI, 16 Nov 1957-11 Feb 1963  
General Billy Mitchell Field (later, General Mitchell IAP, Gen Mitchell IAP-ARS), WI, 1 Jul 1976  
Pope AFB (later, Pope Field, Fort Bragg), NC, 10 Jun 2007

### ASSIGNMENTS

440 Troop Carrier Wing, 27 Jun 1949-4 May 1951

440 Fighter-Bomber (later, 440 Troop Carrier) Wing, 15 Jun 1952  
440 Air Base Group, 28 Oct 1962-11 Feb 1963  
440 Tactical Airlift (later, 440 Airlift) Wing, 1 Jul 1976

### COMMANDERS

Col (Dr.) Richard Fischer  
Col Nasir Rana

### HONORS

**Service Streamers**

**Campaign Streamers**

**Armed Forces Expeditionary Streamers**

### Decorations

Air Force Outstanding Unit Awards  
1 Oct 1985-30 Sep 1987  
2 Oct 1992-2 Oct 1993

### EMBLEM



Azure, issuant from base a demi-sphere in perspective chequy Argent and Vert, in chief a cross couped Gules between a vol of the second garnished Or at the wing tip and detailed Sable, all within a diminished bordure Yellow. Attached above the disc a Blue scroll edged with a narrow Yellow border and inscribed "440th MEDICAL SQUADRON" in Yellow letters. Attached below the disc a Blue scroll edged with a narrow Yellow border and inscribed "CURA MUNDANA" in Yellow letters. **SIGNIFICANCE:** Blue and yellow are the Air Force colors. Blue alludes to the sky, the primary theater of Air Force operations. Yellow refers to the sun and the excellence

required of Air Force personnel. The red cross is a symbol of medical care. The wings signify the swiftness of the unit's medical response. The globe represents the scope of the unit's mission. (Approved, 15 Feb 2001)

The unit uses the Red Cross, the universal symbol for medical care and relief irrespective of nationality, ethnic origin, religion and military status. It also serves to represent a protection and shelter during times of violence. Golden wings refer to the rich heritage of the Air Force and aerial flight. They also mark the wings of mercy to shelter and protect. The globe of green and white checkers serves to illustrate the Air Forces' global reach, not constrained by geographical boundaries while providing medical services.

## **MOTTO**

CURA MUND ANA--Care for the World

## **OPERATIONS**

2010 6:15 a.m. as the Airmen muster around the designated rally point. "Listen up everyone we have a lot to do this morning and very little time to do it," said Lt. Col. Therese Kern, 440th Medical Squadron Chief Nurse and acting-mission commander for this training mission to Osan, Korea . Anyone that has spent time in the military knows this means hurry up and wait. For the next hour Airmen marked their bags, completed their orders, made last minute checks on their equipment and gear, and loaded the cargo trucks. After one more head count, they boarded the bus and headed to the passenger and cargo loading area. As the loading platform was weighed, so were Airmen and their carryon items to get the most accurate measure of weight for the KC-135.

Next was their security briefing. "You need to be smart. For many of you this is the first time you will visit another country, and you will want to take full advantage of this experience and the locals know this. They can pick out someone who is green in an instant," said Col. Rocky Lane (retired), director of security forces and anti-terrorism for Air Mobility Command, and husband of Lt. Col. Mary Abernethy who is a nurse with the 440th Medical Squadron. "You have to be very careful and make sure you look out for your wingman." Having also served as the Commander of security forces at Kunsan Air Base, Korea, for one year, Colonel Lane could not stress the importance of being diligent about situational awareness.

The aircraft first landed at Hickam Air Force Base, Hawaii and the aircraft commander informed Colonel Kern that the windshield on the aircraft had developed a crack, and the scheduled departure for the next day would be delayed. Three days later, Lt. Col. Kern informed the group they needed to report at 4:00a.m. for their much delayed and anticipated departure to Osan, Korea. Once in Korea Airmen in-processed through customs, and then traveled an hour to Suwon Air Base. Upon their arrival, personnel only had 15 minutes to get their baggage to their dorm room and form up outside. It was time to help complete the tent build up the 145<sup>th</sup> had started a few days prior. Expeditionary Medical Support System Training Consisting of interlocking Alaskan-style tents, an EMEDS facility provides emergency-medical support to troops during war-time operations, and medical relief for disaster-stricken areas. The system is designed to be deployable to field locations throughout the world. Once assembled the facility is divided up into various sections such as triage, an operating room, post-operating room, X-ray, dental and multiple ward

sections.

Throughout the deployment, groups worked through stations designed to familiarize members with different aspects of patient care. Seven stations in all, personnel were given demonstrations on how to use the portable X-ray technology, blood work equipment, nutrition, setting up and organizing the triage area, electrical and HVAC, and techniques to properly load litters onto and off of a field ambulance and buses specially designed to hold litter patients. The final stage of the deployment consisted of a mass casualty exercise that required personnel to utilize the EMEDS facility and apply the various techniques they had practiced.

