446th AEROMEDICAL EVACUATION SQUADRON

LINEAGE
Activated, 1994

STATIONS
McChord AFB, WA

ASSIGNMENTS

COMMANDERS

HONORS
Service Streamers
Campaign Streamers
Armed Forces Expeditionary Streamers
Decorations

EMBLEM

MOTTO

NICKNAME
OPERATIONS

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.

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.

Tech. Sgt. Shane A. Cuomo
Air Force News Agency
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.

Master Sgt. Orville F. Desjarlais Jr.
455th Air Expeditionary Wing Public Affairs
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. (U.S. Air Force photo/Tech. Sgt. Shane A. Cuomo)

the first team of Air Force enlisted aerospace evacuation technicians, or flight medics, as they like to call themselves. Sergeant Currin, a senior flight medic at the Air Force School of Aerospace Medicine at Brooks City Base, Texas, knew the type of Airmen he needed on his team: ones with good flying skills, medics who specialized in treating trauma and people who could work in unique environments. Sergeant Currin found those traits in Tech. Sgts. Mark DeCorte and Shawn Bendixson, deployed from Minot Air Force Base, N.D., and Kirtland AFB, N.M., respectively. “I knew I could trust them to do something that has never been done before by the Air Force,” Sergeant Currin said. “I didn’t need someone who always needs to be told what to do.” The major difference between a medical evacuation, or medevac, and an aeromedical evacuation, or aerovac, is that medevac refers to moving patients from the point of injury, usually from the battlefield, to a nearby medical facility. The Army uses the UH-60Q, a specialized helicopter built
on the Black Hawk’s heritage. An aerovac refers to transporting patients via a fixed-wing aircraft, usually a C-130 Hercules or C-17 Globemaster III, from a medical facility to a higher level of care.

The flight medics’ first order of business was to get qualified to fly in a helicopter, which meant attending helicopter survival school in January. When they finished in February, they deployed here.

A medevac crew consists of two pilots, two gunners and a flight medic. Two of the flight medics are based here, while one is always deployed to a forwardoperating location like Qalat or Tarin Kowt to stay close to the action. They say when lives are in the balance, time is of the essence.

Because the Air Force normally doesn’t carry out the medevac mission, it doesn’t have a helicopter designed for that purpose. This meant the flight medics had to make do with what they had, the HH-60 Pave Hawk, a helicopter the Air Force uses for combat search and rescue missions. It, too, is a distant relative of the Army’s Black Hawk.

“Our experience is with fixed-wing assets, like C-130s. Integrating to a rotary asset has been challenging,” Sergeant Currin said. “(Treating patients in a helicopter is) like working in a broom closet as opposed to an auditorium. We’ve had to change the way we do business.”

The flight medics have had to get accustomed to noisy, vibrating helicopters. They adapted their Air Force aeromedical evacuation medical equipment for use in
the Pave Hawks. They found ways to secure their equipment, and they ran a cargo tiedown strap along the ceiling so they could grab hold of it to steady themselves when they have to lean over patients while wearing heavy body armor and other clunky equipment.

“The changes may sound rudimentary, but they really helped,” Sergeant Currin said. The 33rd Expeditionary Rescue Squadron, deployed from Kadena Air Base, Japan, was the first squadron to have a combat-search-and-rescue mission and a medevac mission. They placed one HH-60 on alert to handle either task. More often than not, they used the alert aircraft for medevacs.

“This is my sixth deployment to the Middle East and fourth to Kandahar,” said Maj. John Mangan, the 33rd ERQS commander. “We’ve done five times as much work than in all the others combined. If we got 10 rescues in the other deployments, that was good. On this deployment, we’re out every day, every night -- sometimes four sorties a day. We escort the Army everywhere.

When we fly with an Apache on our wing, let me tell you, that’s pretty nice.”

Every time they successfully pick up a patient, the medevac crew paints a little foot on the side of their aircraft. During four months, medevac aircrews have painted 135 feet on their aircraft. That equates to 30 percent of all medevac missions in Afghanistan. Not bad, considering the Air Force only has three aircrews on call.

“I have been blessed to be able to come
out here and do something that has never been done with a team I was allowed to select,” Sergeant Currin said. 2007