

379th EXPEDITIONARY AEROMEDICAL EVACUATION SQUADRON



MISSION

LINEAGE

379th Expeditionary Aeromedical Evacuation Squadron

STATIONS

Al Udeid Air Base, Qatar

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

MOTTO

NICKNAME

OPERATIONS

4/15/2011 Many doctors and nurses are referred to as "angels of mercy." For the aeromedical evacuation Airmen here who serve aboard a C-130 Hercules "flying hospital," they really do have

wings. On any given day, Airmen from the 379th Expeditionary Aeromedical Evacuation Squadron provide support and medical care for patient movement. They also serve as a vital link in the total force aeromedical evacuation system in the current area of responsibility here. Flight nurses and aeromedical technicians are among the AE crewmembers here who ensure safe and efficient care of the ill or injured service members and civilians throughout the area of operations in Southwest Asia. The team, consisting of two flight nurses and three AE technicians, is always on alert for patients who need to be picked up and moved.

"AE bridges the gap between the care in the field and the care provided once the patient gets to a hospital," said Tech. Sgt. Rachel Anderson, a 379th EAES aeromedical evacuation technician. Upon alert, the crew will report to the squadron building, attend pre-mission briefings and secure their weapons. A briefing with the aircraft crew on the expectations and needs of the patients is accomplished on board, and then the AE crew prepares the equipment and supplies for the patients they will receive. "After we are alerted, we get all our pre-mission duties done, we get the equipment and then configure it on the aircraft preparing it for the patients," said Maj. Brent Marquette, a 379th EAES flight nurse and the medical crew director. "When we're ready to receive our patients, it means we have all our emergency equipment ready and everything is good to go." The aircraft has been reconfigured into a flying hospital complete with cardiac monitors, defibrillators, intubation devices, litters and supplies such as gauze and IV bags. The AE crew will load patients onboard the aircraft in a strategic order.

"When we load patients onto the C-130, we take several factors into consideration such as the location of their injuries and what kinds of treatments they may need during flight," Sergeant Anderson said. A typical mission for the aircrew is to travel to a place in theater and transport patients to a higher echelon of care. The AE crew must thoroughly assess the patient's needs during handoff, to ensure that they are properly prepared for the flight. "When a patient is handed off into my care, I check the vitals, the medications they're on, the tubes that I have to manage, and see if there are any other issues," said Capt. Kelly Allen, a 379th EAES flight nurse. "If there are psych patients, I will ensure they are all set for the flight. All of this is prior to take off."

The reason the AE crew is so critical to continuing patient care is that there can be certain complications in flight that do not arise while the patient is on the ground. "There are a lot of stressors which impact patients in flight that do not occur on the ground," Major Marquette said. "When you get them up to altitude, there's less oxygen, the barometric pressure changes, and there are many other negative things that influence a patient's care. So, you must be aware of those stressors and risks to properly care for our patients." The crew will look for certain "tells" to see if patients are experiencing any complications. "Color is a significant indicator that something is wrong," the captain said. "Things like respiratory rate, vitals and their disposition all give clues to how the patient really is."

The AE team's main focus is to ease the suffering and pain of their patients. "One thing you have to consider is that these men are used to pain," Captain Allen said. "So, we have to tell them it's okay to say they're in pain and let us treat them for it so their bodies can heal. Sometimes that

means taking medication to take the pain away. "The patients who receive the caring touch of the flight nurses and AE technicians are grateful for the efforts that are made for them.

"Without their help, people (who) need to get (transported) out would be stranded without care," said Marine Corps Sgt. Stefawn Payne, a 13th Marine Expeditionary Wing radio operator. "I would have had to wait to get into port somewhere closer, or worse case, I would have had to stay on the ship the entire deployment with a broken elbow." Whether the missions require simple transport of stable, ambulatory patients or more extraordinary efforts to ensure the patient arrives to a higher echelon of care alive, the crewmembers wouldn't be able to do their job without a total team effort. "Working well as a team is vital to the success of our mission," Sergeant Anderson said. "When we show up to the aircraft, each crewmember has a specific role to play and we rely and trust in each other to get the job done."

Flexibility is a key factor in being able to handle the stress of the job. Being able to adjust to meet unforeseen circumstances with ease is essential for the crew. "On any given day, we can have several things not go according to plan, but staying flexible and motivated is the key," Sergeant Anderson said. "We stay focused in knowing the most important thing is ensuring our patients are transported safely."

The AE teams in theater are an integral part of ensuring battlefield prowess. By guaranteeing the care of service members who are supporting the war on the frontlines, the AE teams are keeping a promise to get those in battle the care they need. "So if we are in a certain location and project our might as the (U.S.) military, you had better be able to keep that promise to the Soldier that we're going to get you out and take care of you if something happens," the major said. "We're keeping that promise to the guy who's busting the door down to get the bad guy or whatever he, or she, is doing. They need to be confident that we will take care of them."

