

903 AEROMEDICAL EVACUATION FLIGHT

MISSION

LINEAGE

903 Aeromedical Evacuation Flight

STATIONS

Phu Cat, South Vietnam

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

EMBLEM SIGNIFICANCE

MOTTO

NICKNAME

OPERATIONS

A new 903d Aeromedical Evacuation Squadron was organized at Tan Son Nhut on July 8, 1966, under the 9th Aeromedical Evacuation Group in Japan. The squadron manned the AECC with instructions "to work closely with the 7th Air Force ALCC to provide an integrated, immediately responsive in-country aeromedical evacuation system." The 903d included detachments at Cam Ranh, Nha Trang, Qui Nhon, and Da Nang, and soon added detachments at Pleiku and Vung Tau. Each detachment included two male flight nurses and up to ten aeromedical evacuation technicians. Female flight nurses, previously used only on overwater missions, were assigned in

Vietnam beginning in late 1967. Besides providing medical flight crews, the aeromedical detachments operated control elements that coordinated patient and aircraft movements with the local hospitals, airlift control elements, and the aeromedical evacuation control center. The Air Force after mid-1966 also operated casualty staging flights at five major airfields. Each functioned as part of the local Air Force medical facility, caring for patients near the flight line while awaiting airlift out of Vietnam. Most had beds for one hundred or more patients; few patients stayed longer than twenty-four hours.

The number of flight nurses, medical technicians, and administrators assigned to the PACAF aeromedical system reached three hundred by mid-1967. The five-fold expansion over three years, coupled with the twelvemonth duty cycle in Vietnam, was responsible for low experience levels. Fewer than half of the flight nurses arriving in Vietnam had previous training in flight medicine. Training was on a person-to-person basis within the squadrons and detachments. Newcomers flew missions with experienced individuals until they acquired the necessary knowledge and self-confidence. Many medical technicians, whose duties included the loading of patients and who assisted the flight nurses in flight, also arrived untrained. Supply shortages too were occasionally a problem, although rarely a critical one.⁴² The 903d Aeromedical Evacuation Flight was transferred to Phu Cat from Pope Air Force Base in February 1967 and assigned to the 903d Squadron. The 903d Flight was a self-contained unit of mobile teams to provide patient care at forward airstrips. The unit's personnel had diverse flight and ground medical skills and sufficient equipment for four twenty-five-bed forward facilities. Teams were sent to Khe Sanh in April 1967, to Dong Ha in May 1967, and again to Khe Sanh in early 1968

During the battle at Dak To during the fall of 1967, a mobile close support force from the 903d Flight received patients brought to the fixed-wing airstrip by Army helicopters. The group worked with Army personnel to schedule patient transfers out and coordinated numerous C 130 evacuations. Although the joint service concept advanced no further after 1968, the existence of the mobile forces indicated the Air Force's willingness to undertake greater aeromedical roles in the blurred area left by existing agreements with the army.⁴³ Monthly M6 reports from the 9th Aeromedical Evacuation Squadron and the 9th Aeromedical Evacuation Group show the following patients evacuated by PACAF aircraft:

The 903d Squadron treated and moved over ten thousand patients during the thirty days after Tet 1968 and earned the Air Force Presidential Unit Citation. Patient flow gradually returned to normal, and by June 1969 the Air Force aeromedical effort reached its maturity. Of the 9,000 patients hauled within Vietnam in that month, 5,900 were moved by C-130, 1,100 by C-123, 300 by Caribou, and 1,700 by C-118. Hostile action injuries made up thirty-seven percent of the cases. Two-thirds of the missions were scheduled, a higher ratio than formerly. One principal C-130 schedule linked Cam Ranh Bay and Tan Son Nhut with Vung Tau, Binh Thuy, and Bien Hoa; another reached north from Da Nang to Quang Tri, Dong Ha, and Hue. C-123 and C 7 schedules generally reached the smaller fields. Operations were reduced as American casualties declined after 1969. 903d personnel were consolidated at Cam Ranh Bay in mid-1970, and two years later the squadron was phased out. Remaining aeromedical activities were directed by the 9th Group, now at Clark.

