

446 AEROMEDICAL EVACUATION SQUADRON



MISSION

The squadron's wartime mission is to deploy 40 aeromedical evacuation crews, trained and equipped to provide in-flight medical care aboard mission directed aircraft used to airlift patients. At the same time, deploy aeromedical evacuation operational personnel to provide operational and mission management support at aerial ports supporting aeromedical evacuation operations.

The overall mission of the nearly 250 flight nurses and aeromedical technicians in the 446th Aeromedical Evacuation Squadron is to be the leader in aeromedical evacuation; committed to providing quality care in war and peacetime, while balancing the demands of their families, employers and country.

LINEAGE

446 Aeromedical Evacuation Squadron constituted, 9 Sep 1994

Activated in the Reserve, 1 Oct 1994

STATIONS

McChord AFB, WA, 1 Oct 1994

ASSIGNMENTS

446 Operations Group, 1 Oct 1994

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Award

1 May 1998-30 Apr 1999

EMBLEM

Vert, a compass rose enhanced Argent shaded Azure surmounted in base by a cross Gules fimbriated Or winged Silver Gray detailed Sable; all within a double bordure diminished Yellow within Silver Gray. Attached below the disc a Green scroll edged with a narrow Silver Gray border. **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 the universal symbol for medical care for victims of war, pestilence and natural disasters. It is superimposed on spread silver wings, representing the enduring power and speed of an eagle, flight aspects of the unit's Air Force mission. The compass rose, an ancient navigation aide, dominates the emblem and points to all corners of the earth, symbolizing the global mission and unit capabilities. Elements are mounted on a green disk representing the earth and the flexibility required to meet ever changing medical circumstances. (Approved, 25 Apr 1996)

MOTTO

OPERATIONS

446th Aeromedical Evacuation Squadron Air Mobility Command officials report, as of July 8, 2005, the aeromedical evacuation system has flown more than 27,681 patients out of U.S. Central Command contingency areas into Europe since the start of Operation Iraqi Freedom. The effort requires everything from treating patients in forward-deployed locations to airlifting and caring for them en route as they move to higher level medical facilities. However, Reservists with 446th AES make it look easy.

The squadron's wartime mission is to deploy aeromedical evacuation crews, trained and equipped to provide in-flight medical care aboard transport aircraft configured to airlift patients. It also deploys people to provide operational and mission management support at aerial ports or hubs supporting aeromedical evacuation operations. During peacetime, the aeromedical specialist provide movement of ill or injured Department of Defense people and their family members, a direct by-product of the necessary training required to maintain equipment readiness and medical crew proficiency.

The 125-person squadron here includes flight nurses, medical technicians, medical service corps officers, administration technicians, logisticians and radio operators. "There are two nurses and three technicians assigned to each flight crew," said Lt. Col. Jan Moore-Harbert, the 446th AES commander. "We also have personnel who work all the ground details as well," said Colonel Moore-Harbert. "They coordinate with the medical staging facilities at every location to ensure patients are medically and administratively prepared for the flight and keep in contact with military airlift centers to track the missions and the crews." If there is a critically-injured patient, critical care air transport teams join the mix.

The CCAT team, assigned to the 446th Aeromedical Transportation Staging Squadron here, has three members – a doctor, an intensive care nurse and a respiratory technician. Both teams work together to ensure the patient has the best in-flight care while being transported to another hospital. Missions can up to 100 patients on board. Capt. Barry Van Sickle, 446th Aeromedical Evacuation Squadron, secures stanchions on a C-17. Stanchions are used to support patient litters on aeromedical flights.

"All equipment is tested before it is used in the field," said Colonel Moore-Harbert. "We have to make sure it is compatible with high altitudes, sudden pressure changes, and anything else that could potentially happen in the aircraft." With training completed, equipment tested and aircraft ready, the 446 AES Reservists wait to be called into action. For Maj. Nate Lathrop, a 446th AES flight nurse, the call informs him his crew will be going to Iraq and the expected load is four litters and nine ambulatory patients. But by the time they get there, it could be more. After landing in Iraq, a nurse comes on board and tells the crew there will be 22 litter patients and two are in critical condition.

Two patients received gunshot injuries and were on ventilators, and another patient was suffering from a hip fracture. Other patients had been injured by improvised explosive devices, causing multiple lacerations and injuries. "It seems like most of the patients are 18 to 21 years old and too young to lose a foot, arm or lifestyle," said Major Lathrop. "But they are very thankful and respectful. I even had patients offering to give up their litters to others if needed." When the crew finally lands in Germany, they have already been working for 23 hours. However, it would still take a few hours to off-load patients and put away the medical equipment.