The real achievement of the flying hospital medical staff is that their patients arrive safe, alive and live to fight another day. "The goal is to get them back to the fight; but if that can't happen in a certain time frame, then they will be sent back to the (U.S.) and are taken out of the fight to properly recover," Major Marquette said. "(It's about) getting that patient the right care, in the right amount of time."

For Staff Sgt. Donald Ennis, a medical technician assigned to the 379th Expeditionary Aeromedical Evacuation Squadron, the day started routinely enough. He walked outside his room to video chat with his wife and two daughters on his computer. During the conversation, he glanced up from the screen and noticed his evacuation team leader, Maj. Debra Sims, a 379th EAES flight nurse, urgently walking toward him. "We've got a priority mission," said Sims. Ennis quickly ended the video chat and ran to his room to prepare. As an air evacuation medical technician, Ennis had become accustomed to these alert calls; however, this alert was different. This time, Ennis would be participating in a secret mission calling for the medical evacuation of two hostages who had been rescued hours earlier from pirates in Somalia. For this particular evacuation, details were scant due to the sensitivity of the mission. "Sometimes we don't get all

the details right away," said Sims. "Situations change all of the time. A good team of medical technicians can adapt to those changes and provide the best care to patients in any possible situation." There was one more obstacle in accomplishing the mission: manning. Due to the high volume of missions by the squadron, the medical team, which would normally consist of five members, was cut down to three. "Our job is to be prepared to give the best care to patients in any situation; so we did just that," Sims said. The key to overcoming obstacles is simple -- training, she said. "We train for situations like this constantly," Sims said. "There is nothing more important than getting the individuals who have sustained injuries out of harm's way. I'm fortunate enough to work with a great group of people who are hard workers and dedicated to providing the best care to patients that we possibly can." Ennis added that another important component is teamwork. "From the moment we receive a mission there is only one thing on the mind of all the members of the squadron; and that's the patient," said Ennis. "There are such professionals here that working together is like second nature." Following the evacuation, Ennis was able to get back on his computer to video chat with his wife and daughters. They were excited to ask him if he had heard about the group of hostages that had been rescued from pirates and evacuated out of harm's way. "Oh really?" he said, fighting back a smile. "I must have missed that." *FTI continues to transform food delivery for Airmen. 2012

The 379th Expeditionary Aeromedical Evacuation Squadron has not only made it possible for a speedier recovery by picking up injured and sick servicemembers, but are providing the care and comfort needed to put their patients at ease. Each time a crew from the 379th EAES flies on a mission to care for patients, they are humbled by those injured in theater. "It's a privilege to honor and care for those men and women fighting this war and having the opportunity to tell them thank you," said Capt. Reah Downs, a 379th AES flight nurse deployed to Southwest Asia from Pope Air Force Base, N.C., and a native of Bethany, Conn. "This is the best job the Air Force has to offer." As a flight nurse, Captain Downs is responsible for supervising the medical technicians and making sure that the patients receive the care they need. A team consisting of two flight nurses and three medical technicians, from the 379th EAES, was on alert at their dormitories' while undergoing crew rest needed for an intratheater mission in Iraq.

Upon alert, the crew secured their weapons, attended an intelligence briefing and then loaded more than 760 pounds of equipment; to include, cardiac monitors, defibrillators, intubation devices, litters and more supplies needed to do the job. A Critical Care Air Transport Team accompanied the crew to help transport the more critical patients. Fortunately, during this mission only one battlefield patient needed CCATT level of care. The 379th EAES flies on intra-theater missions three days a week and lands at various Contingency Aeromedical Staging Facilities within the AOR. The CASFs are facilities located on the tarmac that hold the injured patients waiting to be evacuated. These missions are flown throughout the AOR to pick up those who can receive care within the AOR versus being transported back to the states.

The crew began their mission at the 379th Air Expeditionary Wing and the crew flew to Al Asad Air Base, Iraq where they transferred servicemembers from flightline ambulance on to the aircraft. "My job is to make sure we bring our troops back home safely," said Senior Airman Mickisha Gordon, 379th EAES medical technician who is deployed from Pope AFB. Airman Gordon, a native of West Palm Beach, Fla., is responsible for assisting the flight nurses with

patient care. After picking the patients up at Al Asad, they went to Balad Air Base, Iraq and dropped the patients off to receive care at their medical facility, while more patients were picked up to be sent to another base in Southwest Asia for further care. "We provide the best quality medical care to wounded servicemembers while being transported from the AOR to a facility that provides more definitive treatment," said Staff Sgt. Christine Hill, 379th EAES medical technician deployed from Kadena Air Base, Japan and a native of Raleigh, N.C. Patients are typically delivered to Balad or Southwest Asia for care.