Future theater aeromedical operations were spelled out in a revised AFM 3-4, September 22, 1971. The document plainly reflected the system in Vietnam and envisioned the aeromedical evacuation control center as the central element in a system extending to casualty staging operations at

forward airfields. The manual asserted that scheduled aeromedical missions should begin as early as possible. Specialized aircraft like the C-9 and the standard tactical airlift planes would both retain aeromedical roles. Division of responsibility between the strategic airlift force and the Army was not resolved.

WRIGHT-PATTERSON AIR FORCE BASE, Ohio (AFNS) -- Original members of the 903rd Aeromedical Evacuation Flight will gather at Wright-Patterson Air Force Base, Ohio, in May, 2017, to celebrate its 50th anniversary. Established in February, 1967, the 903rd AEF was the first Air Force tactical aeromedical unit used in a combat area.

Initially operating out of the 21st Aeromedical Evacuation Squadron at Pope AFB, North Carolina, and the 22nd AES at Seward AFB, Tennessee, personnel and equipment from the two squadrons were combined to deploy to Phu Cat Air Base, Republic of Vietnam, in March, 1967.

The 903rd AEF's role was to assist the Army and Marines by administering medical care and evacuating casualties to in-country surgical hospitals and naval hospital ships. C-130 Hercules, C-7A Caribou, C-123 Providers and various helicopters were utilized for the evacuations. This first-of-its kind unit was comprised of a 12-person emergency medical care team that included a medical service corps officer, an NCO in charge, eight aeromedical evacuation technicians, a radio operator and an administrative specialist.

"A battle casualty would be airlifted from the point of injury by helicopter and brought to a forward combat medical facility for emergency treatment of battle injuries. The more serious injured patients would be stabilized and brought to us for evacuation by fixed wing aircraft," said retired Chief Master Sgt. Charles Fox, an original team member and reunion organizer.

Fox served on the team as an aeromedical evacuation technician and is also the father of Col. Shari Silverman, the 88th Medical Group commander.

"It is important to note that this schedule of operations could change anytime based on the numbers and conditions of patients," Fox said. "At Khe Sanh, during the 1968 Tet Offensive, some casualties were brought directly from the field to our casualty staging facilities for evacuation."

Staged at various combat bases with airstrips located in Vietnam where heavy casualties were anticipated, these teams mobilized and operated out of self-contained medical care units called casualty staging facilities.

The unit provided care for combat casualties awaiting airlift and in-flight care during the evacuation flight. However, the technicians were limited to the type of care they could provide.

“Sadly, very minimum equipment (an Ambu bag for resuscitation, Ambu foot suction) and assorted medical bandages and supplies were provided,” Fox said.

Since the casualty staging facility’s inception, medical advances have vastly improved, allowing staging facilities to provide much more medical care to the injured. Today, casualty staging facilities are now called en route patient staging system.

In today’s aeromedical staging facilities like the one located here at the 445th Airlift Wing, the same medical care and procedures that are available in emergency rooms can be provided to the injured. Specialized equipment, surgical and intensive care units are all now included in the ERPSS.

During the conflict, the 903rd AEF was responsible for assisting with initial care and providing in-flight medical care to thousands of wounded service members. The unit was awarded the Air Force Presidential Citation, the Marine Corps Presidential Citation, and the Air Force Outstanding Unit Citation for their efforts in supporting the mission.

Fox, along with retired Lt. Col. Jim Fincher, retired Maj. Jay McCausland, retired Senior Master Sgt. Ken Harris, retired Tech. Sgt. Vic Salyer, and Airmen Virgil Downing, Larry DuPree, Dan Hendrix, and Rob Pearce, are some of the original team members who will be attending the reunion.

As part of the schedule of events during the reunion, on May 20, 2017, the alumni will visit the U.S. Air Force Medical School of Aerospace Medicine where they will be shown the advancements in aeromedical evacuation.

Senior Master Sgt. Lisa Harelson, the 375th Operations Group, Detachment 4, Aeromedical Evacuation Formal Training Unit superintendent, said she is honored to have the opportunity to meet her aeromedical evacuation brothers and sisters from the Vietnam era.

“Not all nurses and medics experience caring for combat wounded straight from the battlefield; this is a bond we share,” Harelson said. “The medical professionals in aeromedical evacuation are continuously striving to provide better, faster care for our wounded and this would not be possible without the consultation provided by the 903rd Aeromedical Evacuation Flight. We would not be where we are today without them.”

Air Force Lineage and Honors

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Sources

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