After transferring the patients to the Germany hospital, the crew's day is over. Major Lathrop and the other crew members go back to their hotel and wait to be called again. "When I care for these young troops, I realize how good I really have it," said Major Lathrop. "Even when our hours are long, there are no complaints from the crew. If we are needed to fly, we will fly."

While most squadrons in the wing have seen an increased deployment rate due in the last three years, the folks at the 446th Aeromedical Evacuation Squadron have been particularly hard hit. According to Lt. Col. Jan Moore-Harbert, 446th AES commander, nearly 85 percent of her squadron is currently activated. The primary cause: an enormous mission with little help available from the active-duty Air Force.

Ninety percent of all AE Airmen are in the Reserve or Guard. Although it is a tough mission, Colonel Moore-Harbert feels it's extremely important. "I'm so impressed with the dedication of the troops. They're looking at you through busted-up eyes and saying, 'I just want to get

fixed up and get back to my job,' " she said. It's not uncommon for AE members here to face back-to-back rotations, Colonel Moore-Harbert said.

One extreme case is that of Maj. Tom Hansen – he is going on his fourth consecutive rotation this month. "I quit counting the number of casualties I flew out after I hit 1,100 last summer," Major Hansen said. During his last three rotations, which were staged out of Ramstein AB, Germany, Major Hansen served as a flight nurse, taking care of soldiers wounded in Iraq. "You were loading 75 casualties – that was an average day," he said. "On the ground it's 140 degrees. I don't miss those days." To make matters worse, not all of the overflight agreements with foreign countries were in place. This meant an additional six to eight hours of flight time, making a typical mission last well over 20 hours. This has recently been remedied, with overflight agreements were reached with several countries, he said.

Airmen of the 304th Expeditionary Airlift Squadron flew a C-17 Globemaster III on a medical evacuation mission to bring a patient requiring immediate medical attention out of Antarctica on 28 August 2007. Twenty-four hours after completing their winter fly-in season for Operation Deep Freeze, 304th EAS Airmen from McChord Air Force Base, Wash., were asked to stay in place for an additional 24 hours for a possible medical evacuation mission. The next day the crews and a medical team assigned to the 446th Aeromedical Evacuation Squadron from McChord AFB, on a routine training mission to Christchurch, were assembled and waited for word that the medical evacuation was approved and prepared to return to Pegasus White Ice Runway in Antarctica.

Like all missions, a medical evacuation requires some time to coordinate. Once the mission was given the go-ahead, there were still requirements that had to be met. Paperwork, phone calls, e-mails, mission planning and weather support all had to be in line before the mission could be launched. "It takes several hours to get in touch with everyone," said Maj. Bill Eberhardt, the 304th EAS director of operations. "We were at the end of (the winter fly-in season), so they already started to disassemble the runway at Pegasus. They had to stop and get everyone back in place.

All the forecasters, air traffic controllers and everyone had to be back in place just for this flight." The medical team had to transform the McChord AFB C-17 from a cargo transport to a patient transport as the team set up, prepared and checked their equipment for the patient pick up in Antarctica. "We can do pretty much whatever is required of us," said Maj. Judy Krill, a 446th AES critical care nurse. "We have two nurses and three medical technicians who are trained to provide basic care all the way up through advanced life support care."

The patient was not in a life-threatening situation, but still required surgery within 48 hours, said Maj. Barry Vansickle, a 466th AES critical care nurse. The Antarctic station members had done all they could for the patient, and as the ramp was lowered on the aircraft the ambulatory patient walked onto the C-17. "He needed surgery and he couldn't get it down there," Major Vansickle said. "The sooner we could get him into surgery, the faster he could recover, so it's better not to waste time." As the patient laid on the litter in the C-17, the medical team kept busy ensuring the patient was comfortable and taken care of at all times.

“We have to give the best care we can to the patient on the plane so when we get to New Zealand, he can get the more definitive medical treatment he needs,” said Master Sgt. Howard Halter, a 446th AES medical technician. Although medical evacuations from Antarctica are not uncommon, to have an entire Air Force crew is. During the season, the National Science Foundation hires a medical nurse to handle evacuations on the C-17. Since the main season had yet begun there were few options and the Air Force took the lead. “I like medevac missions because that means we are helping people,” said Lt. Col. Jim McGann, the 304th Expeditionary Airlift Squadron commander. 2007

When the Army asked the Air Force for help with its medevac operation, called an in lieu- of mission, the Air Force agreed to assist and tasked Master Sgt. Scott Currin to form Maj. Barry Vansickle talks to a patient on board a C-17 Globemaster III medical evacuation flight Aug. 28 from Antarctica. Major Vansickle is assigned to the 446th Aeromedical Evacuation Squadron from McChord Air Force Base, Wash. The medical evacuation mission was flown for a patient who required more definitive medical treatment than can be handled in Antarctica.

USAF Unit Histories
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Sources

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