The wounded warriors expressed their appreciation for the 379th EAES coming to pick them up and providing the care they need. "Air Force medics have taken such great care of me," said Army Staff Sgt. Joshua Pickering, 2nd Battalion, 7th infantry regiment, who was being medically evacuated from Al Asad to a base in Southwest Asia. "They've made me feel comfortable throughout the process of my recovery." The sergeant who is deployed from Fort Stewart, Ga., and a native of Miami Fla., said he is grateful for the Air Force aeromedical crew for assisting in his recovery so he can go back to Iraq with his fellow Soldiers. "I can't wait to get back with my guys," he said. "I appreciate all of the time, attention and care these Airmen have given me," said Sergeant Pickering. The squadrons is on a four-month cycle here and are considered "enablers", which means they deploy for four months, go back to home station for four months and then return to the AOR for four months on a rotational basis. Since May, the 379th EAS has moved more than 65 litter, 210 ambulatory, for a total of 266 patients and flown on more Capt. Rhea Downs cares for a wounded servicemember June 13 at Balad Air Base, Iraq. Captain Downs is deployed from Pope AFB, N.C., and is assigned to the 379th Expeditionary Aeromedical Evacuation Squadron.

AL UDEID AIR BASE, Qatar The morning starts early with an alert about four hours before takeoff. Members of the 379th Expeditionary Aeromedical Evacuation Squadron begin several mandatory tasks before boarding the aircraft. Nurses go over mission details, as medical technicians pack more than a thousand pounds of equipment on a flatbed that is ready to load onto the plane. They must take all their usual gear including bandages, intravenous fluid, regulators, defibrillators, suction units and various other pieces of medical equipment. They take these supplies partially as a precaution, as they don't know what they may need to keep patients stable in the air above the Middle East.

These teams, the aircrew and aircraft are flying ambulances for the U.S. Central Command area of responsibility. The 379th EAES deployed to Al Udeid Air Base, Qatar, is one of the only two aeromedical evacuation squadrons in the AOR available to pull wounded warriors off of the battlefield and make sure they get the care they need. According to Lt. Col. Julia Moretti, 379th EAES commander, their job is to transport wounded warriors to a higher echelon of care. "We take them from the battlefield all the way home," Moretti said. If military personnel get injured or sick in the battlefield, the wounded initially receive first aid buddy care. If life-saving surgery is needed, the patients are flown to the nearest hospital abroad.

That is where 379th EAES comes in. They bring the injured service member back to Al Udeid AB. If they require more intensive care, they will then be transported to Landstuhl Regional Medical Center, Germany, and if they can't be fully treated overseas, they will return to the U.S. "The goal is to keep them at the lowest level of care, rehab them and then get them back into the

fight quickly as possible,” said Senior Master Sgt. Matthew Ausfeld, 379th EAES first sergeant. In addition to the AE teams, the squadron also has Critical Care Air Transport Teams, which are specialized medical teams comprised of one doctor, an intensive care nurse, and a respiratory therapist. If AE teams are the flying ambulance, CCATT is the ICU.

If patients can be treated and return to work while deployed, they will stay in the AOR. However, if they have a more severe condition and can't physically manage doing office work as they recover, they will return home. As the war has progressed, the severity, type and amount of injuries have decreased significantly. In the early 2000s, the teams would care for 20-30 patients that would require transporting on a litter. “Now that is the exception, and we're glad to see we aren't having that many now,” Moretti said. Aeromedical evacuation teams are made up of two nurses and three medical technicians. All members of AE are considered flight crew and, on top of all the medical expertise they must know and practice, they also need to know all about the aircraft they are flying on. They have to know how to put together seats, install stanchions to hold patient litters and how the electricity works for their machines aboard the aircraft, among many other details.

AE teams are also required to have the knowledge to perform their duties on a wide variety of aircraft, such as the KC-135 Stratotanker, C-130 Hercules, C-17 Globemaster III, C-5 Galaxy, and C-21. The AE teams here exemplify total force integration in that active duty, Reserve, and Air National Guard members combine to create the medical teams. In fact, only a small percentage of the teams are made up of active duty Airmen. “The Guard and Reserve components are a key part in the Aeromedical Evacuation world,” Moretti said. “Around 88 percent of AE is Guard and Reserve augmenting active duty. It's a team effort with all the components to transport and care for our Wounded Warriors.” According to Moretti and Ausfeld, the job of an AE Airman is a rewarding one.

“It's a great feeling helping our wounded warriors,” Moretti said. “Taking care of our own that were injured or became sick while protecting us, it's a small way to give back. We pamper the patients and give them the best tender loving care we can.” “I've moved wounded warriors around the world, some with severe battle injuries,” Ausfeld said. “They'll look you in the eyes and thank you for what you're doing for them. It can catch you off guard and it can be hard to respond to. Because these warriors, these sons, daughters, mothers, fathers, brothers and sisters, have sacrificed their body and soul. We're just making sure they get home.” 2018

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