"The main concept behind EMEDs is to provide interim-medical support to wounded personnel before transporting them to a higher-level care facility such as a Contingency Aeromedical Staging Facility," said Colonel Kern. The EMEDS facility is process driven, treating the most critical personnel to the least critical. As patients arrive at the facility, they are processed through the triage section where aeromedical evacuation technicians, also referred to as 4Ns, assess the patient's physical needs and work side-by-side with the triage doctor to determine the next level of care.

"Based on the severity of the patient's injuries, the doctor will determine which section of the EMEDS facility to send them to," said Colonel Kern. "At the same time the command post tracks the status of each patient, in order to expedite transportation to a CASF or local medical facility. The goal is to move patients through the EMEDS facility in less than 72 hours." Combat Life Saver Course As the EMEDS facility is the focal point for triaging and treating patients before being transported to a more formal medical facility, the first line of care is administered in the field by aeromedical evacuation technicians.

The job of 4Ns is to stabilize the wounded so they can be transported to the EMEDS facility. This is where the Combat Life Saver course comes into play. Similar to self aid and buddy care, this course goes one step further to emphasize real world field conditions in hostile territory. "Working directly with the Army we added hemorrhaging and the use of tourniquets to our trauma assessment of airway, breathing and circulation," said Senior Airman Carla Maurice, a 440th Aeromedical Evacuation Technician. "With the introduction of the Combat Application Tourniquet, we are taught to apply this tourniquet as the first line of defense when a person is hemorrhaging." Airman Maurice explained that the Combat Life Saver course emphasized a three-step approach when dealing with trauma assessment in hostile conditions.

"The first step is called care under fire. You have to first suppress enemy attacks in order to have time to stabilize the wounded. That is why the use of a tourniquet is taught," said Airman Maurice. "Second step is tactical field care: HABC – hemorrhaging, airway, breathing and circulation. This is your trauma assessment. The third step is learning tactical evacuation in order to get the wounded out of the area," Maurice added. Transporting the Patient Another crucial aspect of care for the wounded is communicating with command post to request adequate transportation, equipment and replenish supplies.

"We learned what is known as a nine line. This is a list of nine specific pieces of information you should have when communicating back to command," said Senior Airman Denean McMillan, a 440th Aeromedical Evacuation Technician. "We were taught to remember the first five by saying low flying pilots eat tacos: location, radio frequency, patient number, equipment for care of the patient and resupply needs, type of injury the patient is suffering from - urgency, surgical urgent, priority and convenient." Airman McMillan added.

“As the first line of care, the job of the 4N is the most important step in providing the best care to the wounded in the overall EMEDS process,” said Colonel Kern. “Getting the patient stabilized as quickly as possible helps minimize trauma, which minimizes the level of treatment required at the EMEDS facility and this can expedite the transport to a higher-level care facility,” she added. The overall EMEDS process consists of front-line care from field technicians who stabilize the wounded and arrange transport to the EMEDS facility. Once processed through triage, the triage doctor determines the level of care the patient requires in order to keep them stable and processed through the EMEDS facility, then transported to a medical hospital. In order to successfully process a patient through the EMEDS facility, a carefully orchestrated team effort between doctors, nurses, 4Ns and command post is essential.

“Having the chance to participate in a deployment helps me to understand how my career field fits into the 440th Medical Squadron’s mission,” said Airman McMillan. “The EMEDS process makes more sense and the deployment process is much clearer to me now. It takes everyone working together to save lives”

I once told Colonel Hart that it was such an honor and pleasure to be commander of the 440th Medical Squadron, that “I would do it for nothing.” His response was, “Hopefully, it won’t come to that. “ Yet since I made that statement, I have not changed my mind one bit. Working for the people of this wing has been the pinnacle of my career. Despite all the challenges and setbacks, I could not ask to be with a greater group of Airmen. We’ve been at Pope for three years and have seen incredible changes. With only a hand full of core members from the Milwaukee unit left, we continue to add exceptional people to our team every month.

Our list of accomplishments grows rapidly. We renovated a condemned dorm into a functional and mostly user-friendly facility, worked out sharing agreements with the 43rd Medical Squadron, Womack Army Medical Center and Fayetteville Veterans Hospital, and continue to support the Combat Airlifters of the 440th Airlift Wing. We were recognized in 2008 as the Reserve Officer Association’s Outstanding Medical Unit of the Year and the Air Force Reserve’s Outstanding Medical Squadron. In spite of the move, the facility needs, and the learning curve for working with the active-duty Air Force and Army, we have remained focused on our most importance task...the medical and dental readiness of the wing. We are dedicated to working the process so that every Airman assigned to the wing has the opportunity to know if they are physically ready to deploy at a moment’s notice.

Exams: We employ an exam team full of people dedicated to serving the wing to whatever extent is required. Most UTA: Saturdays consist of a 10 hour work shift with additional hours on Sunday. This is teamwork at its finest. It is our ultimate goal to reduce the wait time in the clinic and increase the medical readiness of our wing. Thank you for your patience during these growing pains. UHMs: The unit health monitor is the key to success for the exam process. All health information from the Medical Squadron flows through the UHM. They track exam due dates and advise Airmen when to complete the on-line health assessment. Without this assessment, scheduling an exam is hindered. UHMs also handle issues for non-participation members who are overdue for exams but are not active members of the unit. The importance of a UHM is vital to ensure medical readiness.

IMR: Here is where I get the chance to step up on the soapbox and preach my message. It is the individual unit member that keeps the train of readiness moving. Individual Medical

Readiness is part of the wing's report card. This readiness is based on the medical and dental exam compliance and results, immunizations and optometric needs. The process stalls if there is a disconnect between the Unit Health Monitor and the member, or if the member is deployed and not medically current. IMR is extremely important to ORI success. Make sure you are medically fit to deploy. If you are not sure, check with your unit health monitor. LOD: Line-of-Duty cases increased during recent months. Many are due to the increased operations pace and demands placed on the deployed members. This process is labor intensive. There are many steps to the process and most consist of gathering information and waiting for responses. I can assure you that your medical team acts in a timely manner, and in most instances the delay occurs at levels out of their control.

Fit-to-Fight: For most of you, I feel your pain. Just when we thought we had a handle on fitness, the requirements changed. We needed to step-up the pace and improve our overall fitness. But this fitness does not come without a price. No longer are members able to 'crash prep' a month in advance and pass the test, that is the purpose for the change. We are now required to maintain a level of fitness all year around. Intense training just before the test has led to a dramatic increase in injuries, many which could have the potential for disqualification for service. My advice to all is to make fitness a part of your normal routine. Mix-up your routine and work multiple muscle groups in various ways.

You will be surprised at how this will affect your ability to improve fitness and the overall feeling of health. Healthy Living: The medical Squadron is blessed with exceptional people with expertise in all aspects of health maintenance. Many have assignments in the private sector that are not reflected in their Reserve duties. Our medical staff is equipped to address just about any question you may have. All discussions are kept confidential, and our aim is to make you a better service member. Stop by to confer with our staff on anything from diet to exercise, to dental or medical related. We love what we do and are more than happy to provide guidance.

Journeying as much as 10,000 feet above sea level, a group of 31 Air Force Reserve Command medics, including a flight surgeon from the 95th Airlift Squadron here at General Mitchell Air Reserve Station, treated more than 8,000 patients as part of New Horizons 07, April 14 to 28 in the mountainous region of San Marcos, Guatemala. Maj. (Dr.) Stephen Chester called the tour a once-in-a-lifetime experience to use his skills to help people who normally don't receive regular medical care. "It's the truest form of medicine," Major Chester said. "You don't worry about malpractice, you don't worry about patient complaints because everyone there was so grateful to have medical care. It's the most rewarding type of practice you can have."

New Horizons is a joint chiefs of staff-approved, U.S. Southern Command-sponsored joint engineer and medical humanitarian and civic assistance exercise conducted annually in Central and South America. The purpose of the exercise is to improve joint training readiness of engineer and medical units while improving the infrastructure of the visited country. This year's exercise in Guatemala focused on constructing clinics and water wells, as well as conducting medical readiness training exercises, called MEDRETE. The exercise often involves reservists and National Guardsmen from the Army, Navy and Air Force.

The MEDRETE team visited three different locations during the two-week deployment. The team worked out of local schools in the towns of Mavil, San Pedro and San Antonio Serchil. "We purchased \$50,000 in medications for this mission and have exhausted our supplies due to

the volume of patients that have come to receive free medical care,” said Maj. Melissa Triche, a medical planner for Air Force Reserve Command International Health Specialist program who coordinated this mission. “This mission is a win-win for everyone. Not only is the local population receiving much-needed medical care, but our physicians are fine-tuning their clinical skills in an austere environment. For the medical team members, the mission was not only a great training opportunity, but also a chance to immerse themselves in a foreign culture. One of the big challenges was communicating with the patients, who mostly spoke Spanish.

“We had a great group of high school girls who were in a bilingual program to serve as our interpreters,” Major Chester said. “We practiced our Spanish on them and they practiced their English on us. Having them was very helpful in communicating with patients. The 11 general medicine physicians encountered more than 5,800 patients on the two-week tour, treating parasites, gastritis, muscular skeletal pain, diarrhea, upper respiratory infections and a broad range of other medical problems.

The four-person dental team saw an average of 67 patients each day and extracted more than 1,100 teeth, while a three-person optometry team screened more than 1,600 patients and fitted about 750 of them with prescription eyeglasses. The team was also assisted by Army National Guard military police, the Army Signal Corps and the Guatemalan military. “Together with the Guatemalan medical team, we had over 8,000 patient encounters,” Major Triche said. “Not only did we cultivate relationships with our Guatemalan medical counterparts, we are supporting the U.S. national strategy.

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USAF Unit Histories  
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#### Sources

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